



# Clinical and Ethical Issues

PSY 7505/7506-A2

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Tuesdays 10:00 - 11:50

Room 203

August 2015 - May 2016

Alliant International University

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Student meeting hours: by appointment

Units: 2

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## 1. COURSE INFORMATION

### CATALOGUE DESCRIPTION

Taken concurrently with Field Practicum I by second year clinical PhD students and with Field Practicum II by clinical PsyD students. This seminar provides a small group format for field placement advising, discussion of agency entry issues and preparation of clinical case materials. Particular emphasis is placed on developing competency in history taking and initial interviewing, case formulation and treatment planning, and the understanding of ethical and professional issues in the context of field work.

Prerequisites: PSY 6528 (PhD students); PSY 6528, PSY 6541 and PSY 6543 (PsyD students)

### OVERVIEW

Yes, this syllabus is long! You are spending a great deal of time and money taking this course, and I want you to be an informed consumer. Please think of the syllabus as my effort to be transparent and specific about what your enrollment in this section will entail. Or, if you like, informed consent for education! This two-semester course builds over the entire year and may cover topics in a different sequence than other sections; do not enroll in this section if you are unable to complete both semesters. **This section is not available for auditing unless you agree to complete all assignments at the same level of preparation and quality as your peers.**

The purpose of this course is to give an overview of ethical and legal issues in the context of clinical practice. Thus, in addition to developing additional skills in case formulation and presentation, you will develop an understanding of the ethical and legal context within which you will practice. In this regard, you'll obtain specific knowledge regarding adults, children, adolescents, and families. You will focus on the ethical dimensions of your current placement experiences, as well as learn a structure for and receive practice in making case presentations. **This course does not provide group supervision;** rather, it is an opportunity for you to learn what the ethics code requires, how to apply those requirements to your practicum cases to provide thoughtful care, and receive a foundation for your ethical acculturation into psychology as a profession.

Helping people follow rules and avoid complaints is referred to as remedial ethics, while helping people achieve excellence and actualize a coherent professional identity is called positive ethics. Plan on striving for quality improvement and a clearer sense of yourself as a psychologist in this course.

### PROGRAMMATIC RATIONALE

The PsyD and Ph.D. clinical psychology programs are organized to enable students to build sequentially on knowledge and skills. This course is part of the PsyD/PhD shared curriculum. Each practicum experience is complemented by a didactic course for the purposes of accomplishing this integration. The second year Clinical and Ethical Issues course is the didactic course that accompanies the G-2 practicum experience. In this course students consolidate G-1 level clinical competencies and master G-2 level clinical competencies. Students draw upon skills and knowledge obtained in the first year of the program and build upon them.

This course also continues the process of training you to think, speak, and write like a psychologist. More specifically, this course addresses the learning outcomes of critically reflecting and performing in the areas of more advanced clinical issues, oral and written case presentation methods, ethical issues, and legal issues related to the practice of psychology.

Each course in the PsyD and PhD program is designed to accomplish program-specific learning outcomes (or training goals and objectives). This course is related to the outcome of developing graduates who use ethical principles as a guide for professional practice, and self-assessment as a basis for professional growth. Ethical knowledge, commitment, and integrity, and an understanding of legal rules governing the practice of psychology are fundamental to the formation of competent, effective psychologists. This is a core course in providing this necessary knowledge and understanding, and provides essential knowledge required to meet ethical standards articulated by the APA, and by other governing organizations and institutions.

## COURSE OUTCOMES

### Learning goals

Overarching goals of the course are for you to:

- Become sensitive to ethical issues, sometimes called "developing a moral imagination," or the awareness of the needs of others and that there is an ethical point of view.
- Take ethical responsibility: the ability to make a decision and take action.
- Tolerate ambiguity, recognizing that there may be no single ideal solution to ethically problematic situations.
- Integrate the values and ethical principles of professional practices (ethical acculturation) as outlined in the APA Ethical Principles of Psychologists and Code of Conduct into your professional behavior.
- Understand federal and state legal regulations pertaining to psychological practice and research.
- Understand the laws governing abuse reporting requirements and practices.
- Develop knowledge of, and conformity to, laws and standards pertaining to psychological practice and research regarding issues of cultural and individual diversity.
- Recognize, avoid, and resolve ethical and legal dilemmas arising in professional settings, see the ethical implications of specific situations and choices, and to develop the ability to scrutinize options for resolution.
- Implement ethical principles of practice in the various roles of a psychologist, i.e. clinician, consultant, educator, manager, researcher, or supervisor.
- Identify the historical, financial, political, and ethical factors that contributed to the involvement of psychologists in designing and conducting torture.
- Integrate an awareness of self as a significant factor in the conceptualization of the therapeutic relationship.
- Gather and synthesize clinical information from patients and other sources to develop diagnostic and clinical impressions.
- Integrate contextual factors into formulations about clinical material and therapeutic relationship.
- Take responsibility for your own professional behavior and seek supervision when appropriate.
- Maintain professional identity in the midst of ethical and legal challenges.
- Use supervision in a reciprocal fashion, assess supervisory feedback, and generate an appropriate action.
- Collaborate with peers to create a mutually beneficial learning community.
- Construct attitudes essential for lifelong learning, scholarly inquiry, and problem-solving related to laws and standards pertaining to professional psychological endeavors.
- Continue consolidating your professional identity through readings and class discussions that focus on your own professional development.

And the point of education  
should be to transform you –  
to teach you how to be  
transformed so you can ride  
the waves as they come.

Junot Díaz

## Learning objectives

By successfully completing the course, you should be able to:

1. Document your process of ethical acculturation.
2. Increase your knowledge of mental health service agencies in the San Francisco area.
3. Summarize and apply the APA ethics code and California licensing law.
4. Identify historical influences and current federal standards in research with human participants.
5. Implement an ethical decision-making model to address ethical and legal concerns.
6. Provide constructive peer feedback to fellow classmates.
7. Utilize peer feedback to inform professional work and ethical practice.
8. Present clinical cases (in written and oral format) in a comprehensive and professional manner.
9. Possess the knowledge to pass the Ethics, Laws, and Professional Issues exam.
10. Determine and implement burnout prevention methods for your own self care and to provide support for your colleagues.
11. Critically reflect on further areas for growth as an ethical and competent psychologist.

### **ETHICS, LAWS, AND PROFESSIONAL ISSUES (ELPI) EXAM - CORE CONCEPTS**

Please understand that this is not a test preparation course for your ethics preliminary exam. The course *is* designed to provide learning opportunities to cover the information that you need to work as a psychologist in an ethical and legal manner... and that information *will* be assessed in the exam. To assist you in your learning, I will give you sample test items with which to practice throughout the course. Study to learn the material, not to pass the exam! The comps, like all other exams (including your licensing exam), will come and go; the knowledge you learn and the competencies you develop to implement that knowledge will be tools you own for the rest of your career.

You should have a thorough knowledge of the ethical principles for psychologists as stated by the 2010 APA Ethics Code, including the Introduction, Preamble, General Principles, and finally, the Ethical Standards, which include the following ten sections:

- Resolving Ethical Issues
- Competence
- Human Relations
- Privacy and Confidentiality
- Advertising and Other Public Statements
- Record Keeping and Fees
- Education and Training
- Research and Publication
- Assessment
- Therapy

**Information about the ethics code represents approximately 50% of the items on the ELPI exam.**

Federal and California laws for psychologists and laws affecting clinical practice, including:

- Tarasoff decision (and its progeny)
- Involuntary confinement and the Lanterman-Petris-Short Act
- Legal and civil rights of patients, right to refuse medication, and competence issues
- Child abuse laws, elder and dependent adult abuse, and domestic violence
- Emancipation and the laws pertaining to the treatment of minors
- Privilege, informed consent, and limits of confidentiality
- Malpractice, sanctions against psychologists, and laws regarding sexual misconduct
- Record keeping guidelines, HIPAA and FERPA requirements, and patient access to records
- Licensing laws for psychologists and regulations for psychological assistants

**Information about federal and California laws represents approximately 50% of the items on the ELPI exam.**

## **2. MY TEACHING PHILOSOPHY AND APPROACH**

### **THE FLIPPED CLASSROOM AND COLLABORATIVE LEARNING... AND PRAGMATISM**

I am particularly interested in the pedagogy of health care education and the continued search for the most effective use of students' time and the maximum amount of material to be comprehended and made useable in professional settings. Much of my professional life is spent at the University of California, San Francisco School of Medicine working in the areas of faculty development, medical student education, and interprofessional skills development. I have found that the flipped classroom helps students "receive and master new knowledge outside the classroom, and teachers use classroom time to reinforce learning and address students' questions."<sup>1</sup> The flipped classroom is a pedagogical model in which the typical lecture and homework elements of a course are reversed. Short videos and curated articles are viewed by students at home before each class session, while in-class time is devoted to exercises, projects, or discussions. To put it another way, the professor's role changes from "sage on the stage to guide on the side."<sup>2</sup>

In this course you are responsible for reading the chapters and articles that are assigned, then bringing in questions, disagreements, revelations, and confusions that arise during your reading. As you can see, reading is an active act of learning rather than a passive information scan. I will regularly bring ethical quandaries to class and, in a problem-based learning modality, ask you to work on those quandaries, generate areas for further knowledge (hence the spontaneous learning opportunities), and come up with approaches based on what you've learned in your readings; this also helps support an underlying goal to develop lifelong learners.

Traditional lectures often foster passivity and dependency. They typically provide answers rather than questions and create the impression that knowledge can be successfully dumped into learners' heads, like water in a bucket. In a variation of this analogy, many doctoral students feel that during coursework they are trying to take a drink from a fire hose! During uninterrupted lectures, learners are discouraged or prevented from reflecting on or challenging ideas, even internally. Learning takes place within a context that evokes and encourages the learners' questions. While most instructional groups are a blend, groups that are more often collaborative can create a fertile ground in which learning can grow; this collaborative spirit is a hallmark of interprofessional medical home teams, so the mechanics of this class will stand you in good stead should you enter the profession as a clinician and be involved with the health care system.

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<sup>1</sup> Prober, C. G., & Khan, S. (2013). Medical education reimaged: A call to action. *Academic Medicine*, 88(10), 1407-1410. <http://dx.doi.org/10.1097/ACM.0b013e3182a368bd>

<sup>2</sup> King, A. (1993). From sage on the stage to guide on the side. *College Teaching*, 41(1), 30-35. <http://dx.doi.org/10.1080/87567555.1993.9926781>

The goal in this course is for us to work on a collaborative level, not an authoritarian level. Warning: I will not deliver lectures! As you can see, the lecture mode doesn't work well in a flipped classroom setting. Those of you who are used to being "lectured at" may find this challenging, and I encourage you to try what may be new to you. For the time to be interesting, stimulating, beneficial, and worth your time and money, before each class you must have thought about the material from the previous class meetings, completed the readings assigned for the week, and formulated questions, disagreements, and other ideas. Be prepared to discuss your personal and professional reactions with me and with your colleagues in class. Both you as student and I as professor share the responsibility for making the seminar relevant and useful to you. All of us in the class teach each other; learning is a community effort.

Using this approach, there is a great reliance on collaborative learning, as you may imagine from the description above. Plan to spend part of many classes working in duos, trios, or quartets; many of you are used to working on an individual level, and the approach I take in this course is different for you. A large body of research demonstrates that adult learners learn best when they are actively involved in the process. Regardless of subject matter, students "...working in small groups tend to learn more of what is taught and retain it longer than when the same content is presented in other instructional formats" (Davis, 2009).

The table below highlights some of the traits of collaborative and authoritarian groups.<sup>3</sup>

	<b><i>Collaborative</i></b>	<b><i>Authoritarian</i></b>
<b>Description of class</b>	Learning community	Isolated individuals
<b>Way learners are viewed</b>	Vital contributors to their own and each other's learning	Recipients of teaching
<b>Teachers' main roles</b>	Facilitator of learning, diagnostician, model, coach	Purveyor of information
<b>Teachers' main communication</b>	Questioning, active listening	Telling
<b>Type of leadership</b>	Situational: varies with the learners and the context	Directive
<b>Learners' main roles</b>	<i>Active:</i> Questioners, intent listeners, discoverers, teachers of each other	<i>Passive:</i> Listeners, receivers of information, note-takers
<b>Nature of discussions</b>	Dialogues; reflective	Monologues
<b>Nature of relationships</b>	Trusting, respectful, collaborative	Formal, guarded, distant, competitive, perhaps adversarial
<b>Responsibility for meetings</b>	Increasingly, the learners'	The teachers'

<sup>3</sup> Davis, B. G. (2009). *Tips for teaching* (p. 147). San Francisco, CA: Jossey-Bass. ISBN-13: 978-0787965679

We will frequently organize learning around class discussions. Here are some guidelines<sup>4</sup> that may be helpful as you work in this way:

- Seek the best answer rather than try to convince other people.
- Try not to let your previous ideas or prejudices interfere with your freedom of thinking.
- Speak whenever you wish (if you are not interrupting someone else, of course), even though your idea may seem incomplete.
- Practice listening by trying to formulate in your own words the point that the previous speaker made before adding your own contribution.
- Avoid disrupting the flow of thought by introducing new issues; wait until the present topic reaches its natural end.
- Stick to the subject and talk briefly.
- Avoid long stories, anecdotes, or examples.
- Give encouragement and approval to others.
- Seek out differences – they enrich the discussion.
- Be sympathetic and understanding of other people's views.

The role of discussions as part of the structure of this course is such that the skill of reflection is actively cultivated. "Reflective learning can improve professionalism and clinical reasoning, and reflective practice can contribute to continuous practice improvement and better management of complex health systems and patients."<sup>5</sup> In contrast to the common usage of the term *reflect*, critical reflection has been described by Mezirow<sup>6</sup> as. . . .

. . . the process of becoming critically aware of how and why our presuppositions have come to constrain the way we perceive, understand, and feel about our world; of reformulating these assumptions to permit a more inclusive, discriminating, permeable and integrative perspective; and of making decisions or otherwise acting on these new understandings. More inclusive, discriminating, permeable and integrative perspectives are superior perspectives that adults choose if they can because they are motivated to better understand the meaning of their experience. (p. 27)

Think of critical reflection as the skill used to transform experience into learning. Reflection correlates highly with lifelong learning, decreases diagnostic errors, and improves clinical performance. Reflective professionals have open minds; think about their own thinking; learn more deeply; connect with their feelings; consider perspectives other than their own; strive to learn from rather than deny or ignore errors, problems and learning gaps; and reframe their thinking to formulate reasoned approaches to clinically uncertain and complex situations.<sup>7</sup>

I expect you to develop your own critically reflective ability during this year not only to contribute to the class, but to enhance your own lifelong learning skills and your professional abilities.

Part of our discussions will involve providing and incorporating peer feedback on **ethical dilemmas** [Learning objectives 3, 5, 6, and 7] that come from your practicum sites, my own work, or ethical problems I will make available in class through Moodle. Throughout the fall, we will apply the ethics code and laws as you learn them through your readings. Toward the end of the autumn semester you will learn an ethical decision-making model, and will apply that model to the dilemmas we encounter. This gives you the opportunity to solidify this resource for your own use during your professional life.

As a class, you also have a **legacy project** [Learning objective 10] for students that follow you. You will work together at the end of spring semester to create a short document that will be passed on to students

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<sup>4</sup> Tiberius, R. G. (2013). *Small group teaching: a trouble-shooting guide* (pp. 67-68). Toronto: Ontario Institute for Studies in Education Press. ISBN-13: 978-0749428969

<sup>5</sup> Aronson, L. (2011). Twelve tips for teaching reflection at all levels of medical education. *Medical Teacher*, 33(3), 200-205. <http://dx.doi.org/10.3109/0142159X.2010.507714>

<sup>6</sup> Mezirow J. (1990). *Fostering critical reflection in adulthood*. San Francisco: Jossey-Bass.

<sup>7</sup> Aronson, L., & Kruidering, M. (2013). *Teaching and assessing reflective ability in medical education*. Retrieved from <http://meded.ucsf.edu/radme/teaching-and-assessing-reflective-ability-medical-education>

in next year's class section. What do you want to be sure the class that follows you knows? What do you wish someone had told you about this course at the beginning of this academic year? Are there other suggestions you want to pass on in general about this year in the program? What can you tell your successors that will help them navigate the course and this academic year in a better way? By completing this project, you increase the impact of your learning community and help create a culture of passing on learned wisdom and support to those who come after you. Don't forget: we all stand on the shoulders of those who came before us.

In terms of pragmatism, there is a very polarizing situation currently going on in the APA: psychologists have been involved in developing and implementing interrogation techniques that are defined as torture by the Geneva Conventions. We are living through a very interesting time for ethics with many in APA taking very strong stands about what exactly happened in the early 2000s in this situation under the auspices of the Bush administration. In 2014 the APA commissioned an independent review of the situation by David H. Hoffman, a Chicago lawyer, which was released in July 2015. As more about this ethically complex situation is revealed, I will provide you with additional information; you have an article for our September 28th class that will give you some of the basics about this controversy.

We may also have a researcher from Cambridge, Massachusetts visiting our class. Dr. Alice LoCicero, who is one of those who called for the APA to address the questions raised about participation in designing and conducting torture (see her article for the April 12 class), and also has written extensively on the individual and community psychological profiles that influenced the Boston Marathon bombers. Depending on her schedule, she has agreed to come to our class in the spring and talk with us about her work. Please be prepared for possible rearrangements of our syllabus to accommodate Dr. LoCicero's kindness. I will let you know about any changes as soon as I am able to do so.

### PROFESSIONAL DEVELOPMENT

At this point in the second year of your training, I expect that you've encountered the term *professionalism* or *professional development*, but the meaning of the terms may not be clear. Here's a definition of *profession* that provides a good context within which to consider these other terms:

An occupation whose core element is work based upon the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. *Its members are governed by codes of ethics* [emphasis added] and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society.<sup>8</sup>

A meta-goal of the program at Alliant is to develop psychologists with high levels of professionalism (the behaviors that reflect a profession). This meta-goal underlies the goals of each course and clinical placement throughout your education. As you engage in your ethical acculturation in this course, we will attend to aspects of professional development (the nurturance of professionalism) throughout the year. For instance, we'll look at the issues related to suicide in the spring semester. While most of the readings focus on the ethical and legal requirements related to the topic, you'll also find an article on how psychology trainees experience the death of a patient by suicide and the subsequent impact on their professional behavior. You'll find this metacognitive approach laced throughout your readings; my intent here is to help you further develop your professional knowledge and competence (a basic definition of professional development) by understanding how your personal responses affect your professional viewpoint and behavior. The focus on professional development has an impact on the quality of graduates from this school, legal and ethical behavior, the types of peers I and other faculty will be encountering in our professional lives, the reputation of the school and its ability to recruit high-quality students, and –most important – the quality of care that is given patients by our students.

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<sup>8</sup> Cruess, S. R., Johnston, S., & Cruess, R. L. (2004). "Profession": A working definition for medical educators. *Teaching and Learning in Medicine: An International Journal*, 16(1), 74-76. [http://dx.doi.org/10.1207/s15328015tlm1601\\_15](http://dx.doi.org/10.1207/s15328015tlm1601_15)



This brings up my role as your professor. Pope describes this as:

. . . the dual task of nurturing the development of [psychologists]-in-training and also ensuring quality client care. In order to fulfill these dual responsibilities, faculty must evaluate students based on their academic, professional, and personal qualities. These factors are evaluated based on one's academic performance and one's ability to convey warmth, genuineness, respect, and empathy in interactions with clients, classmates, staff, and faculty. Students should demonstrate the ability to accept and integrate feedback, be aware of their impact on others, accept personal responsibility, and be able to express feelings effectively and appropriately.<sup>9</sup>

Good grades alone do not determine the quality of graduates; the faculty and administration of AIU take into consideration a number of factors when making decisions about who can graduate from the program. I take my gatekeeper role seriously, and I am committed to carrying out this role in a transparent, ethical, and pedagogically sound manner. I want you to be successful in this course and in this profession. I will communicate directly and privately with you if I have any concerns about your professionalism. My goal in this communication is to identify a lapse in professionalism, make sure you understand the impact of the lapse, and to work with you to identify options to address the specific lapse as well as reflect on its implications in order to support your further development as a psychologist. My responsibility (and commitment) as your professor is to provide specific methods of support for you to succeed in this class and to achieve a clear identity as a psychologist; conversations about professionalism are held in the spirit of identifying pathways toward your success and developing skills that support your proactive stance toward lifelong learning.

As you read this, you may begin to wonder about the power differential between me and each of you as students. These underlying questions of power – who holds it, what can be done with it, and how does the differential affect interactions – informs your clinical work as well, and I hope we'll use the times where questions of power arise in class to think about the connections to your work with patients.

### 3. ASSIGNMENTS

There are no quizzes, midterm exams, or final exams in this course. There are written and oral assignments as detailed below.

#### READING LIST (REQUIRED)

Please bring a copy of the readings for the week to class with you.

- American Psychological Association (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>
- Koocher, G. P., & Keith-Spiegel, P. (2008). *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed.). NY: Oxford Press. ISBN: 978-019-514911-1.
- Garcia, M. A. (2014). *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. Retrieved from <http://shop.aiansip.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1> (A copy is on reserve in the library)
- Selected articles are available online and through the library. The library link is <http://bit.do/ethicsDJP> - some items will need a password for access, which is **cei2dj**
- Please contact Alliant library staff with any difficulties locating or accessing the readings.

Like neuropsychology, assessment, and statistics, some psychologists specialize in ethics; they may conduct research, teach, consult, or provide clinical services related to this topic. Within these readings you will find an array of articles that explicate ethics theory and research. This contextualization helps you move beyond the “I have to memorize 10 ethics standards and the laws about child abuse reporting” stance and into a more thoughtful and proactive engagement that is designed to provide excellence in

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<sup>9</sup> Pope, M. (2014). Who controls the training of new mental health professionals? *Psychology of Sexual Orientation and Gender Diversity*, 1(2), 90-92. <http://dx.doi.org/10.1037/sgd0000025>

carrying out the many roles in which psychologists may be found throughout their careers; lifelong learning is a necessity for continued competence in our profession. Also please be aware: some of these peer-reviewed, published papers were written by graduate students . . . just like you.

For every hour in class, plan to reserve 2-3 hours outside of class for reading and writing (this is the definition of the Carnegie unit, the basis for granting course credit in U.S. colleges and universities). Please send your written work to me through our Moodle portal; each is due by the start of the class period on the date listed in the syllabus. Bring a double spaced and stapled hard copy of the assignment to class if you have a problem with downloads. Turn in assignments by the start of class (10:00) on the due date. If you miss the class when an assignment is due, submit your assignment by the due date and time. **I do not accept late assignments;** do not turn them in (see exception below regarding serious illness), and please... don't ask me to make an exception for you.

### DISCUSSIONS, PAPERS, AND PRESENTATIONS

Assigned readings form the didactic basis of the course and are required throughout the year. Through readings, seminar discussions, and assignments, you will acquire the scientific and theoretical knowledge base to achieve the course learning outcomes. [Information in brackets for each assignment pairs the assignment to learning objectives, and identifies the semester the assignment is due]

- 1) You have one **written case report** [Learning objectives 6 and 8] in the autumn semester and one in the spring semester. Please see the appendix at the end of this syllabus for the format and areas to be covered. For the written reports, please include two pages of process notes or transcripts taken from taped therapy session that best captures some highlights of the treatment progress. Try to recreate a dialogue between you and the patient which is representative of your work, and be sure to tell me why you've chosen this particular interaction. Make the report accessible to professionals who do not necessarily share your theoretical perspective. You and a small group of peers will review each others' written case report before turning them in for grading.
- 2) The initial draft of each written report will form the basis of your **oral case presentation** [Learning objectives 6 and 8; autumn and spring semesters], and you'll use the feedback you receive to your oral presentation to refine the written report before turning it in toward the end of each semester. In this course, each presentation will focus on a different clinical assignment (you can't use the same patient twice this year). You will reflect on your own presentation, then get oral feedback from me and the group; I will not provide written feedback. Please write down the feedback you receive for your own use.

Psychologists should learn to present any given case at three levels: in encapsulated form (less than a couple minutes or so), briefly (5 minutes), and at length (taking about 10-15 minutes). Therefore, in the second semester oral case presentation you will give the 2-minute and 5-minute forms, and then provide the long version (same patient, three different formats).

Think of your oral case presentation as your business card. I hope you will be asked to make different types of case presentations during your practicum, and I can almost guarantee you will be asked for some form of a short presentation in your internship interviews (for example, "Tell me about a patient you've worked with who was particularly difficult for you."). The odds are also quite high that if you interview for a clinical job after you graduate, your interview will include a case presentation. What you tell your listeners in these situations is, "This is *what* I think, *how* I think about it, and *what I do clinically* based on my understanding." Your ability to accurately communicate these concepts has a great deal of impact on your vocational success.

- 3) Prepare an **agency presentation** [Learning objective 2; autumn semester] about your practicum site for our class. Provide each class member a one-page handout (or post on our course forum before class) as outlined below (the handout only needs to cover section a). If you are at the same agency as another student in the class, please plan to present the overlapping material together. Anticipate about 15 minutes to present the following information:

- a) Agency descriptors: Name of agency, address and neighborhood, website, who/why/how/when established, population served, services offered, eligibility for services, staffing, ADA-related accessibility. How does this agency operate financially? What are its sources of funding?
  - b) Money: How much are fees for your services? How much for licensed practitioners? How is billing handled? Who collects the fee?
  - c) Supervision: Have you been assigned a supervisor (Y/N) and how frequently are you or will you be meeting? How will supervision be conducted (direct observation, tapes, verbal report by you)? What are your supervisor's and the agency's treatment/theoretical orientation(s), and how do they match yours?
  - d) Patients: Who are your patients: age, gender, ethnicity/culture? How many patients will you be seeing per week? Common diagnoses? Will you see children, adolescents, adults, families, couples, groups? How have you presented your status as "trainee" to clients? How have you talked about the length of time you will be at the site with your patients?
  - e) Describe the orientation process: How are you feeling so far? Worries? What do you like?
  - f) What are the ethics questions/concerns at this point about which you would like to brainstorm?
- 4) Writing an **ethics autobiography**<sup>10</sup> [Learning objective 1; autumn semester] is frequently used as a way for students to understand how their own backgrounds affect their current approach to ethics. Much like you learned in your first-year intercultural awareness development class, none of us is a blank slate, and it is imperative to know from where your ethical viewpoint emerges. This short (4-5 pages) paper gives you the opportunity to explore your own background and how that impacts your ethical acculturation (see the Handelsman article in Week 4 for more on the use of this term) into the field of psychology. Here are some questions to consider when writing this assignment (don't try to answer all of them):

What is your idea of right and wrong personal behavior, and where does this conception come from? What did you learn from your family of origin about right and wrong? What do you recall were the messages about ethnic or cultural groups different from yourself, and how they see right and wrong? What is your idea of right and wrong professional behavior, and where does this conception come from? What aspects of this profession strike you as being "not intuitive"? What are your top three values, and where do they come from? What are three personal needs that you think match well with the profession? What are three personal needs that you think might conflict with the profession? What morals are most important to you, and where do they come from? How do these align with or conflict with the ethics code and professional standards? How might the alignment or conflict influence your work with clients or students? (Bashe et al., p. 62)

Use the readings from this course, as well as what you learned about acculturation last year, to inform your discussion. Please know that you do not need to disclose personal information that you don't want to, should that be your decision (see the ethics code standard 7.04.).

- 5) Arrange to *meet and interview in person* a member of a health care institution's **ethics board**<sup>11</sup> or **institutional review board** [Learning objectives 1 and 11; spring semester]. Do not use an institution with which you have or had a placement. How do individuals become members of the board? What type of background must they have? What kind of training do they get after they arrive on the board? Are there any psychologist members? If so, what do they contribute? How do cases come before the board? What is the process the board goes through when presented a clinical concern? How is research evaluated? If appropriate, how are the different ethics codes for different professions incorporated? How does the board incorporate legal and institutional policy changes? What are some of the knottier problems with which this board has dealt? What motivates your

<sup>10</sup> Bashe, A., Anderson, S. K., Handelsman, M. M. and Klevansky (2007). An acculturation model for ethics training: The ethics autobiography and beyond. *Professional Psychology: Research and Practice*, 38(1), 60-67. <http://dx.doi.org/10.1037/0735-7028.38.1.60>

<sup>11</sup> Wilson, S. L., Rozensky, R. H., & Weiss, J. (2010). The Advisory Committee on Interdisciplinary Community-Based Linkages and the federal role in advocating for interprofessional education. *Journal of Allied Health*, 39(supplement 1), p. 210-15. <http://dx.doi.org/10.1016/j.cub.2014.01.016>

interviewee to be on the board? What does this person most wish outsiders knew about the work of the board?

Write a 9-12 page paper addressing these questions as well as your perceptions from your meeting and how it contributed to your own professional acculturation and helped you identify areas for your own professional growth. Make arrangements for this paper well ahead of time and **please**, write a thank you note to the person who meets with you. It's good manners as well as wise networking behavior. Acknowledging the board member's time and energy, of which you were the recipient, will cause you to stand out in that person's mind as someone who is thoughtful and professional. Both are aspects that are valued when informally recommending someone for an interview... or offering a job. Health care is actually a small world, and you never know when you might cross paths in the future with this person. And...it's simply the right thing to do.

This assignment must be coordinated with your classmates so that each of you approaches different institutions rather than one ethics board getting requests from three or four students. My suggestion is that as a group you generate a list of possible sites and individually choose one at a time until you get someone to interview. Keeping a list of sites that provided an interview (along with contact information) and sites that declined will be a good addition to your legacy project. Do not use a "scatter shot" approach and pepper a number of people at one site with your request; identify a point person and communicate through that one person. **The biggest error students make with this assignment is waiting too long to identify someone to interview.** Even though this assignment is due at the beginning of the spring semester (name of interviewee is due 2015-11-09), if you haven't gotten confirmation of an interviewee by late October, ask me for suggestions. Waiting until a week before the assignment is due to tell me you don't have someone to interview will not serve you well.

- 6) Complete the Collaborative Institutional Training Initiative **certificate program** [Learning objective 4; completed spring semester] with eleven required modules and three modules of your choice. You must show evidence of successfully completing the program by submitting the electronically-delivered completion certificate. There is no partial credit for this assignment. The CITI program gives you the opportunity to learn important didactic material without spending class time explaining the basic concepts (remember the flipped classroom concept). Our Monday class time is intended to promote your integration of learned materials and provide an opportunity to actively engage in rehearsals of ethical decision-making; didactic presentations are outside of that scope and yet important facts need to inform the decisions that you make in your clinical settings and in your dissertation research.

The required and additional modules are listed below; due dates for the required modules and the final certificate are listed in the week by week listings. The required modules form part of the basis of classroom discussions on the days they are due. Go to the *Human Subjects Research – Social-Behavioral-Educational (SBE) Modules* section at <<https://www.citiprogram.org>> to set up your CITI account. There is no charge for this program. If you have any difficulties accessing the modules, please contact a staff member in the Alliant library.

Required modules	Additional modules (choose 3)
1. Belmont Report and CITI Course Introduction 2. History and Ethics of Human Subjects Research 3. History and Ethical Principles 4. Defining Research with Human Subjects 5. The Federal Regulations 6. Assessing Risk 7. Informed Consent 8. Privacy and Confidentiality 9. Cultural Competence in Research 10. Conflicts of Interest in Research Involving Human Subjects 11. Unanticipated Problems and Reporting Requirements in Social and Behavioral Research	Gender and Sexuality Diversity in Human Research Illegal Activities or Undocumented Status in Human Research International Research Internet Research Populations in Research Requiring Additional Considerations and/or Protections Research with Children Research with Prisoners Research with Critically Ill Subjects Research in Public Elementary and Secondary Schools Research Involving Subjects at the End of Life Research with Older Adults Research with Persons who are Socially or Economically Disadvantaged Research with Subjects with Physical Disabilities & Impairments Students in Research

- 7) As we are having discussions in class, we'll come upon a topic that isn't familiar and not necessarily covered in the readings; it would help us to have more information, hence a **spontaneous leaning opportunity (SLO)** [Learning objective 3, 6, and 9; autumn and spring semesters]. Write a 500-700 word answer to an ethics-related question that arises in class and post to the SLO forum within three days. Be sure to tie your answer to the topic that was being discussed. You'll have two of these SLOs each semester. As part of your class participation grade, classmates who did not write the answer are to read and briefly respond on line through the Moodle class forum; please write your response within three days of the SLO posting. This means that the selection, posting, and responses to a SLO occur within one week. **Or, in more concrete terms, the SLO gets chosen in class on Monday; you have until Thursday to write it; the rest of the class has until Sunday midnight to comment on it. After midnight the ability to comment is closed.**

Here are a few guidelines when you write your SLOs and make your responses:

- Use at least two resources from the professional literature, and cite them; this keeps you safe from the perception of plagiarism and requires you to consider two (possibly) different viewpoints. It also gives others the opportunity to follow up should they want to do so.
- Don't cut and paste information; you won't learn by doing that. Read, comprehend, and digest the information, and then write your entry based on your understanding. **I'm interested in what you think** (see red boldface boxed text on page 18).
- Seek out differing opinions if they're available, briefly summarize them, then tell us which one you're leaning toward and why.
- Relate the SLO to your own clinical situation and/or the topic we were discussing in class. Be sure to address the the ethical component (linking to an ethical standard or principle is a good idea).
- What is particularly salient for you in what you learned through this SLO? If you ask a question (that's not specific to a classmate), be sure to answer it.
- Tell us what you thought about what you learned; what is your viewpoint, and what prompts you to hold that view? That will give us as a group more of a chance to have an ongoing dialogue.

For responses, consider these questions (not all will apply to every SLO):

- What kind of feedback can you give your classmate about the SLO (See page 15 for an example)?
- What did you learn from this SLO?
- Do you have questions about the basic information presented in the SLO? If so, what are they?
- What are additional ways of this SLO illuminating the discussion in class?
- How does this SLO relate to your practicum experience? Is there anything to consider doing differently at your site based on what you learned from your classmate's research?

For one of the SLOs you complete in the spring semester, choose one of the topics from the Federal and California laws for psychologists and laws affecting clinical practice list (see page 4 of this syllabus). Each of you will prepare an exam study sheet on your choice of topic which will be available for you and your classmates when studying for the Ethics, Laws and Professional Issues exam. [Learning objectives 5 and 8]

For the ELPI exam SLOs, I suggest that the whole class come up with a template that each of you will follow. Each submission can be considered a "living document," one that can be amended as the year goes on and where the original writer responds to questions and critiques raised by classmates; you may want to consider using a program like Google Doc for this particular SLO. The ability for everyone to edit the document will help increase the effectiveness of this study tool for each of you.

**EXTRA CREDIT OPTIONS**

[a] Write a third **SLO**. Classmates who respond to your extra credit SLO receive 2 bonus points. (5 points). *Available once per semester.*

[b] Complete two additional optional **modules** in the CITI training. (5 points) *Available once per year.*

[c] Health care professionals who are able to critically self-reflect show a higher level of proficiency in their careers. In this spirit, write a 7-8 page **paper** about your own approach to ethics (this is a advanced "revision" of the ethics autobiography from the autumn semester, and should reflect a greater level of development and knowledge). What values do you hold in greatest esteem? How are these reflected in the APA ethics code (or not)? Is there a particular lens through which you view ethics (feminist ethics, relational ethics, deontological ethics, etc.)? What was most ethically problematic for you in your practicum placement? What do you think would be the ethical principle or standard that could be the most difficult for you to navigate successfully as a psychologist (Hint: Don't tell me "none of them!")? Describe your journey over the past year in terms of how your own ethical sense of self has changed. The task here is to have opinions and to base them in what you've learned in this course. Bring your critical thinking and cogent writing skills to bear in this assignment (10 points). *Available once per year after Week 10 in spring semester.*

[d] Prepare a 45-minute **class presentation** on a topic we aren't covering. If you are interested in this option, please see me to approve the topic and receive some guidance about successfully teaching a learning module for our class. This option must be selected by the fourth week in the semester (28 September for autumn and 22 February for spring). (15 points). *Available once per semester.*

[e] Interprofessional competence is receiving greater and greater levels of attention at many levels of national organizations<sup>12</sup> and is viewed as a fundamental skill of health care professionals. Document in a 7-8 page **paper** what you learn in a face-to-face meeting with a student in a health professions graduate program during which you review your respective ethics codes. How would you compare and contrast the documents? How do students in your interviewee's profession learn about ethics? Is there a formal ethics class? If so, at what point in their program do students take the class? When do conversations about ethics get brought up - only when there's an ethical difficulty? How is their ethics acculturation accomplished? How much of it comes through exposure to the "hidden curriculum" that exists in their school and placement sites?

Do not interview a student in a mental health profession; chiropractic, dentistry, massage, medicine (allopathic, Ayurvedic, Chinese, or osteopathic), nursing, pharmacy, or physical therapy are all professions you may investigate. If you would like to select some other health care profession, please first check with me to confirm your selection. (20 points) *Available once per year.*

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<sup>12</sup> Interprofessional Education Collaborative Expert Panel (2011). *Core competencies for interprofessional collaborative practice*: Washington, D.C.: Interprofessional Education Collaborative.

#### 4. APPRAISAL

##### FEEDBACK AND ASSESSMENT

A helpful definition of feedback is "...specific, nonjudgmental information comparing a trainee's performance with a standard, given with intent to improve performance."<sup>13</sup> Feedback is always being given and received, consciously or unconsciously, skillfully or carelessly. Perhaps most importantly in this course, feedback is an expression of commitment to the learning relationship.

Students are sometimes uncertain about the difference between feedback and assessment. Feedback, in this class, is an ongoing conversation between all of us, transparent in nature, and serves to educate the recipient as well as the rest of the group. Earlier, you saw that you will provide self-reflection as well as hear oral feedback on your oral presentation. You will receive written feedback as part of your SLOs from both me and your classmates. Here is an example of public feedback I might post in the forum to a SLO:

I'm glad you chose this subject, Aloysius. Your description of the dilemma in which you found yourself when trying to maintain confidentiality while working with a medically hospitalized patient was specific, and your reporting of your experience in this practicum setting was both humorous and detailed.

You also asked your classmates two thoughtful questions about the situation in which you found yourself. In addition to the reporting, I would like to have read more about your own reactions and responses to this dilemma, including knowing your answers to the two questions. Letting us know what position you hold contributes to a more vivacious forum interchange.

By linking this ethical quandary to the appropriate sections in the ethics code, you made the subsequent discussion both easier and much more specific, which was very helpful.

This type of feedback is designed to help everyone improve and learn from one another.

Assessments come in the form of scores for work submitted that takes into account the feedback you've received and then a summative process encompassing scores received throughout the entire semester. All evaluations are private. The hallmark of a good assessment is that it is not a surprise, and I will strive to make sure my ongoing feedback (as well as that of your classmates) is reflected in your assessment.

##### GRADING

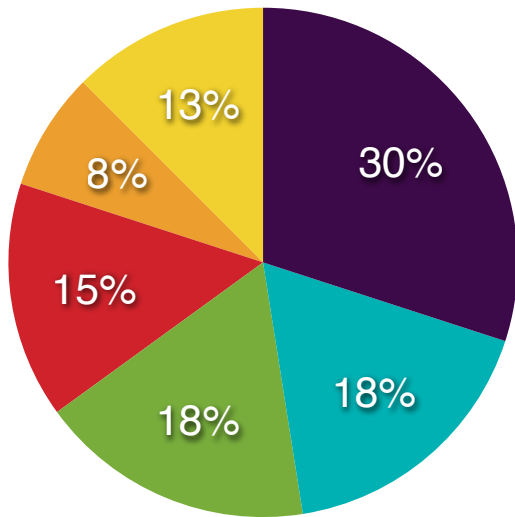
The total points required for letter grades and the points available for course assignments are below.

200-188 points:	A	175-170 points:	B	157-151 points:	C
187-182 points:	A-	169-164 points:	B-	≤150 points:	F
181-176 points:	B+	163-158 points:	C+		

Points are distributed through assignments detailed on the next page.

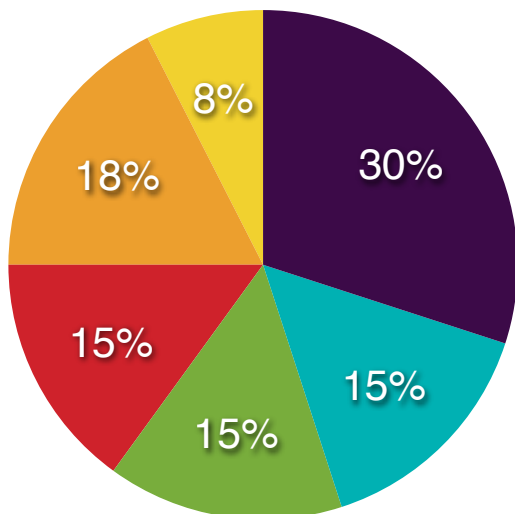
<sup>13</sup> Van de Ridder, J. M. M., Stokking, K. M., McGaghie, W. C., & ten Cate, O. (2008). What is feedback in clinical education? *Medical Education*, 42(2), 189–197. doi:10.1111/j.1365-2923.2007.02973.x

- Participation
- Written case report
- Agency presentation
- Oral case report
- SLOs
- Ethics autobiography



Assignment (autumn 2015)	Points
Participation (4 points per class)	60
Oral case report (variable due date)	35
Written case report (due 2015-12-01)	35
Spontaneous learning opportunity 1 (variable due date; must be selected by 2015-10-13)	15
Spontaneous learning opportunity 2 (variable due date; must be selected by 2015-11-17)	15
Agency presentation (due 2015-09-08)	15
Ethics autobiography (due 2015-09-29)	25
<b>TOTAL</b>	<b>200</b>

- Participation
- Written case report
- Community ethics board
- Oral case report
- SLOs
- CITI certification



Assignment (spring 2016)	Points
Participation (4 points per class)	60
Oral case report (variable due date)	30
Written case report (due 2016-05-03)	30
Spontaneous learning opportunity 1 (variable due date; must be selected by 2016-03-08)	15
Spontaneous learning opportunity 2 (variable due date; must be selected by 2016-04-26)	15
Community ethics board (due 2016-02-16)	35
CITI certification (due 2016-03-15)	15
<b>TOTAL</b>	<b>200</b>



## CLASS PARTICIPATION

Sharing ideas and engaging in intellectual dialogue are requirements of the course. Participation in class discussion and forum responses are important components of my ability to assess your competence. Through your participation you contribute to others' learning and advance your own understanding. It is one way in which you demonstrate your mastery of class material, course objectives, and your ability to engage in problem solving and professional learning behaviors.

The class is designed using small group discussion as well as problem-based learning to help facilitate class participation. Throughout the course you are responsible for being familiar with and participating in discussions of assigned articles and SLO posts. Assigned articles are the didactic basis of the course. Through reading and discussions of articles you will acquire the scientific and theoretical knowledge base to meet course learning outcomes. Assessment of participation in class discussion is based on:

- Preparation – you read the article, are familiar with its content, and are prepared to discuss it;
- Willingness – you contribute to class discussion and comment on other classmates' SLOs.
- Quality of contribution – you understand the readings, synthesize concepts, explore and question meaning, and apply concepts.

## ASSIGNMENTS

### Written

Please use APA format for your written work (don't worry about a cover page, however).

I want you to focus your critical skills and synthesize what you are learning from the readings and class discussions. Mastery of basic skills of grammar and composition are assumed at this level of education. Please write in the first person (using *I*) and not in the third person (using *the writer* or *we* or *psychologists*). Don't just rephrase other authors' work – give your own perceptions or ideas. Be sure you include concepts from readings and class discussions as appropriate. Please don't recap what is in the article or chapter - I already read it, and that is why I chose to assign it.

In the past, my students have been puzzled as to why they got a grade on an assignment that was lower than they expected. If I have asked for certain aspects to be addressed in your writing, you skip an aspect at your own risk! Your grade will be lower if an aspect I've asked you to respond to is not addressed. In a worst case scenario (which rarely happens), I will ask you to rewrite the assignment, incorporating my feedback to the previous draft.

Here's the biggest single suggestion I can make about your writing assignments (other than to check your "writing hygiene" - spelling, punctuation, grammar, sentence and paragraph structure, etc.):

**Tell me about your thinking. I'm interested not only in the issues upon which you've chosen to focus, but *why* you've chosen them, and *what* you think about them, and *how* they have an impact on your development as a psychologist.**

Missed assignments will result in a lower grade or failure of the class, depending on the work missed. At my discretion, missing more than one major assignment can result in failing this class. If, however, you are *seriously ill* and provide a doctor's note, the assignment can be made up, or I will give you a substitute assignment to complete. Let me know as soon as possible if you find yourself in this situation.

If writing is difficult for you please inform me and we will work together as needed to help you meet this requirement.

## Verbal

Your ability to cogently present an oral case report will stand you in good stead throughout your career. In situations as varied as rounds, team meetings, and departmental educational activities, the verbal fluency you display when making a case report reflects on your own ability as well as gives an indication, particularly in interprofessional settings, of how psychology, as a profession, expects its practitioners conduct themselves. There are resources<sup>14</sup> available to help you make your oral presentation effective; we'll also talk about tips and techniques in class.

If you are unable to present your oral case presentation on the day you scheduled, it is your responsibility to switch presentation time with a classmate as soon as possible and send me an email to let me know about the exchange. If you miss your presentation without arranging for another presentation in its place, I will regard your presentation as a missed assignment and give you no points.

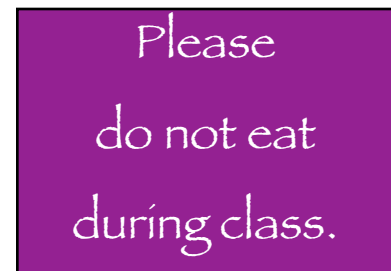
If speaking in class is difficult for you please inform me and we will work together as needed to help you meet this requirement.

### ATTENDANCE AND PROFESSIONAL BEHAVIOR

I expect you to attend all classes in their entirety; it is impossible to make up what has transpired. I define missing class as missing 15 minutes or more of scheduled class time. That said, if you miss two classes in a semester, I will ask you to write a 10-page paper on professionalism in psychology (there's quite a wealth of literature on this subject) due two weeks after the missed second class or by the last day of the semester, whichever is sooner. A third missed class will result in a 15 page paper on a current ethical "hot topic," due three weeks after the third missed class or by the last day of the semester, whichever is sooner. If you do not turn in either remediation paper on time or miss four classes in a semester, I will ask you to drop or withdraw from the course. If the last day to withdraw from the course has passed, you will receive a failing grade. The final dates to drop or to withdraw are listed in the catalogue. Missing the final class of the semester will result in a loss of 20 points for the absence.

You may fail the course by reason of difficulty in demonstrating professional behaviors or meeting the requirements of the class, such as timely completion of assignments, attendance, or for violations of ethical and professional standards of care. Demonstration of professional behavior (professionalism) includes following the APA Ethical Principles for psychologists and code of conduct; adhering to school guidelines as listed in the Student Handbook and the Professional Training Manual, and complying with other directives from the CSPP/Alliant administration. In addition, professionalism includes respectful and responsible speech and actions, completing assignments in a timely way, communicating directly should issues or problems arise, and maintaining professional boundaries, such as the confidentiality of patients and classmates.

I am committed to facilitating your successful ethics acculturation in this course. If you identify a problem that is negatively affecting your course performance, contact me immediately so that we can develop an appropriate action plan to help you succeed. Please do not wait until the end of the semester or just before an assignment is due to reach out to me. I encourage you to talk with me in person to schedule a meeting, or contact me by telephone or e-mail.



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<sup>14</sup> Jacobs, L. F. and Hyman, J. S. (2010). *15 strategies for giving oral presentations*. Retrieved from <http://www.usnews.com/education/blogs/professors-guide/2010/02/24/15-strategies-for-giving-oral-presentations>

## HOW TO SUCCEED IN THIS SEMINAR

Succeeding is different than not failing; meeting the fundamental requirements as I've outlined them will keep you from failing. My experience teaching this seminar is that the students who are truly successful are the ones who are willing to take risks and to challenge themselves and each other. To succeed is to take the information you learn through readings and interactions with me and your classmates and be affected by it. By engaging with the material, being willing to change the way you think about the subjects we study, and actively participating in classroom discussions and online comments, the likelihood is that at the end of the year, you will look back and say to yourself, "I will use what I learned in this course during my work. It was worth the money (\$2256.00) and time (30 hours in class, ≈ 90 hours outside of class) I invested by taking it." If there is something I can do to support your success, please don't hesitate to let me know.

## 6. MY EXPECTATIONS AND HOPES FOR THE YEAR

My expectations for myself in this course are to be engaged in evidence-based teaching, curious, respectful, thoughtful, and fully committed to your learning over the year. Feedback and assessments will be timely, fair, and designed to support your professional growth as a psychologist. I will do all I can to foster a classroom environment that is conducive to your learning.

My expectations for you are that you will be in class on time, have done the reading assigned for the week, and be ready to interact with your classmates and me about what you are learning and how your own experience shapes your understanding. I also expect that you will communicate with me directly and as soon as possible if you find yourself struggling with any aspect of the course, so that together we can identify problem-solving options to maximize your successful completion.

Throughout our meetings we'll spend considerable time laying a foundation conducive to respectful yet challenging discussions through which we all can grow. I hope we will grapple with complicated, emotional, and thought-provoking topics as a community, and to understand that learning and teaching come from shared experiences and critical self-reflection. We enter into this exploration together.

Ethics is a subject that can engender intense discussions, because it often touches on aspects of our own moral values as well as institutional policies, professionalism, and laws. These areas of difference are the edges where our learning occurs, and if we can disagree without being disagreeable, the opportunity to understand another person's perceptions and opinions – and perhaps even changing our own – becomes a rich and vibrant invitation to expand our own view of the world.

I started formal teaching twenty years ago in my post-doctoral fellowship, and still find it to be a major source of professional satisfaction and personal enjoyment. For me, one of the delights of teaching is that I learn so much. I look forward to working with you this year; **please** make use of my email and phone, and schedule appointment hours when you need or want to do so. Welcome!

## 7. COURSE SCHEDULE

# Start of autumn semester

### Week 1 (2015-09-01) Introduction

*Conversation: Excitement, concern, and expectations for this coming year. Review syllabus; choose oral case presentation due dates for autumn semester. Tackle question sets at the end of the syllabus.*

### Week 2 (2015-09-08) Context

Due: Oral case presentations (2)

Due: Agency presentations

Elman, N. S., Illfelder-Kaye, J., & Robiner, W. N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. *Professional Psychology: Research and Practice, 36*(4), Aug 2005, 367-375. <http://dx.doi.org/10.1037/0735-7028.36.4.367>

Fisher, C. B., & Oransky, M. (2008). Informed consent to psychotherapy: Protecting the dignity and respecting the autonomy of patients. *Journal of Clinical Psychology, 64*(5), 576-588. <http://dx.doi.org/10.1002/jclp.20472>

Garcia, M. A. (2014). Values statement. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 14-16). Retrieved from <http://shop.aiansip.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Pinderhughes, E. (1989). Understanding power. In *Understanding race, ethnicity, and power* (pp. 109-146). New York: Free Press. ISBN-13: 978-0029253410

Group feedback on practicum ethics issues

### The syllabus is subject to change

This schedule is the general structure and content of the course.

You should remember that the exact content and schedule of the syllabus is subject to change without prior notice to meet your needs or mine, or other requirements.

We may spend more time on some topics as needed, and conversely, may move more quickly over other topics.

**Week 3 (2015-09-15) Foundation**

Due: Oral case presentation (2)

Due: CITI module 1: Belmont Report and CITI Course Introduction

Garcia, M. A. (2014). General principles. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 17-23). Retrieved from <http://shop.aianps.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 1: On being ethical; Chapter 2: Making ethical decisions and taking action. In *Ethics in psychology and the mental health professions: Standards and cases*, 3rd ed. (pp. 3-40). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Pope, K. S., & Vasquez, M. J. T. (2010). Ethics and critical thinking. In *Ethics in psychotherapy and counseling: A practical guide* (4th ed., pp. 16-33). New York, NY: John Wiley & Sons. ISBN-13: 978-0-470-63307-6

Group feedback on practicum ethics issues

**Week 4 (2015-09-22) Why and how (part 1)**

Due: Agency presentations

Due: Oral case presentations (1)

Due: CITI module 2: History and Ethics of Human Subjects Research

Garcia, M. A. (2014). Standard 1: Resolving ethical issues; Standard 2: Competence. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 24-39). Retrieved from <http://shop.aianps.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 3: Enforcement of ethical conduct; Chapter 4: Knowing thyself: Understanding competence and credentials. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 41-100). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Falender, C. A., & Shafranske, E. P. (2011). Case conceptualization: The practice of clinical understanding. In *Getting the most out of clinical training and supervision: A guide for practicum students and interns* (p. 135-158). Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/13487-000>

Handelsman, M. M., Gottlieb, M. C., & Knapp, S. (2005). Training ethical psychologists: An acculturation model. *Professional Psychology: Research and Practice*, 36(1), 59-65. <http://dx.doi.org/10.1037/0735-7028.36.1.59>

Reynolds, S. J. (2006). A neurocognitive model of the ethical decision-making process: Implications for study and practice. *Journal of Applied Psychology*, 91(4), 737-748. <http://dx.doi.org/10.1037/0021-9010.91.4.737>

Group feedback on practicum ethics issues

All ethics and morals are culturally relative . . . .  
While cultural relativism is an easy concept to  
process intellectually, it is not, for many, an easy  
one to remember.

Hanya Yanagihara

**Week 5 (2015-09-29) Doing the work (part 1)**

Due: Oral case presentations (2)

Due: Ethics autobiography

Anderson, M. R., Moscou, S., Fulchon, C., & Neuspeil, D. R. (2001). The role of race in the clinical presentation. *Family Medicine*, 33(6), 430-434. PMID: 11411970

Garcia, M. A. (2014). Standard 3: Human relations. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 40-49). Retrieved from <http://shop.aianpsip.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 5: Psychotherapy Part I: Ethical obligations of psychotherapists. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 101-126). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Soldz, S., Raymond, N., & Reisner, S. (2015). Prelude and executive summary (pp. 9-16) In *All the president's psychologists: The American Psychological Association's secret complicity with the White House and US intelligence community in support of the CIA's "enhanced" interrogation program*. Retrieved from <https://s3.amazonaws.com/s3.documentcloud.org/documents/2069718/report.pdf>

Group feedback on practicum ethics issues

**Week 6 (2015-10-06) Why and how (part 2)**

Due: Oral case presentations (2)

Due: CITI module 3: History and Ethical Principles

Knapp, S., VandeCreek, L. D., Handelsman, M. M., & Gottlieb, M. (2013). Professional decisions and behaviors on the ethical rim. *Professional Psychology: Research and Practice*, 44(6), 378-383. <http://dx.doi.org/10.1037/a0035108>

Larsena, D. J., Stegea, R., & Flesakera, K. (2013). 'It's important for me not to let go of hope': Psychologists' in-session experiences of hope. *Reflective Practice: International and Multidisciplinary Perspectives*, 14(4), 472-486. <http://dx.doi.org/10.1080/14623943.2013.806301>

Rogerson, M. D., Gottlieb, M. C., Handelsman, M. M., Knapp, S., & Younggren, J. (2011). Nonrational processes in ethical decision making. *American Psychologist*, 66(7), 614-623. <http://dx.doi.org/10.1037/a0025215>

Warren, J., & Douglas, K. I. (2012). Falling from grace: Understanding an ethical sanctioning experience. *Counseling and Values*, 57(2), 131-146. <http://dx.doi.org/10.1002/j.2161-007X.2012.00013.x>

Group feedback on practicum ethics issues

## Week 7 (2015-10-13) Doing the work (part 2)

Due: Oral case presentations (2)

Due: CITI module 4: Defining Research with Human Subjects

Due: Final day to select your first SLO

Fisher, C. B. (2014). Multicultural ethics in professional psychology practice, consulting, and training. In F. T. L. Leong, L. Comas-Díaz, G. C. N. Hall, V. C. McLoyd, and J. E. Trimble (Eds.), *APA handbook of multicultural psychology, Volume 1: Theory and research. APA handbooks in psychology* (pp. 35-57). Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/14187-003>

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist*, 67(7), 557-569. <http://dx.doi.org/10.1037/a0027206>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 6: Psychotherapy Part II: Techniques and controversies. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 127-158). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Pettifor, J. L., & Ferrero, A. (2012). Ethical dilemmas, cultural differences, and the globalization of psychology. In A. Ferrero, Y. Korkut, M. M. Leach, G. Lindsay, and M. J. Stevens (Eds.), *The Oxford Handbook of International Psychological Ethics* (pp. 28-41). Oxford, England: Oxford University Press. <http://dx.doi.org/10.1093/oxfordhb/9780199739165.013.0003>

Group feedback on practicum ethics issues

## Week 8 (2015-10-20) Clinician well-being (part 1)

Informal course feedback (in class)

Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38(6), 603-612. <http://dx.doi.org/10.1037/0735-7028.38.6.603>

Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. *Psychotherapy: Theory, Research, Practice, Training*, 46(2), 203-219. <http://dx.doi.org/10.1037/a0016081>

Myers, S. B., Sweeney, A. C., Popick, V., Wesley, K., Bordfeld, A., & Fingerhut, R. (2012). Self-care practices and perceived stress levels among psychology graduate students. *Training and Education in Professional Psychology*, 6(1), 55-66. <http://dx.doi.org/10.1037/a0026534>

Rupert, P. A., & Kent, J. S. (2007). Gender and work setting differences in career-sustaining behaviors and burnout among professional psychologists. *Professional Psychology: Research and Practice*, 38(1), 88-96. <http://dx.doi.org/10.1037/0735-7028.38.1.88>

Group feedback on practicum ethics issues

There is no more certain sign  
of a narrow mind... and of  
arrogance, than to stand  
aloof from those who think  
differently from us.

Walter Savage Landor

**Week 9 (2015-10-27) Confidentiality, records, and notes**

Due: CITI module 5: The Federal Regulations

Due: Oral case presentations (2)

American Psychological Association (2013). *The duty to record: Ethical, legal, and professional considerations for California psychologists*. Retrieved from <http://www.apacommunities.org/groups/division-31-ethics-resources-for-california>

Garcia, M. A. (2014). Standard 4: Privacy and confidentiality. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 50-54). Retrieved from <http://shop.aiancip.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 8: Privacy, confidentiality, and record keeping. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 189-226). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Group feedback on practicum ethics issues

**Week 10 (2015-11-03) Reporting laws and limits to confidentiality**

Due: Oral case presentations (2)

Due: Name of interviewee for ethics board paper

Board of Psychology (2015). *Laws and regulations relating to the practice of psychology*. Sacramento, CA: California Board of Psychology. Evidence Code (see §1124; 2011) & Civil Code §42.93; Child Abuse Reporting Law & Elder Abuse Reporting Law, Domestic Violence-related Statute; CA W & Code sections 5150, 5250; Sections 17500, 17500.1, 17508). Retrieved from [www.psychology.ca.gov/laws\\_regs/2015lawsregs.pdf](http://www.psychology.ca.gov/laws_regs/2015lawsregs.pdf)

Donner, M. (January 2008). Mandated reporting of suspected child abuse. *Board of Psychology Update*, p. 4-6. Retrieved from [http://www.psychology.ca.gov/forms\\_pubs/bop0108.pdf](http://www.psychology.ca.gov/forms_pubs/bop0108.pdf)

Knapp, S., Gottlieb, M. C., Berman, J., & Handelsman, M. M. (2007). When law and ethics collide: What should psychologists do? *Professional Psychology: Research and Practice*, 38, 54–59. <http://dx.doi.org/10.1037/0735-7028.38.1.54>

Pone, D. A. (1996). *Consent rights of psychiatric patients on long-term commitments*. Retrieved from <http://www.disabilityrightsca.org/pubs/508101.htm>

Reddy, M., Borum, R., Berglund, J., Vossekuil, B., Fein, R., & Modzeleski, W. (2001). Evaluating risk for targeted violence in schools: Comparing risk assessment, threat assessment, and other approaches. *Psychology in The Schools*, 38(2), 157-172. <http://dx.doi.org/10.1002/pits.1007>

Group feedback on practicum ethics issues



**Week 11 (2015-11-10) Ethical decision making**

Due: CITI module 6: Assessing Risk

Due: Last day to turn in extra credit assignments

Due: Final day to select your second SLO

Due: Send a copy of your penultimate draft to your review team by Wednesday, November 11. Bring your copy to class next week to work in person on polishing up your assignment using the feedback given to you by your peers.

Cottone, R. R. (2012). Ethical decision making in mental health contexts: Representative models and an organizational framework. In S. J. Knapp, M. C. Gottlieb, Handelsman, M., & VandeCreek, L. D. (Eds.), *APA handbook of ethics in psychology, vol 1: Moral foundations and common themes* (pp. 75-97). Washington, DC: American Psychological Association. <http://dx.doi.org/10.1037/13271-004>

Kitchener, R. F., & Kitchener, K. S. (2012). Ethical foundations of psychology. In S. J. Knapp, M. C. Gottlieb, M. M. Handelsman, & L. D. VandeCreek (Eds.), *APA handbook of ethics in psychology: Vol. 1. Moral foundations and common themes* (pp. 3-42). Washington, DC: American Psychological Association. ISBN-13: 978-1-4338-1000-8

Group feedback on practicum ethics issues

**Week 12 (2015-11-17) Catch-up and collaboration**

Due: Written case report review - review teams

Group feedback on practicum ethics issues

**Week 13 (2015-11-24) Money matters (part 1)**

Due: Written case report

Garcia, M. A. (2014). Standard 6: Record keeping and fees. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 59-63). Retrieved from <http://shop.aiansip.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryid=1>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 7: The mental health business: Money and managed care. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 159-188). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Treloar, H. R. (2010). Financial and ethical considerations for professionals in psychology. *Ethics & Behavior*, 20(6), 454-465. <http://dx.doi.org/10.1080/10508422.2010.521447>

Group feedback on practicum ethics issues

**Week 14 (2015-12-01) Termination (part 1)**

Gelman, C. R. (2009). MSW students' experience with termination: Implications and suggestions for classroom and field instruction. *Journal of Teaching in Social Work, 29*(2), 169-187. <http://dx.doi.org/10.1080/08841230802238328>

Norton, J., & McGrath, A. (2010). What do we tell your next therapist? A collaborative approach to forced termination of therapy and case handover. *Australian Journal of Counselling Psychology, 8*(1), 8-11. doi: none

Zuckerman, A., & Mitchell, G. L. (2004). Psychology interns' perspectives on the forced termination of psychotherapy. *The Clinical Supervisor, 23*(1), 55-70. [http://dx.doi.org/10.1300/J001v23n01\\_04](http://dx.doi.org/10.1300/J001v23n01_04)

Group feedback on practicum ethics issues

**Week 15 (2015-12-08) The digital world (part 1)**

Due: CITI module 7: Informed Consent

Kolmes, K., & Taube, D. O. (2014). Seeking and finding our clients on the internet: Boundary considerations in cyberspace. *Professional Psychology: Research and Practice, 45*(1), 3-10. <http://dx.doi.org/10.1037/a0029958>

Harris, S. E., & Kurpius, S. E. R. (2014). Social networking and professional ethics: Client searches, informed consent, and disclosure. *Professional Psychology: Research and Practice, 45*(1), 11-19. <http://dx.doi.org/10.1037/a0033478>

Taube, D. O. (2013). Portable digital devices: Meeting challenges to psychotherapeutic privacy. *Ethics & Behavior, 23*(2), 81-97. <http://dx.doi.org/10.1080/10508422.2012.722502>

Group feedback on practicum ethics issues

**Week 16 (2015-12-15) Multiple roles (part 1) (finals week)**

Due: CITI module 7: Informed Consent

Brown, C., & Trangsrud, H. B. (2008). Factors associated with acceptance and decline of client gift giving. *Professional Psychology: Research and Practice, 39*(5), 505-511. <http://dx.doi.org/10.1037/0735-7028.39.5.505>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 10: Multiple-role relationships I: Boundaries, risks, and doing business; Chapter 11: Multiple-role relationships II: Close encounters. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 262-305). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Kennedy, C. H. (2012). Ethical dilemmas in clinical, operational, expeditionary, and combat environments. In C. H. Kennedy & E. A. Zilmer (Eds.), *Military psychology: Clinical and operational applications* (2nd ed., pp. 360-390). New York, NY: Guilford Press. ISBN-13: 978-1462506491

Group feedback on practicum ethics issues

# Start of spring semester

## Week 1 (2016-01-26) Multiple roles (part 2)

Due: CITI module 8: Privacy and Confidentiality

Due: Oral case presentation (2):

Barnett, J. E., Lazarus, A. A., Vasquez, M. J. T., Moorehead-Slaughter, O., & Johnson, W. B. (2007). Boundary issues and multiple relationships: Fantasy and reality. *Professional Psychology: Research and Practice, 38*(4), 401-410. <http://dx.doi.org/10.1037/0735-7028.38.4.401>

Ivey, L. C., & Doenges, T. (2013). Resolving the dilemma of multiple relationships for primary care behavioral health providers. *Professional Psychology: Research and Practice, 44*(4), 218-224. <http://dx.doi.org/10.1037/a0033149>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 12: Multiple-role relationships III: Attraction, romance, and sexual intimacies. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 262-305). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Group feedback on practicum ethics issues

## Week 2 (2016-02-02) Assessment

Due: Oral case presentation (2):

Garcia, M. A. (2014). Standard 9: Assessment. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 82-88). Retrieved from <http://shop.aianps.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Naglieri, J. A., Drasgow, F., Schmit, M., Handler, L., Prifitera, A., Margolis, A., et al. (2004). Psychological testing on the internet: New problems, old issues. *American Psychologist, 59*(3), 150-162. <http://dx.doi.org/10.1037/0003-066X.59.3.150>

Dadlani, M. B., Overtree, C., & Perry-Jenkins, M. (2012). Culture at the center: A reformulation of diagnostic assessment. *Professional Psychology: Research and Practice, 43*(3), 175-182. <http://dx.doi.org/10.1037/a0028152>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 9: Psychological assessment: Testing tribulations. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 227-261). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Tedeschi, R. G., & Kilmer, R. P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice, 36*(3), 230-237. <http://dx.doi.org/10.1037/0735-7028.36.3.230>

Group feedback on practicum ethics issues

## Week 3 (2016-02-09) Suicidality

Due: CITI module 9: Cultural Competence in Research

Due: Oral case presentation (2):

Bongar, B. M., & Sullivan, G. (2013). Chapter 3: The assessment of elevated risk. In *The suicidal patient* Bongar, B. M., & Sullivan, G. (2013). Chapter 3: The assessment of elevated risk. In *The suicidal patient* (3rd ed., pp. 81-137). Washington, DC: American Psychological Association. ISBN-13: 978-1-4338-1325-2

Gill, I. J. (2012). An identity theory perspective on how trainee clinical psychologists experience the death of a client by suicide. *Training and Education in Professional Psychology*, 6(3), 151-159. <http://dx.doi.org/10.1037/a0029666>

Jobes, D. A., Rudd, M. D., Overholser, J. C., & Joiner, T. E. (2008). Ethical and competent care of suicidal patients: Contemporary challenges, new developments, and considerations for clinical practice. *Professional Psychology: Research and Practice*, 39(4), 405–413. <http://dx.doi.org/10.1037/a0012896>

Group feedback on practicum ethics issues

## Week 4 (2016-02-16) Psychologists and torture (part 1)

Film shown in class: Galvin, M. (Producer/Director). (2008). *Interrogate this: Psychologists take on terror* [Motion picture]. Retrieved from <http://www.mgproductions.biz/interrogate-this-psychologists-take-terror>

*Unlike other weeks, I have arranged the readings for this week and next week chronologically rather than alphabetically, and I suggest you read them in that order.*

World Medical Association (May 2006). *WMA declaration of Tokyo - guidelines for physicians concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment*. Retrieved from <http://www.wma.net/en/30publications/10policies/c18/>

Behnke, S. (2006). Ethics and interrogations: Comparing and contrasting the American Psychological, American Medical and American Psychiatric Association positions. *Monitor on Psychology*, 37(7), 66. Retrieved from <http://www.apa.org/monitor/julaug06/interrogations.aspx>

Summers, F. (2008) Making sense of the APA: A history of the relationship between psychology and the military. *Psychoanalytic Dialogues: The International Journal of Relational Perspectives*, 18(5), 614-637. <http://dx.doi.org/10.1080/10481880802297665>

Greene, C. H., & Banks, L. M. (2009). Ethical guideline evolution in psychological support to interrogation operations. *Consulting Psychology Journal: Practice and Research*, 61(1), 25-43. <http://dx.doi.org/10.1037/a0015102>

Pope, K. S., & Vasquez, M. J. T. (2010). Different conclusions: Examples from the interrogation controversy. In *Ethics in psychotherapy and counseling: A practical guide* (4th ed.), pp. 122-153. New York, NY: Wiley. ISBN-13: 978-0470633076

O'Donohue, W., Snipes, C., Dalto, G., Soto, C., Maragakis, A., et al. (2014). The ethics of enhanced interrogations and torture: A reappraisal of the argument. *Ethics & Behavior*, 24(2), 109-125. <http://dx.doi.org/10.1080/10508422.2013.814088>

Group feedback on practicum ethics issues

**Week 5 (2016-02-23) Psychologists and torture (part 2)**

Due: Community ethics board report

Due: Oral case presentation (2):

Hoffman, D. H., Carter, D. J., Lopez, C. R. V., Benzmilller, H. L., Guo, A. X., Latifi, S. Y., et al. (2015). Executive summary. In *Independent review relating to APA ethics guidelines, national security interrogations, and torture* (pp. 1-72). Retrieved from <https://s3.amazonaws.com/s3.documentcloud.org/documents/2160985/report.pdf>

McDaniel, S., & Kaslow, N. (personal communication, 24 July 2015). *APA apology and moving forward*. Email sent to APA membership.

American Psychological Association (2015). *APA Council of Representatives Resolution 23-B*. Retrieved from <http://www.apa.org/independent-review/psychologists-interrogation.pdf>

McDaniel, S., & Kaslow, N. (personal communication, 14 August 2015). *Council of Representatives action regarding interrogations*. Email sent to APA membership.

Group feedback on practicum ethics issues

**Week 6 (2016-03-01) Therapy**

Due: Oral case presentation (2):

Informal course evaluation

Barstow, C. (2008). The power differential and the power paradox: Avoiding the pitfalls. *Hakomi Forum*, 19-21, 53-62. Retrieved from <http://www.hakomiinstitute.com/Forum/Issue19-21/6Power%20DifferentialPowerParadoxyes.pdf>

Comas-Díaz, L., & Jacobsen, F. M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry*, 61(3), 392-402. <http://dx.doi.org/10.1037/h0079267>

Garcia, M. A. (2014). Standard 10: Therapy. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 89-97). Retrieved from <http://shop.aiansip.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., et al. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62(4) 271-286. <http://dx.doi.org/10.1037/0003-066X.62.4.271>

Group feedback on practicum ethics issues

Have you learned lessons only of those who admired you,  
and were tender with you, and stood aside for you?

Have you not learned great lessons from those who braced  
themselves against you, and disputed the passage with you?

Walt Whitman

## Week 7 (2016-03-08) Professional relationships

Due: Oral case presentation (2):

Due: Last day to select your first SLO

Due: CITI module 10: Conflicts of Interest in Research Involving Human Subjects

Informal course evaluation

Gottlieb, M. C., Handelsman, M. H., & Knapp, S. (2013). A model for integrated ethics consultation. *Professional Psychology: Research and Practice, 44*(5), 307-313. <http://dx.doi.org/10.1037/a0033541>

Irvine, R., Kerridge, I. McPhee, J., & Freeman, S. (2007). Theory and practice in interprofessional ethics: A framework for understanding ethical issues in health care teams. *Journal of Interprofessional Care, 21*(6), 591-603. <http://dx.doi.org/10.1080/13561820701653227>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 13: Relationships with colleagues, students, supervisees, and employees. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 344-376). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Nelson, M. L., & Friedlander, M. L. (2001). A closer look at conflictual supervisory relationships: The trainee's perspective. *Journal of Counseling Psychology, 48*(4), 384-395. <http://dx.doi.org/10.1037/0022-0167.48.4.384>

Group feedback on practicum ethics issues

## Week 8 (2016-03-15) Money matters (part 2)

Due: Oral case presentation (2):

Garcia, M. A. (2014). Standard 5: Advertising and other public statements. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 55-58). Retrieved from <http://shop.aianps.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryId=1>

Gottlieb, L. (23 November 2012). What brand is your therapist? *New York Times Magazine*. Retrieved from <http://www.nytimes.com/2012/11/25/magazine/psychotherapys-image-problem-pushes-some-therapists-to-become-brands.html?pagewanted=all>

Governor's Office of Business and Economic Development (n.d.). Review *CalGold business permit system*. Retrieved from <http://www.calgold.ca.gov/> Enter "General Business Information" in the "Enter Business Type(s)" search box.

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 14: Marketing professional services. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 377-402). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

U.S. Small Business Administration (n.d.). Review "Is entrepreneurship for you?", "20 questions before starting", and "10 steps to starting a business" at: *Thinking about starting a business?* Retrieved from <http://www.sba.gov/thinking-about-starting>

Group feedback on practicum ethics issues

## Week ! (2016-03-22) Spring break

## Week 9 (2016-03-29) Clinical assessment models

Due: CITI module 11: Unanticipated Problems and Reporting Requirements in Social and Behavioral Research

Moss, E. L., & Dobson, K. S. (2006). Psychology, spirituality, and end-of-life care: An ethical integration? *Canadian Psychology-psychologie Canadienne*, 47(4), 284-299. <http://dx.doi.org/10.1037/co2006019>

Group feedback on practicum ethics issues

## Week 10 (2016-04-05) The digital world (part 2)

Due: Oral case presentation (2):

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68(9), 791-800. <http://dx.doi.org/10.1037/a0035001>

Perle, J.G., & Nierenberg, B. (2013). How psychological telehealth can alleviate society's mental health burden: A literature review. *Journal of Technology in Human Services*, 31(1), 22-41. <http://dx.doi.org/10.1080/15228835.2012.760332>

Group feedback on practicum ethics issues

## Week 11 (2016-04-12) Education and training

Due: Oral case presentation (2):

Take-home diagnostic (not graded) exam available on Moodle

American Psychological Association (2015). Guidelines for clinical supervision in health service American Psychological Association (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist*, 70(1), 33-46. <http://dx.doi.org/10.1037/a0038112>

Boyd, J. W., LoCicero, A., Malowney, M., Aldis, R., & Marlin, R. P. (2014). Failing ethics 101: Psychologists, the U.S. military establishment, and human rights, *International Journal of Health Services*, 44(3), 615-625. <http://dx.doi.org/10.2190/HS.44.3.j>

Garcia, M. A. (2014). Standard 7: Education and training. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 64-69). Retrieved from <http://shop.aianps.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryid=1>

Hancock, K. A. (2014). Student beliefs, multiculturalism, and client welfare. *Psychology of Sexual Orientation and Gender Diversity*, 1(1), 4-9. <http://dx.doi.org/10.1037/sgd0000021>

Ivey, G. (2014). The ethics of mandatory personal psychotherapy for trainee psychotherapists. *Ethics & Behavior*, 24(2), 91-108. <http://dx.doi.org/10.1080/10508422.2013.808961>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 16: Ethical dilemmas in academic settings. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 433-457). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Group feedback on practicum ethics issues

**Week 12 (2016-04-19) Termination (part 2)**

Due: Completed CITI certification

Due: Last day to select your second SLO

Due: Send a copy of your penultimate draft to your review team by Wednesday, April 20. Bring your copy to class next week to work in person on polishing up your assignment using the feedback given to you by your peers.

Davis, D. D., & Younggren, J. N. (2009). Ethical competence in psychotherapy termination. *Professional Psychology: Research and Practice*, 40(6), 572-578. <http://dx.doi.org/10.1037/a0017699>

Younggren, J. N., Fisher, M. A., Foote, W. E., & Hjelt, S. E. (2011). A legal and ethical review of patient responsibilities and psychotherapist duties. *Professional Psychology: Research and Practice*, 42(2), 160-168. <http://dx.doi.org/10.1037/a0023142>

Group feedback on practicum ethics issues (termination)

**Week 13 (2016-04-26) Catch-up and collaboration**

Due: Last day to turn in extra credit assignments

Due: In-class review of answers to take-home diagnostic exam

Due: Written case report review - review teams

Group feedback on practicum ethics issues (termination)

**Week 14 (2016-05-03) Research**

Due: Written case report

Dockett, S., Perry, B., & Kearney, E. (2013). Promoting children's informed assent in research participation. *International Journal of Qualitative Studies in Education*, 6(1), 802-828. <http://dx.doi.org/10.1080/09518398.2012.666289>

Garcia, M. A. (2014). Standard 8: Research and publication. In *Commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct*. (pp. 70-81). Retrieved from <http://shop.aianps.org/SIP-Commentary-on-APA-Code-of-Ethics-and-Conduct-ETHCOM.htm?categoryid=1>

Koocher, G. P., & Keith-Spiegel, P. (2008). Chapter 19: Scholarly publication and the responsible conduct of research. In *Ethics in psychology and the mental health professions: Standards and cases* (3rd ed., pp. 344-376). New York, NY: Oxford University Press. ISBN-13: 978-0195149111

Vara, R., & Patel, N. (2012). Working with interpreters in qualitative psychological research: Methodological and ethical issues. *Qualitative Research in Psychology*, 9(1), 75-87. <http://dx.doi.org/10.1080/14780887.2012.630830>

Group feedback on practicum ethics issues (termination)



**Week 15 (2016-05-10) Ethics and psychologists in the public square**

Austin, W., Rankel, M., Kagan, L., Bergum, V., & Lerner, G. (2005). To stay or to go, to speak or stay silent, to act or not to act: Moral distress as experienced by psychologists. *Ethics & Behavior*, 15(3), 109-125. [http://dx.doi.org/10.1207/s15327019eb1503\\_1](http://dx.doi.org/10.1207/s15327019eb1503_1)

Haeny, A. M. (2014). Ethical considerations for psychologists taking a public stance on controversial issues: The balance between personal and professional life. *Ethics & Behavior*, 24(4), 265-278. <http://dx.doi.org/10.1080/10508422.2013.860030>

Roffman, E. (2008). Ethics and activism: Theory – Identity politics, conscious acts, and ethical aspirations. In M. Ballou, M. Hill, & C. West (Eds.), *Feminist therapy theory and practice: A contemporary perspective* (pp. 127-134). New York, NY: Springer Publishing Co.

Stevens, M. J. (2012). Psychological ethics and macro-social change. In A. Ferrero, Y. Korkut, M. M. Leach, G. Lindsay, & M. J. Stevens (Eds.), *The Oxford Handbook of International Psychological Ethics* (pp. 375-393). Oxford, England: Oxford University Press. <http://dx.doi.org/10.1093/oxfordhb/9780199739165.013.0027>

Group feedback on practicum ethics issues (termination)

**Week 16 (2016-05-17) Clinician well-being (part 2) (finals week)****Year in review**

El-Ghoroury, N. H., Galper, D. I., Sawaqdeh, A., & Bufka, L. F. (2012). Stress, coping, and barriers to wellness among psychology graduate students. *Training and Education in Professional Psychology*, 6(2), 122-134. <http://dx.doi.org/10.1037/a0028768>

Kleespies, P. M., Van Orden, K. A., Bongar, B., Bridgeman, D., Bufka, L. F., Galper, D. I., et al. (2011). Psychologist suicide: Incidence, impact, and suggestions for prevention, intervention, and postvention. *Professional Psychology: Research and Practice*, 42(3), 244-251. <http://dx.doi.org/10.1037/a0022805>

Group feedback on practicum ethics issues (termination)

Action is indeed the  
sole medium of  
expression for ethics.

Jane Addams

This template has two sections. Section 1 (the first 15 items) is a basic patient intake; you may find this intake format helpful if your practicum site doesn't already have its own format that it wants its trainees to use. Please **use this entire template (both sections)** for your oral and written case presentations in this class. Don't forget to include the information on the second and third page (section 2). If I've given information its own heading, it would be prudent for you to do the same in your report... even if it is to state that you don't know the information but you have taken a specific (stated) action to retrieve it or that it is unavailable.

## Case Presentation Template (three pages)

- I. Identifying data/source
  - Age and gender
- II. Referral source/question
- III. Patient's chief complaint (CC; quote)
- IV. History of present illness (HPI)
 

Brief hx of current psych problems. Include precipitants/current stressors, time of onset, duration, symptoms present, special concerns, i.e., suicide, homicide, violence, substance abuse. Include any concurrent medical problems that may affect psych condition.
- V. Current medications
 

List all meds; dosage necessary only for psych meds. Document any drug allergies.
- VI. Past medical history (PMHx)
  - A. Significant illness
  - B. Previous hospitalizations and surgeries
  - C. Habits - health related behaviors/substance use
- VII. Pertinent labs (may be deferred)
- VIII. Past psych history (PPHx)
 

List chronologically past psych symptoms, contacts and tx. Perceptions of past tx. Note any medication side effects. Also include suicide attempts, violent events, substance use, past stressors affecting past psych hx.
- IX. Social history (SHx)
 

Ethnicity, race, generation in U.S., primary language spoken, relationship status, sexual orientation, gender, religion, occupation and employment status, current living situation; Parents' background, med, and psych hx; siblings; where patient born and raised; developmental factors; age emigrated, primary language at home; education hx (grades academic/discipline problems, extracurricular activities, friends); work hx; number/quality of relationships; sexual behavior; spouses/significant relationships; pregnancies; children; legal; recent living situations; stigma and discrimination; trauma hx: physical violence, sexual violence, current safety.
- X. Current support systems/Strengths
  - A. Current support systems
  - B. Effectiveness of support
  - C. Other resources/referrals
  - D. What are the strengths of the system? Of the patient?
- XI. Current functioning (mental status exam [MSE])
  - A. Patient appearance and behavior
  - B. Mood/Affect
  - C. Orientation
  - D. Cognitive function
  - E. Attention and concentration
  - F. Judgment and insight
  - G. Memory
  - H. Thought form and content: language, perceptual distortions; violent ideas, threat, or behavior
- XII. Patient's goals
 

What does patient want? Questions, attitudes, expectations.
- XIII. Diagnostic impression (DSM-5 and ICD-10)
- XIV. Treatment recommendations (treatment plan)
 

Present in list form as concretely as possible, based on summary. Include (bulleted) problem list and intervention plan.
- XV. Summary
 

Evaluation procedures (interview with patient, parent, caretaker, other; review of records; psych testing). Summarize impression; identify the problem or disorder. Explain reasoning behind opinion and tx recommendations. New information cannot be introduced.

## Case formulation<sup>15</sup>

In this part, you should explore in more depth the etiology of the patient's illness. You will need to draw on the precipitating, predisposing and perpetuating factors identified earlier in your intake to define the biological, psychological, and social forces that have contributed towards a) the development of the patient's illness and b) their response to their illness.

A major difference between an intake and a formulation is that the latter seeks to link the pieces of information as opposed to listing them.

You should draw on relevant pieces of information from earlier parts of your report and consider the patient's presenting problem in the context of their history of chronic illness. You can also integrate evidence and concepts from the wider literature; however, your statements should be an understanding of the patient, not of the literature. The case formulation should explain why the patient has come to the place they are in life from a theoretical perspective. Try to focus on one theoretical orientation for the most part. The formulation, using a theoretical perspective, should conceptualize how the patient's life history, current/historical stressors/traumas, and family/social influences have led to their personality style, disorder, symptoms and/or condition for which they have sought treatment. Depending on the orientation used, you will emphasize these issues to a greater or lesser extent. Talk to fellow students and supervisors and consult relevant reading while developing your formulation.

The diagnosis will require you to synthesize signs and symptoms in the case report to identify core problems. Features may be drawn from all aspects of the history and examination, and should include relevant negatives (features of the diagnosis and differential diagnoses that are not present). You should explicate your reasoning for drawing the links between signs and symptoms and diagnostic decision-making. In other words, what important aspects in the HPI, PPHx, and MSE lead you to making the provisional diagnosis? Pick out the relevant pieces of these sections and make links with the final diagnosis (and differential diagnoses).

One way to approach explaining your reasoning is for you to take each differential diagnosis and write down the pros and cons evident in the earlier parts of your report that serve to support or discount the likelihood of the differential diagnosis.

Here is a model<sup>16</sup> that will help you structure your formulation:

1. *Theoretical orientation and rationale.* State the theory that frames your formulation. State the rationale for your case formulation.
2. *Relevant and irrelevant variables.* Identify the relevant and irrelevant variables in your case formulation. Justify your selection. Which variables do you give most weight to and why?
3. *Role of research and clinical experience.* What is the role of research versus clinical experience and intuition in this approach to case formulation? State very briefly what research, if any supports this approach.
4. *The formulation.* Concisely state your formulation.
5. *History.* Describe the status you give the client's history and its significance, if any, in your formulation.
6. *Current factors.* Describe the status of current factors in your formulation of the case and their significance, if any, in your formulation.

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<sup>15</sup> <http://www.monash.edu.au/lls/llonline/writing/medicine/psychology/6.xml>

<sup>16</sup> Sturme, P. (2009). Case formulation: A review and overview of this volume. In P. Sturme (Ed.), *Clinical case formulation: varieties of approaches* (pp 3-30). Chichester, England: John Wiley & Sons, Ltd.

7. *Treatment plan.* Describe the treatment plan implied by your formulation. Describe how this plan is linked to your formulation. Describe how your formulation changes the treatment plan from a standard treatment plan to an idiographic treatment plan for this particular person. Specify certain techniques or approaches if possible. How will your treatment plan and approach help the patient meet the goals and address the concerns/symptoms/problems? Think about immediate, short-term, and long-term plans.
8. *Other issues.* Are there any other issues in formulating this case?
9. *Summary.* Briefly summarize your formulation in approximately 200 words, i.e. "This is a \_\_\_\_\_ patient/family, who presents with \_\_\_\_\_, which began \_\_\_\_\_. The history suggests \_\_\_\_\_, and the person or family's current functioning suggests \_\_\_\_\_. The treatment approach I recommend is \_\_\_\_\_."

### **Therapeutic relationship**

*Therapeutic alliance:* How well is the rapport going? Is your patient(s) engaged in therapy? Any difficult times?

*Transference:* How does the patient relate to you? Are they projecting any past/present relationships onto to you or the therapy? Is the patient acting out any recent conflicts in the therapeutic setting?

*Countertransference:* Does the patient pull for you to be a certain way in therapy? How do the patient's issues, style, or way of relating push you away or draw you close, or bring about reactions in you? What are those reactions? What do you do with them?

*Legal and ethical concerns:* What are the boundary issues/concerns? What are the possible concerns of potential dual relationship, if any? What are the potential conflicts of interests? What are the privacy or confidentiality concerns, if any? What are your competency concerns?

### **Treatment**

*Treatment goals:* List several treatment goals. It may help to divide up into crisis intervention, short term, and long term goals. Keep it simple and to the point.

*Evidence based practices (EBP):* Provide reference for EBP and brief description

*Key interventions:* Note key interventions or turning points in therapy. Any particularly difficult sessions? Provide examples from sessions, or transcripts if available.

*Monitoring measure/method:* How do you monitor patient and treatment progress? How is this tracked? What measures do you or your agency use?

*Process/transcript notes:* Provide two pages of process notes or transcripts taken from taped therapy session that best captures some highlights of the treatment progress. Try to recreate a dialogue between you and the patient which is representative of your work (for written assignment only).

*Referrals:* Do you need to refer the patient to other professionals, either during treatment or before termination? If so, how is that referral made and how to you follow through with the patient and provider?

### **Reflective summation (used for your class reports (both oral and written) only; not a part of usual report)**

Summarize how this patient is contributing to your learning. What has most influenced you in your work with this person? What struggles have been revealed in yourself through working with this patient? What is your greatest hope for your patient, and your greatest concern? For what are you grateful in your work with this person?

### ***Question sets for our first meeting***<sup>17</sup>

What is needed to create an atmosphere conducive to disclosure in the classroom? What place does self-disclosure have in ethics education? Have you ever had an experience where someone in a perceived authority position self-disclosed as a response to your situation or dilemma? How did this impact you?

Should faculty self-disclose? What is the role or utility of faculty disclosure? Are there special considerations/cautions? Is this a true self-disclosure or simply a “war story”? What methods can be used to enhance self-reflection and learning that do not require disclosure, or is disclosure a necessary component of training?

What differences exist between training programs and practica/internships that would affect disclosure and how? Are there fundamental differences between therapist disclosure/patient disclosure in therapy vs. faculty disclosure/student disclosure in an educational setting? What are the effects of disclosure on classroom dynamics/peer interactions/student-teacher interactions and how can these be managed?



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<sup>17</sup> Gavazzi, J. (2012). *Self-disclosure in ethics education*. <http://www.slideshare.net/psychbuilder/selfdisclosure-in-ethics-education>