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## Learning Objectives

- Participants will be able to:
  - Assess whether to take on or continuing working with a patient or evaluate.
  - Describe what action to take if they suspect they lack the right tools to treat or evaluate a patient.
  - Define the bias blindspot and consider how it might affect your practice.
  - Define cultural humility and how to incorporate it into your practice.

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**Top 10 Reasons for Disciplinary Action**  
Historical Information: Data Compiled From All DDS Entries

Reason for Disciplinary Action	Number Disciplined
Unprofessional Conduct	1062
Sexual Misconduct	1007
Negligence	759
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Note: Based on the 6,664 total reports of disciplinary action submitted to the ASPPB Disciplinary Data System. Each action could contain multiple reasons for discipline such that the total number of reasons reported far exceeds the total number of actions.

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## Outline of Today's Talk

1. Defining Competence
2. Multiple Relationships
3. The Boundaries of Competence
4. Cultural Humility

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**2.01 Boundaries of Competence**

- (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

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**COUNCIL OF  
in Professional Psychology  
SPECIALTIES**

**ABPP**  
75th Anniversary

- A specialty is a defined area of professional psychology practice characterized by a distinctive configuration of competent services for specified problems and populations.
- Practice in a specialty requires advanced knowledge and skills acquired through an organized sequence of education and training in addition to the broad and general education and core scientific and professional foundations acquired through an APA or CPA accredited doctoral program.


• [www.abpp.org](http://www.abpp.org)

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- Behavioral and Cognitive Psychology
- Clinical Child and Adolescent Psychology
- Clinical Health Psychology
- Clinical Neuropsychology
- Clinical Psychology
- Counseling Psychology
- Couple and Family Psychology
- Forensic Psychology
- Geropsychology
- Group Psychology and Group Psychotherapy
- Police and Public Safety Psychology
- Psychoanalysis
- Rehabilitation Psychology
- School Psychology
- Serious Mental Illness Psychology


**COUNCIL OF  
in Professional Psychology  
SPECIALTIES**

**ABPP**  
75  
ANNUAL MEETING 2020




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Specialty Guidelines - [www.apa.org/practice/guidelines](http://www.apa.org/practice/guidelines)



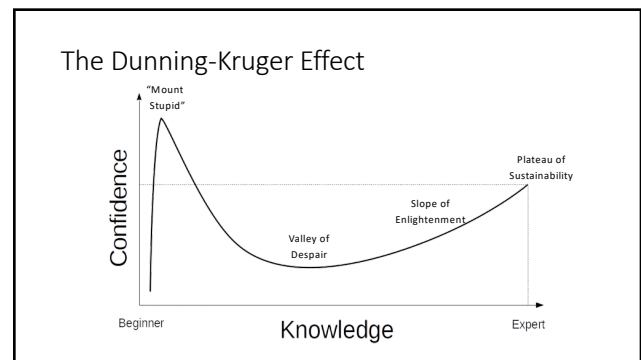
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**Commission for the Recognition of Specialties and Subs specialties in Professional Psychology (CRSSPP)**




- Subs specialty:
  - A concentrated area of knowledge, skills, and attitudes that:
    - (a) exists within at least one recognized parent specialty;
    - (b) requires additional education, training, and/or professional experiences; and,
    - (c) involves specific
      - (1) problems,
      - (2) populations, and/or
      - (3) circumscribed approaches

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**The Bias Blindspot & Hypocognition**

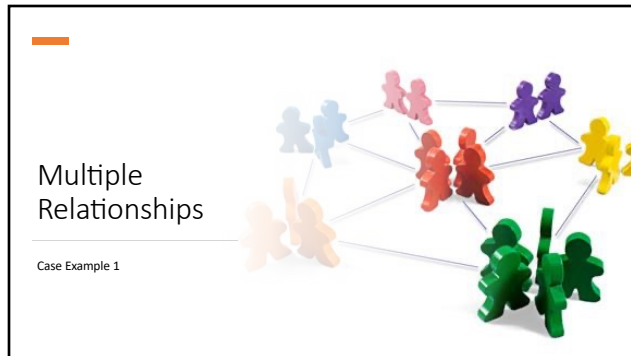
- The tendency of people to see themselves as less susceptible to nonconscious predispositions and cognitive influences than others (APA Dictionary)
- Hypocognition = "Unknown Unknowns"

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*Ten Differences Between Therapeutic and Forensic Relationships*

	Care provision	Forensic evaluation
1. Whose client is patient/litigant?	The mental health practitioner	The attorney
2. The relational privilege that governs disclosure in each relationship	Therapist-patient privilege	Attorney-client and attorney work-product privilege
3. The cognitive set and evaluative attitude of each expert	Supportive, accepting, empathic	Neutral, objective, detached
4. The differing areas of competency of each expert	Therapy techniques for treatment of the impairment	Forensic evaluation techniques relevant to the legal claim
5. The nature of the hypotheses tested by each expert	Diagnostic criteria for the purpose of therapy	Psychological criteria for purpose of legal adjudication
6. The scrutiny applied to the information utilized in the process and the role of historical truth	Mostly based on information from the person being treated with little scrutiny of that information by the therapist	Litigant information supplemented with that of collateral sources and scrutinized by the evaluator and the court
7. The amount and control of structure in each relationship	Patient structured and relatively less structured than forensic evaluation	Evaluator structured and relatively more structured than therapy
8. The nature and degree of "adversarialness" in each relationship	A helping relationship; rarely adversarial	An evaluative relationship; frequently adversarial
9. The goal of the professional in each relationship	Therapist attempts to benefit the patient by working within the therapeutic relationship	Evaluator advocates for the results and implications of the evaluation for the benefit of the court
10. The impact on each relationship of critical judgment by the expert	The basis of the relationship is the therapeutic alliance and critical judgment is likely to impair that alliance	The basis of the relationship is evaluative and critical judgment is unlikely to cause serious emotional harm

Greenberg, S. A., & Shuman, D. W. (1997). Irreconcilable conflict between therapeutic and forensic roles. *Professional Psychology: Research and Practice*, 28, 50-57.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**10.02(a) Therapy Involving Couples or Families**

- When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset
  - (1) which of the individuals are clients/patients and
  - (2) the relationship the psychologist will have with each person.
- This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.
- (See also Standard 4.02, Discussing the Limits of Confidentiality.)

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**10.02(b) Therapy Involving Couples or Families**

- If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**3.05 Multiple Relationships**

- (a) A multiple relationship occurs when a psychologist is in a professional role with a person and
  - (1) at the same time is in another role with the same person,
  - (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or
  - (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**3.05 Multiple Relationships**

- A psychologist refrains from entering into a multiple relationship if the multiple relationship 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.
- Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**3.05 Multiple Relationships**

- (b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**3.05 Multiple Relationships**

- (c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**3.06 Conflict of Interest**

- Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to
  - (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or
  - (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**3.07 Third-Party Requests for Services**

- When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved.
- This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

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**EPPCC - Principle A: Beneficence and Nonmaleficance**



- Psychologists strive to benefit those with whom they work and take care to do no harm.
- In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research.
- When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm.
- Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.
- Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

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### EPPCC - Principle B: Fidelity and Responsibility

- Psychologists establish relationships of trust with those with whom they work.
- They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.
- Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm.
- Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.
- They are concerned about the ethical compliance of their colleagues' scientific and professional conduct.
- Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.



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### EPPCC - Principle D: Justice

- Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.
- Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.



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### EPPCC - Principle E: Respect for People's Rights and Dignity

- Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination.
- Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making.
- Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups.
- Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.



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### Ethical Principles of Psychologists and Code of Conduct (EPPCC)- 2017



#### 3.10 Informed Consent

- (a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.

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### Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



#### 3.10 Informed Consent

- (c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
- (d) Psychologists appropriately document written or oral consent, permission, and assent.
- See also:
  - 9.03 - Informed Consent in Assessments
  - 10.01 - Informed Consent to Therapy

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### Systems Matter



- Checklists save lives!

- Audiobook:

• <https://knoxcounty.overdrive.com/media/299463>

- Physical book:

• <https://cat.knoxlib.org/uhtbin/cgiisirsi/?ps=BW8ReQbz0C/MILLERTO WN/X/9>

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## Outline of Today's Talk

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 2.01 Boundaries of Competence

- (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 2.01 Boundaries of Competence

- (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

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## Boundaries of Competence

Case Example 2

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Who is the client?

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 2.01 Boundaries of Competence

- (a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 2.05 Delegation of Work to Others

- Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to
  - (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity;
  - (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and
  - (3) see that such persons perform these services competently.

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 9.07 Assessment by Unqualified Persons

- Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision.

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### Top 10 Reasons for Disciplinary Action

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 8.11 Plagiarism

- Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

### 8.12 Publication Credit

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.

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## Boundaries of Competence

- Practicing within boundaries of competence is particularly important in high stakes contexts
  - the implications and potential for harm is heightened
- High stakes contexts include:
  - educational assessments
  - civil and criminal forensic treatment and assessments
    - e.g., child custody, child abuse, death penalty, sexual harassment litigation
  - dangerous practice settings

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## Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017



### 3.04 Avoiding Harm

- (a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

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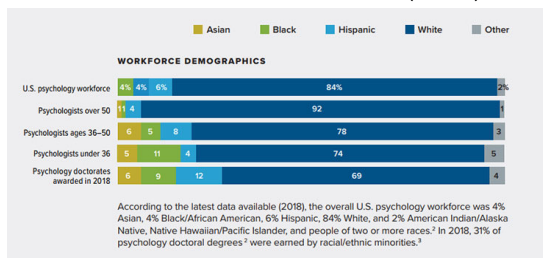


### 2.01 Boundaries of Competence

- (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

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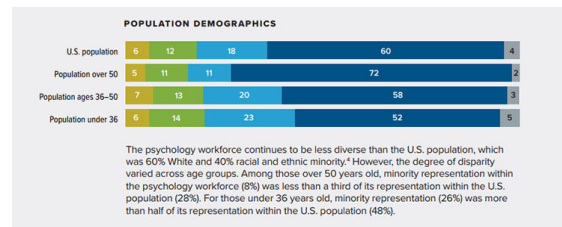
## APA Center for Workforce Studies (2020)



<https://www.apa.org/monitor/2020/11/datapoint-diverse>

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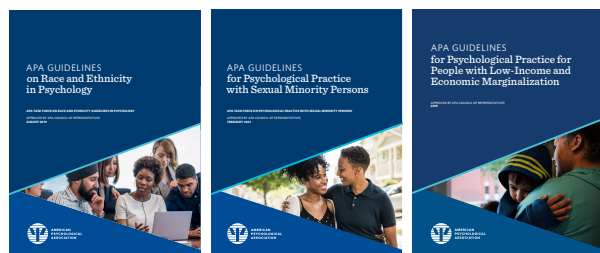
## APA Center for Workforce Studies (2020)



<https://www.apa.org/monitor/2020/11/datapoint-diverse>

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## APA Guidelines




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## Cultural Humility

- "An attitude of open curiosity and recognition that people have expert knowledge of their own ethnocultural and racial experience."
- A process rather than an end product
- Students cite lack of cultural competency/multicultural sensitivity as a cause of ethical violations among clinical faculty (January et al., 2014)
- Studies indicate that client's perceptions of therapists' cultural humility is associated with improved therapeutic outcomes (Owen, et al., 2014; Owen et al., 2016)

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**Ethical Principles of Psychologists and Code of Conduct (EPPCC) - 2017**

**2.03 Maintaining Competence**

- Psychologists undertake ongoing efforts to develop and maintain their competence.

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What to do if you are not sure if you should take the case...

- Ask yourself: Who is my client?
  - Everyone who is involved in the case should know the answer to this
- Review the relevant APA practice guidelines
- Consult with a colleague who will be honest with you
- Consult with the TPA Ethics Committee
  - [mspica@TNneuropsychology.com](mailto:mspica@TNneuropsychology.com)
- Consult with your insurer's risk management service if they have one
  - <https://www.trustinsurance.com/risk-management/advocate-800-service>

**When in doubt, refer it out!**

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If you are considering entering into a multiple relationship with a current client...

- Is entering into a relationship in addition to the professional one necessary?
- Can the dual relationship potentially cause harm to the patient?
- If harm seems unlikely or avoidable, would the additional relationship prove beneficial to the patient?
- Is there a risk that the dual relationship could disrupt the therapeutic relationship?
- Can I evaluate this matter objectively?

Younggren, J. N., & Gottlieb, M. C. (2004). Managing risk when contemplating multiple relationships. *Professional Psychology: Research and Practice*, 35(3), 255–260. <https://doi.org/10.1037/0735-7028.35.3.255>

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Risk management considerations


- Have you adequately documented the decision-making process in the treatment records?
- Did you obtain informed consent regarding the risks of engaging in a dual relationship?
- Does the record show adequate evidence of professional consultation?
- Does the record reflect a patient-oriented decision-making process?
- Are the sources of consultation credible?
- Do the diagnostic issues matter when considering a dual relationship?
- Does knowledge of the patient support the establishment of a dual relationship?

Younggren, J. N., & Gottlieb, M. C. (2004). Managing risk when contemplating multiple relationships. *Professional Psychology: Research and Practice*, 35(3), 255–260. <https://doi.org/10.1037/0735-7028.35.3.255>

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Questions?

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