A Discussion of Ethical Vignettes Addressing Difficult Topics: Interpersonal Violence

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A Duty to Report?¹

Dr. Tell worked with a woman for several months on issues related to depression, anxiety, and relationship issues. During one session, the patient indicated that her boyfriend has lost interest in sex and became more involved with online pornography. While discussing these issues, the patient suddenly stopped talking. Dr. Tell allowed several moments to pass before asking the patient what was happening.

The client indicated that she was hesitant to speak about the issue for fear of a breach of confidentiality. Dr. Tell reminded her about confidentiality and the laws in Pennsylvania that would override it. The client continued to struggle. She eventually blurted out that, during a heated discussion, her boyfriend indicated that looking at online pornography was not as bad as what his uncle did. She went on to detail how her boyfriend described how his uncle was involved in collecting and distributing child pornography but remained faithful to his aunt. The client’s boyfriend expressed that she should never discuss this with anyone. The client asked if she could just give Dr. Tell the information about the uncle so that she could report it to the authorities and leave her out of the situation. The client is feeling very helpless and vulnerable about this bind.

Dr. Tell explained that the alleged perpetrator was several times removed from their sessions and she did not believe that she had the obligation to report it. The client then asked if she could invite her boyfriend to the next session so that they could all discuss the information and the best way to handle the situation.

Dr. Tell focused the client on her dilemma as well as the relationship issues with her boyfriend. Dr. Tell agreed to contact someone to discuss whether Dr. Tell had to report this information to the police or Child Protective Services. And, Dr. Tell agreed to determine whether or not reporting this information would put her client’s confidentiality at risk. She also agreed to think about the need to bring in the boyfriend, because inviting him to therapy will not necessarily help the situation. Dr. Tell contacts you with the above scenario.

¹ This vignette is from the Pennsylvania Psychological Association website.
Megan’s Law

Dr. Phillips is a forensic psychologist who has a varied forensic practice. He does custody evaluations, assesses individuals for competence to stand trial, performs risk assessments, and recommends level of treatment among other services. Many of Dr. Phillips’ clients are accused of sexual offenses, including child abuse, and at times he re-evaluates clients who are registered as sex offenders under Megan’s Law.

Recently Dr. Phillips moved to a new office. He is very happy with the location of his new office, it is handicapped accessible, he has more space, and the rent is very reasonable. Dr. Phillips also likes his colleagues in this office. One of the other therapists in his new office is a child psychologist and there are often children and families in the waiting room along with his clients. Dr. Phillips is beginning to worry that this may be a dangerous situation and wonders what his obligations may be to protect the other clients using the office.

50 Shades of Gray

Mr. Newbie, an intern, has accepted a new client, Senator Gray, who is a major politician in an adjacent state. She sought Mr. Newbie out primarily because he was out-of-state, but also because his office is near an area where she likes to find hook-ups – to "unwind."

Senator Gray gradually discloses an ongoing interest in bondage and S & M, which increasingly disturbs Mr. Newbie, as she describes increasingly lurid fantasies about hurting or humiliating unsuspecting women. Mr. Newbie gradually comes to believe that a series of assaults reported in the newspaper were, in fact, committed by Senator Gray.

Mr. Newbie is a relatively new therapist with little experience in such issues. He is confused by the range of feelings he has about her – admiration of her career, abhorrence of her actions, and lurid curiosity. He wants to consult a colleague about this case, although Senator Gray refuses permission, even if her identity is masked.
Senator Gray wants to use her insurance, but doesn't want anything in her chart or diagnosis that would suggest the sorts of issues being discussed. In fact, when she first came in, she attempted to seek services using her assistant’s name and insurance information.

**To Diagnose – or Not?**

As psychologists, should we publish the diagnoses we believe underlie the behavior of politicians or others in the public eye?

People have argued both sides of this issue compellingly. Some mental health professionals believe that they should disclose what they believe to be a politician’s diagnosis in order to protect the country, while others argue that it is impossible and unethical to diagnose a person never seen professionally. Gartner (2017) described our sitting president as having “a serious mental illness that renders him psychologically incapable of competently discharging the duties of President of the United States” (para. 1). Sword and Zimbardo (2017) wrote of their concerns of “the dangers of his obvious narcissistic personality type, and the offensive behaviors that can accompany it. These behaviors include but are not limited to condescension, gross exaggeration (lying), bullying, jealousy, fragile self-esteem, lack of compassion, and viewing the world as Us-vs.-Them” (para. 2). Members of the American Psychiatric Association are forbidden under the Goldwater Rule to comment on the mental health of living public figures they have not personally examined. McDaniel (2016) concluded, “our ethical code states that psychologists should not offer a diagnosis in the media of a living public figure they have not examined” (para. 3). What do you see as the ethical issues raised by this situation?
Room

Ma was snatched and imprisoned in a shed in a backyard seven years ago, when she was 19. Her son, Jack (5), born in captivity, successfully pretended he was dead and escaped to get help.

Ma and her son have a series of psychological, perceptual, medical, and physical consequences of their captivity. Ma is severely traumatized and suicidal, but does not want to leave the rural area where she has been held (near her friends and family).

Dr. Clay has worked with trauma for years – and is probably the most expert clinician in the region – but has never worked with a situation even remotely similar to this one. Ma responded moderately well to Dr. Clay – given the circumstances – and wants to continue with him. What should he consider before agreeing to do so?

Dr. Striving

Dr. Ben Striving is the Chair of the Psychology Department at a large southern university, a position he has held for five years. He finds that he has greatly enjoyed that role and hopes to become dean of the university’s College of Arts & Sciences when the current dean steps down.

Dr. Striving is also a well-respected clinical psychologist, although his practice has been limited recently due to his administrative duties in his department. However, he still sees several high-profile clients, including Coach Winner, a well-known and successful coach at the university. Coach Winner had been referred to Dr. Striving by the university president, who wants complaints about the coach’s behavior to stop. Because Dr. Striving is a big supporter of the university athletic program (holding season tickets and making large annual donations), he experiences great personal enjoyment from this work.

2 Very loosely based on the book *Room* (2010) and the 2015 movie of the same name.

3 This vignette was modified from a presentation by the Ethics Committee at the 2016 APA Convention.
Dr. Striving has seen Coach Winner for about two months for stress management and interpersonal therapy, as some of the student athletes on his team have complained that he was dismissive of those who were having problems, although others thought he was supportive and a great coach. Coach Winner also had had a formal complaint filed against him after he yelled at and shoved a reporter who got in an athlete’s face at a student event. Dr. Striving knows that Coach Winner’s anger is legendary on campus, as he has been seen throwing a ball at an athlete who was playing poorly. This incident led to public complaints to the president. Despite these issues, people are willing to forgive a lot when a coach is successful, as success brings financial and other benefits to the university.

More recently, Coach Winner has disclosed that he dislikes leading youth summer camps (ages 9-13), which are required by his contract. He doesn’t really like the work, as it doesn’t directly foster his career, although it does allow him to assess potential recruits early. In order to evaluate them, he has them engage in a rigorous conditioning program. He breaks down their resistance using taunts, challenges, put-downs, and name-calling, and uses high-stress exercises to see how they handle adversity. He has discovered that when he hits them on the back or butt and curses at them, they run faster when near him. Some youth do not do well with this approach, although others seem to excel. The latter youth are the ones that Coach Winner is especially interested in recruiting. This approach also helps him deal with his boredom, vent his frustration, and pass the time.

Dr. Striving and Coach Winner have been working in the context of Coach Winner’s stress. With these latest disclosures, Dr. Striving worries that Coach Winner has crossed the line. Coach Winner laughs this off, saying that this is typical for elite university coaches,

Dr. Striving believes that Coach Winner’s behavior is verbally and physically abusive and wonders what he should do. He considers a consult with the Athletic Director to check whether the comment that “everybody does it” is accurate. He also considers disclosing what’s happening and asking the Athletic Director to make the report. He knows that making a report of child abuse will bring negative national attention from the press, hatred from many fans, and an angry response from the president for failing to contain the problem. Such a report would likely also kill Dr. Striving’s aspirations of becoming dean, lose Coach Winner as a client, and damage the prospects of this year’s team.
Given these complications, Dr. Striving finally decided that the best course of action would be to just continue to work with Coach Winner on stress management and hope he can soften his approach in working with the camp youth.

**Leticia and Pablo**

Leticia, the mother of an active 8-year-old boy, has been engaged in parent training to develop more effective behavior management strategies, including positive involvement, skills building, and effective discipline. Dr. Rodríguez and Leticia have been working together for 10 weeks in an evidence-based parenting intervention that has been culturally adapted to increase its relevance and acceptability for Latino parents. Leticia is an undocumented Mexican immigrant who has been living in the US for the past 15 years. Her son, Pablo, was born in the US and is a US citizen.

Therapy is conducted in Spanish and includes role plays of new skills. During treatment, Dr. Rodríguez has observed that Leticia has difficulty handling her anger when Pablo engages in behaviors she sees as a “falta de respeto.” Respeto is a core socialization goal for many Latino parents. A child exhibiting respeto listens to his mother, does not talk back, does not interrupt, and accepts consequences delivered. Pablo is often disrespectful, interrupting Leticia when she is disciplining him, and refuses to accept her consequences. He often says, “You can’t do anything. If you touch me, I will call Child Protective Services like my teacher told me to.”

Dr. Rodríguez warned Leticia that Pablo’s behavior would likely worsen before improving while they work on parenting strategies. They practiced emotional regulation techniques and Leticia seemed to take well to these. Leticia has practiced time out in session with Dr. Rodríguez and explained it to Pablo. Similarly, she practiced implementing privilege loss as a back-up to time out if Pablo does not comply. She felt confident and ready for responding effectively to Pablo.

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4 This vignette was modified from a presentation by the Ethics Committee at the 2016 APA Convention.
The next day, while Pablo was playing on her phone, her phone started ringing. She asked him to return her phone. He refused. She continued with time out, then a privilege loss. He stood in front of her, threw the phone at her, and said, “Why must you be such a bitch?” She reflexively slapped him with an open hand, leaving a red mark on his face and what appears to be a small cut from where her ring hit his face. She called Dr. Rodríguez in a panic to tell her what has happened.

Sammy Connected

Dr. Elmo is a successful psychologist working in his own private practice in a suburb of a midsized city. He and a colleague have been in practice together for about 12 years, and he loves the autonomy and control he has over his schedule and practice, as it gives him time for his family and playing tennis with his friends. He is well-respected and well-known in the community and sees most of his clients by direct referrals. Many of his clients self-pay in order to maintain their privacy.

One of his clients, Sammy Connected (23), recently returned home to live near his wealthy parents after attending college at a large out-of-state university. Dr. Elmo is aware that Sammy’s parents were glad that Sammy finally graduated – after apparently enjoying college a little too much. Dr. Elmo has been working with Sammy on career and life transition issues, including identifying a career that he would find motivating.

In today’s session, Dr. Elmo began to suspect that Sammy was high, as he slurred his words, talked more rapidly than usual, and had more difficulty focusing. When Dr. Elmo asked about this, Sammy giggled and said he’d smoked marijuana and done some cocaine. Dr. Elmo was aware that Sammy smoked marijuana daily, but had not asked about other drug use so this disclosure was surprising. Dr. Elmo decided to end the session, as Sammy couldn’t productively work in therapy while high. Sammy agreed, stood up, staggered on the way to the door, and bumped into the doorframe – which he found amusing.

5 This vignette was modified from a presentation by the Ethics Committee at the 2016 APA Convention.
As he was leaving, Sammy mentioned he would be driving to his friend’s house, about 20 minutes away by expressway. As Dr. Elmo did not believe Sammy could drive safely, he called him back, told him he didn’t think he should drive, and asked him to contact a friend for a ride. Dr. Elmo then asked him to wait so he could find his colleague for a quick consult and, when he returned, found his office empty.