

## **Ethics Assignment**

Lucas Surrency

The George Washington University

Clinical Procedures

Advisor: Oksana Yakushko, Ph.D., ABPP

10/25/2024

## Ethics Assignment

1. **This year, you will learn about many psychological assessment measures. Imagine you visit home. Your curious relatives or friends have a lot of questions about the WAIS-IV and Rorschach, which they've heard about in movies or on social media. They become intrigued as you begin to talk about the Rorschach and ask you to see a few cards. They're also interested when you mention that you review sample protocols from real patients in class and ask to look one over. Later, one of your friends who has always wanted to know her IQ pulls you aside and asks you to administer the WAIS-IV to her and tell her the results. Based on the APA Ethics Code and relevant D.C. laws, discuss how you would respond to each of these requests and what ethical principles and standards would guide your decision. Please be specific about what you would say, what you would or would not show them, and whether you would administer the WAIS-IV.**

When my friends or family are curious about the WAIS-IV and Rorschach and ask to see a few cards (or record forms), my decision-making should primarily be guided by the *American Psychological Association Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association [APA], 2017a) and relevant D.C. laws. Namely, this scenario implicates APA Ethical Standard 9.11 (Maintaining Test Security), whereby I must safeguard these tests' integrity for future clinical use. D.C. has codified this into law in its *Municipal Regulations for Psychology* (2019) document (§6909.1 Code of Professional Conduct), which states that “[a] licensee, student or graduate practicing psychology pursuant to this chapter shall adhere to the standards set forth in the most recent edition of the ‘*Ethical Principles of Psychologists and Code of Conduct*’ as published by the American Psychological Association”

(p. 12); I will reference this law throughout the following answers additionally. I would explain to my friend or family member that I have an ethical and legal obligation to keep test materials confidential unless I am administering the instruments in a clinical setting for a clinical purpose with an appropriate examinee. I would also compromise the integrity of the test instruments if I allowed them to peruse the cards or the record forms. It would invalidate any subsequent results if I were to assess that family member or friend with those tests.

Patient confidentiality is central to professional psychology ethics. Therefore, any request by a third party to view patient protocols violates APA Ethical Standard 4.01 (Maintaining Confidentiality) and, conjunctively, §6909.1 Code of Professional Conduct (District of Columbia Municipal Regulations, 2019). This Standard, reinforced by D.C. law, states that psychologists – or doctoral students – have a legal and ethical imperative to protect clients’ test data.

Furthermore, APA Ethical Standard 4.04b (Minimizing Intrusions on Privacy) specifies that “[psychologists] discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters” (APA, 2017a; p.8). Allowing a friend or family member to see patient data would not qualify as an appropriate scenario for this sensitive information to be released, according to the Standard. For this test data to be released properly, I would also need consent from the patient according to Ethical Standard 4.05a (Disclosures). Thus, if a friend inspects patient protocols, it would violate several APA Ethical Standards and D.C. law. Crucially, I would tell my friend who wants to review sample protocols from actual patients that the only way they could see these is if I (a) de-identified (i.e., disguised) the examinee, (b) obtained the examinee’s consent and (c) I have legal authorization – all according to Ethical Standard 4.07 (Use of Confidential Information for Didactic or Other Purposes). Since these conditions are unlikely to be met, I would alternatively

provide my friend with a general overview of the test. For example, I might inform that friend about the WAIS-IV's general purpose and use, its structure (i.e., the four index scores), and the types of abilities measured and refer them to additional, publicly available information about the instrument.

Finally, there are several considerations for my friend who wants me to administer the WAIS-IV to know her IQ. Since she is a friend, my assessment of her would constitute a multiple relationship, which, in the current case, is when a psychologist sees an individual in both a professional and unprofessional role contemporaneously. This action would violate Ethical Standard 3.05 (Multiple Relationships), as it “could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists” (APA, 2017a; p. 6). Put differently, because my relationship with this person materializes in two different capacities, there is a risk that I, as the examiner, will be impaired in evaluating my examinee as our roles are admittedly blurred. Because this will impair my ability to function appropriately as a psychologist, this would constitute a conflict of interest, thereby not adhering to Ethics Standard 3.06 – Conflict of Interest – or D.C. Municipal Regulations (§6902). Furthermore, as a clinical psychology doctoral student, I hold no license, and I am only under supervision in our school's clinical context – not an informal home setting – which would violate Ethical Standard 9.07, Assessment by Unqualified Persons, which forbids the use of assessment techniques by unqualified persons. Because this dual relationship can compromise my objectivity, and since there are legal restrictions on my authorization to conduct assessments outside a supervised environment, I would politely offer my friend a referral to another licensed

clinician who is unacquainted with her in other relationship capacities. This substitute is a professional and ethical alternative to her asking me to administer the WAIS-IV.

**2. You overhear two of your classmates discussing case material in the Clinic waiting room. What are your ethical responsibilities in this situation?**

According to the APA Ethics Code and D.C. laws, my ethical obligation to uphold confidentiality and professionalism informs my response to hearing two classmates discussing case material in the Clinic waiting room. In this scenario, my classmates breached APA Ethical Standard 4.01 (Maintaining Confidentiality) since case information was discussed publicly, putting confidentiality at risk. My primary responsibility is to protect patient confidentiality by addressing this matter discreetly, as even in casual or informal settings, protecting sensitive information is of utmost importance. APA Ethics Principle E (Respect for People's Rights and Dignity) further highlights this idea of regard for confidentiality in its opening statement: "Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination" (APA, 2017a; p. 4).

The first step in addressing this issue would involve assessing the severity of the infraction. To do this, I would adhere to the guidance of APA Ethical Standard 1.04 (Informal Resolution of Ethical Violations), which advises me to tell the individual who committed the breach of confidentiality about their violation. I would politely and informally remind them about the importance of maintaining confidentiality in public spaces while maintaining professionalism and discretion to avoid embarrassment or escalation. If, depending on their response, I learn that my colleagues did not disclose identifiable client information, further action is not warranted. However, suppose the breach continues despite informal resolution efforts or a third party overheard sensitive, identifiable information. This circumstance will necessitate my

reporting the incident to a supervisor or clinic director, according to APA Ethical Standard 1.05 (Reporting Ethical Violations). Psychologists reference this Standard when actions are significant enough to have (a) caused harm, (b) have the potential to cause harm, and are not suitable for Standard 1.04 (see above), (c) or not be resolved at the low level approach described in Standard 1.04. Since these standards are compounded by D.C. Municipal Regulation §6909 (Code of Professional Conduct), legal enforcement is required to maintain confidentiality in clinical practice; even if these actions were unintended, they could have legal consequences.

Above all, upholding patient confidentiality in clinical settings is critical, and an intertwinement of ethical and legal responsibilities binds this obligation. Aside from this, however, is the opportunity to cultivate an educational opportunity from the situation for my colleagues. Approaching these classmates to inform them of the violation should be done to create a culture of responsibility and to prevent future breaches.

**3. Now that you are a part of the Psy.D. program, how do you understand your role and your responsibility for incorporating respect for diversity into your education, your clinical work, and your interactions with faculty and fellow students? Describe three specific steps you will take this year to increase your skills for working with individuals and/or groups whose salient identities are different than your own.**

Joining the Psy.D. program goes beyond acquiring academic knowledge and applying clinical techniques; there is an imperative to weave another thread through my training in conjunction with the previous goals: a commitment to respecting diversity. This aspiration is grounded first by the APA Ethical Standard 3.01 (Unfair Discrimination), which prohibits “discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law”

(APA, 2017a; p. 6). The *APA Multicultural Guidelines* (2017b) appropriately accompany this Standard, particularly Guideline 1, which says psychologists must recognize diversity in all its forms and appreciate how identity is dynamic. As a future psychologist, I have a responsibility and professional obligation to raise my awareness of biases and foster an inclusive environment that acknowledges others' diversity; this onus extends to my education, clinical work, and interactions with peers and faculty.

The first step to increasing my skills for working with individuals and groups whose salient identities differ from mine is strengthening my cultural competence (Hook & Watkins, 2015). This effort should be approached, in my view, with an essence of cultural *humility*, which acknowledges that we can never know everything there is to know about another's culture. However, we strive to learn more and adopt a humble attitude. Growing my cultural competence involves ongoing self-education. I plan to read relevant literature about others' identities and cultures, attend workshops, and engage with research related to cultural competence. The flip side to this coin is recognizing where my cultural competence ends. As articulated by APA Ethical Standard 2.01b & c (Boundaries of Competence), a psychologist should only provide services to populations with relevant training. A thorough understanding and examination of one's limits of cultural competence is fundamental to executing this Standard appropriately.

The second step to gaining skills in this area would involve seeking clinical opportunities with diverse populations: gaining practical experience. This exposure will help me apply theoretical knowledge to real-world situations wherein I work with people from different cultural, racial, and socioeconomic backgrounds. It will solidify my understanding of how mental health challenges impact specific groups, and it will allow me to investigate the influence of cultural factors on the presentation of coping mechanisms or mental illness more broadly.

Working with diverse clients will have an inverse effect, too, where I learn more about myself (i.e., implicit biases) in the context of another's cultural milieu. This edification can improve my communication and navigation of cultural differences in communication styles, values, and expectations in therapy or assessment. As per the *APA Multicultural Guidelines*, there is an emphasis on lifelong learning and adaptation to the needs of diverse clients, challenging me to grow continuously.

The third and final step involves fostering inclusive interactions in our academic setting. This step is inspired by Guideline 3 of the APA's (2017b) *Multicultural Guidelines*: "Psychologists strive to recognize and understand the role of language and communication through engagement that is sensitive to the lived experience of the individual, couple, family, group, community, and/or organizations with whom they interact. Psychologists also seek to understand how they bring their own language and communication to these interactions" (p. 4). This recognition looks like engaging in inclusive language in class, actively listening to diverse perspectives, and reflecting on my biases in group discussions and interactions with peers and faculty. This effort will enrich academic discussions and professional relationships and foster a more collaborative learning environment.

**4. In your reading, a class, or a clinical discussion, you are uncertain about an ethical aspect of what is being discussed. What are your responsibilities in this situation?**

Even when uncertainty arises in such cases, my actions as a doctoral student and future psychologist should be consistent with ethical standards. My first responsibility is to acknowledge the uncertainty and seek clarification about the ethical aspect. In this case, avoiding making assumptions and actively seeking information to resolve the uncertainty is vital. Clarification first involves reviewing the *APA Ethical Principles of Psychologists and Code of*



*Conduct* (2017a). Here, I might stumble upon Ethical Standard 2.01 (Boundaries of Competence), which states that a psychologist in this scenario should consult with appropriate sources to ensure competent practice; acknowledging areas of ignorance and seeking help is an ethical duty, according to this Standard. Even when consulting, I must uphold confidentiality if the aspect contains sensitive case information, as enforced by Ethical Standard 4.06 (Consultations). An experienced clinical professional like a faculty member or supervisor might help resolve the ethical aspect's ambiguity. Supervisors are also responsible for ensuring their supervisees adhere to ethical requirements under D.C. law (see §6911.14 in the *Municipal Regulations* [2019] document).

A parallel responsibility in this situation is to factor in cultural considerations and contextual factors of the ethical dilemma. More specifically, Guideline 2 in the *Multicultural Guidelines* (APA, 2017b) recognizes that we, as cultural beings, have biases, attitudes, and beliefs that might affect how we interact with others or how we conceptualize cases; accordingly, a psychologist should reasonably deduce that this Guideline applies to ethical dilemmas, too. Putting this into practice might entail examining how intersectionality applies to the dilemma, where the astute clinician considers the unique experiences of those involved.

- 5. As a doctoral candidate in clinical psychology, your ethical responsibilities are not limited to your direct work with patients. What do you understand your ethical responsibilities to be in each of the following situations: (1) class participation and classroom conduct; (2) interactions with peers, faculty, Clinic staff, and the program's administrative staff; (3) use of social media; and (4) completion of assignments and recordkeeping responsibilities?**

*Class Participation and Classroom Conduct*

Keeping in mind Ethical Standard 3.01 (Unfair Discrimination; see #3 above) and 3.03 (Other Harassment: “Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status” [APA, 2017a; p. 6]), I must help foster an environment in the classroom that emphasizes respect and inclusive learning by avoiding discrimination or harassment based upon identity factors. Guideline 2 of the *Multicultural Guidelines* is again implicated here, where it challenges us to strive to become aware of our biases and how they influence our interactions with others. As inferred by these sources, my responsibility is to promote respect and collaboration in classroom discussions – all while being mindful of diversity and inclusion – and foster a learning environment where multiple viewpoints are valued.

*Interactions with Peers, Faculty, Clinic Staff, and Administrative Staff*

We must treat everyone in the program respectfully, regardless of our differing views. APA's Ethical Principle B (Fidelity and Responsibility) echoes this sentiment. This aspirational Principle promotes the idea that we as future psychologists “establish relationships of trust with those with whom [we] work,” and “[we] consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom [we] work.” It further states that we should be “concerned about the ethical compliance of [our] colleagues' scientific and professional conduct” (APA, 2017a; p. 3). Thus, accountability and collegiality should be upheld in my interactions with various people in the program, as outlined by this Principle. In our exchanges with colleagues, we can exemplify these aspirations by meeting deadlines, maintaining confidentiality, practicing honest communication, learning from

others through consultation, offering support when needed, sharing resources, providing constructive feedback, and being mindful of how our actions affect the community.

### *Use of Social Media*

APA Ethical Standard 5.01 – Avoidance of False or Deceptive Statements – informs us how to approach the use of social media. It essentially states that psychologists must ensure that their public communications reflect accurate messaging and do not compromise professional integrity. Since I do not post much on any social media platform, I can instead represent myself accurately with appropriate credentialing and a record of my academic history on sites like LinkedIn or Facebook. Another consideration is confidentiality, as gleaned from Standard 4.07 (Use of Confidential Information for Didactic or Other Purposes), which prohibits psychologists from sharing confidential, personally identifiable information about their patients on public platforms unless certain conditions are satisfied. Lastly, I subscribe to the idea that we represent our profession in both our private and public spheres, making it essential to behave in a manner that does not denigrate the reputation of clinical psychology.

### *Completion of Assignments & Recordkeeping Responsibilities*

The implications of these responsibilities are not only of ethical import but are paramount to my success as a student. APA's Ethical Principle C, Integrity, comes to mind when reflecting upon this aspect because it inspires us to promote accuracy, honesty, and truthfulness in our activities as psychologists. As a doctoral student, this translates to our commitment to academic integrity—avoiding plagiarism, being thorough in our work, or making conclusive statements only when supported by robust evidence. Regarding recordkeeping, APA Ethical Standard 6.01 (Documentation of Professional and Scientific Work and Maintenance of Records) outlines guidance for psychologists: “Psychologists create, and to the extent the records are under their

control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law” (APA, 2017a; p. 9). This Standard emphasizes the importance of us as students being accurate with our documentation in both academic and clinical settings.

## References

- American Psychological Association. (2017a). *Ethical principles of psychologists and code of conduct* (2002, amended effective June 1, 2010, and January 1, 2017). <https://www.apa.org/ethics/code/>
- American Psychological Association (2017b). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality*. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>
- District of Columbia Municipal Regulations. (2019). Title 17: Business, occupations, and professions. Chapter 69: Psychology. <https://dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=17-69>
- Hook, J. N., & Watkins Jr., C. E. (2015). Cultural humility: The cornerstone of positive contact with culturally different individuals and groups? *The American Psychologist*, 70(7), 661-662.