

Ethical Dilemmas in Training and Doctoral Education: Avoiding Deleterious Effects

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Doctoral students in clinical psychology typically look forward to one particular facet of their doctoral training more than others: their clinical training experiences. With much preparation they embark on what will be four to five years of practical training culminating in their post-doctoral year. It is the hope of the student, doctoral program and training site, that their entire course work in theory, research, therapy modalities, ethics, and professional issues will have prepared them well for these experiences. When all three components of this training triad—student, doctoral program, and training site—are at their optimal effectiveness, the student not only develops professionally, but also flourishes. While this optimal situation does exist, there are situations where one or all of this triad is less than effective, and even detrimental to their shared goal of “growing” the psychologist in training.

In this article we present two examples of ethical dilemmas trainees have encountered, as well as provide a discussion of the importance of training sites and doctoral programs to work in tandem as they train students.

Ethical dilemmas

Dilemma #1:

At a training site, a licensed psychologist (not the trainee’s designated supervisor) delegates responsibilities to a pre-doctoral intern asking the intern to participate in evaluating and working with his client, but adamantly identifies himself to the trainee as a “consultant.” The interactions between the psychologist and intern emulate a supervisor-supervisee relationship but the psychologist has absolved himself of taking responsibility for the intern’s actions and interventions. Furthermore, the designated supervisor has made clear her intentions to supervise only those cases she has directly referred. As a result of this situation, without a specified supervisory relationship in place, the intern feels conflicted about fulfilling the request of his superior.

Lastly, when the intern reviewed site policies and procedures, he was unable to locate a process for filing a student grievance.



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The American Psychological Association's Ethical Principles of Psychologists and Code of Conduct (APA, 2010) provide guidelines germane to the dilemma proffered above. Specifically, Principle B, *Fidelity and Responsibility*, and Principle C, *Integrity*, calls psychologists to establish relationships of trust, clarify their roles and responsibilities, and be careful of making unclear commitments and decisions that are unwise. Ethical standard 2.05 (2); *Delegation of work to others* clearly states that psychologists do not delegate work to those who lack the appropriate level of training and supervision. Furthermore, Ethical Standard 3, *Human Relations* (3.04 and 3.08), outlines expectations for psychologists to avoid harm and refrain from exploiting those with whom they work (APA, 2010). Finally, in Ethical Standard 10.01 (c) clients, as part of the informed consent procedure, are to be informed of the name of the supervisor when the therapist is a trainee.

Like clinical practice, competent supervision arises from a combination of ethics, standards of practice in clinical supervision, and legal requirements. Legal requirements for supervision of interns can be found in the Laws and Regulations Relating to the Practice of Psychology (Board of Psychology, 2012). It stipulates how psychology interns are to present themselves as well as the informed consent process of notifying clients of their supervision status, name of their supervisor as well as avenues for contacting their supervisor. Internship programs, in order to be approved for pre-doctoral accrued hours must be either overseen by the American Psychological Association (APA), the Association of Psychology Postdoctoral and Internship Centers (APPIC), or the California Psychology Internship Council (CAPIC), all of which have requirements for student grievances. APA Ethical Standard 7.01 charges psychologists (Training Directors and Directors of Clinical Training) to take reasonable steps to ensure that programs are designed to meet the goals for licensure. It is helpful when academic institutions provide their students with an understanding of due process as well as grievance procedures relative to the oversight associations. Likewise, training programs need to ensure that trainees, at every pre-licensure stage, are aware of due process and grievance procedures and that supervising staff and doctoral program partners are also aware of due process relative to trainees.

Dilemma #2:

At their training site, practicum students and pre-doctoral interns have been instructed by their training supervisor to “modify” standardized administration and scoring procedures to “accurately capture the client’s experience.” Suggested modifications include: (a) changing the instructions to cover a different time period or nature of the problem, (b) interrupting administration in the midst of testing to inform the client that it is extremely rare for him or her to endorse severity on that many items, with the purpose of encouraging the client to change response style in order to insure that a “valid” protocol is obtained, (c) using measures not intended for the problem being evaluated, and (d) interpreting as-

assessment results according to manual guidelines even when standardized administration and scoring have been violated.

When trainees addressed these concerns with the supervisor, they were informed that while their adherence to standardized procedures to maintain the validity of the instrument was “admirable,” as the trainees gained more field experience they would learn that changing the administration and scoring procedures to meet the needs of the client, even when the assessment will be used for a formal evaluation as opposed to a therapeutic technique or explorative intervention, is usual practice, and therefore acceptable.

The supervisor’s behavior presented in the above dilemma obviously constitutes unethical behavior that encompasses those general principles and standards listed in response to dilemma #1, as well as 9.02 *Use of Assessments*, and 9.06 *Interpreting Assessment Results*. APA (2010) ethical standards are clear that psychologists base their interpretations on proper administration of instruments and minimize any behavior that could limit the accuracy of their interpretations.

Regarding both dilemmas presented, it is important to acknowledge the power differential that exists between trainees and supervisors or other senior clinicians in an agency. This differential is such that trainees may feel that questioning unethical practices would put them in a precarious position in regards to obtaining desirable opportunities at the site, ratings

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on their formal evaluation, and future connections and letters of recommendation. And while these reasons do not absolve trainees of engaging discussion around ethical issues, the power differential (Campos, 2009) is a real and strong deterrent to confrontation, both within training sites as well as within doctoral programs. (Ethical Standard 1: *Resolving Ethical Conflicts*, APA, 2010).

Modeling navigation of professional relationships is key for both doctoral program and training site. One way of accomplishing this is to include trainees in site training committees and faculty meetings. This inclusion and de facto modeling might help empower students to engage in stage appropriate professional assertiveness when faced with ethical dilemmas.

Enhancing the relationship between doctoral programs and training sites for the shared goal of growing ethical psychologists

Doctoral programs and training sites each provide a necessary component to the training of clinical psychology students. As stated earlier, when sites and programs work in tandem, students benefit. However, when they do not, students may experience direct or indirect negative effects. In particular, trainees may sense that neither site nor program is a source of support and approachable regarding issues of concern, leaving them with little guidance other than their trusted peers. Understanding the importance of building and maintaining solid relationships between site and program and providing clear avenues in both venues for students to access mentorship or guidance on particular issues, is a goal to strive for. To establish consistently strong relationships between site and program, it is important to acknowledge points of frustration that may exist. One recurring issue expressed by both site and school Directors of Training involves evaluation of the student's training experience. At times training sites may, after careful consideration and investment of time and resources, fail a trainee only to find that the school gave a passing grade for the training experience.

Conversely, a site supervisor may express increasingly strong concern to a program about a trainee. The program then encourages the supervisor to make all their concerns known to the trainee, both verbally and in writing, so a failing grade can be assigned. However, when the program receives the site evaluation, the supervisor, who had previously expressed such great concern, has given the trainee a passing score and omitted or downplayed their concerns on the evaluation form. The program, still left with grave concern, is then in a position of assigning a failing grade to the trainee for the training experience for which the trainee received a passing site score, obviously putting the program in a difficult position.

It is important to acknowledge that caveats may exist for each of these situations described above given the complexities inherent in clinical education and training. However, as presented, behavior on the part of the program and site can breed distrust, eroding relationships needed for the forward development of all trainees.

Standard of practice within training communities encourage ongoing communication between site training directors and doctoral institution directors of clinical training regarding the developmental competency needs of students and trainees. The Counsel of Chairs of Training Counsels (CCTC) has published recommendations for communication between doctoral program Training Directors and site training directors. Several regional organizations (SCATP in Southern California and BAPIC in Northern California) provide forums for doctoral school representations and training sites to dialogue on important training issues. Further, there are resources available through CPA. For example, Division II of CPA offers a biannual opportunity for Training Directors and DCT's to meet to dialogue on important issues relative to supervision and training.

Mentioned earlier in this article, when all three components of the training triad—student, doctoral program, and training site—are at their optimal effectiveness, the student not only develops professionally, but also flourishes. In similar ways, when the doctoral school and training site are working cooperatively, having respectful, competency-based discussions regarding trainees, and encouraging appropriate professional assertiveness skills at all levels of training, then faculty, supervisors, and trainees all have the potential to flourish. Hopefully, this brief discussion has helped to highlight the need to support students in their training and for the training triad to engage each other toward better ethical practice, thereby strengthening the field of clinical psychology. ■

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