



Clinical and Ethical Issues

PSY 7505/7506-A7

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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

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. Please think of this syllabus as my effort to be transparent and specific about what your enrollment in this section will entail. Or, if you like, informed consent!

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 skills in case presentation and formulation, you will develop knowledge 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 is not a group supervision class**; 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 in the ethical acculturation in psychology.

Helping people follow rules and avoid complaints is called 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 professional identity for yourself 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.

More specifically, this course addresses the learning outcomes of becoming familiar with 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-evaluation 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

Goals

Overarching goals of the course are for you to:

- 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.
- Implement ethical principles of practice in the various roles of a psychologist, i.e. clinician, consultant, educator, manager, researcher, and supervisor.
- 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, evaluate 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.

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 EXAM (ELPI) - CORE CONCEPTS

You should have a thorough knowledge of the ethical principles for psychologists as stated by the 2010 APA Ethics Code, including Introduction, Preamble, General Principles, and 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, competence issues
- Child abuse laws, elder and dependent adult abuse, domestic violence
- Emancipation and the laws pertaining to the treatment of minors
- Limits of confidentiality, privilege and informed consent
- Malpractice, sanctions against psychologists and laws regarding sexual misconduct
- Record keeping guidelines, HIPAA guidelines, 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. TEACHING PHILOSOPHY: THE FLIPPED CLASSROOM AND COLLABORATIVE LEARNING

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 UCSF working in the areas of faculty development, medical student education, and interprofessional 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."¹

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

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.

The table³ below highlights some of the traits of collaborative and authoritarian groups.

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

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

² Westberg, J. & Jason, H. (1996). *Fostering learning in small groups*. New York, NY: Springer.

³ Davis, B. G. (2001). *Tips for teaching* (p. 147). San Francisco, CA: Jossey-Bass.

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 most classes working in duos, trios, or quartets; many of you are used to working on an individual level, and this 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, 2001).

We will frequently organize learning around class discussions. Here are some guidelines 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."⁵ In contrast to the common usage of the term *reflect*, critical reflection has been described by Mezirow⁶ 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)

You are expected to develop your own critically reflective ability not only to contribute to this class, but to enhance your own lifelong learning skills.

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. In the fall, we will apply the ethics code and laws as you learn them through your readings. At the beginning of the spring 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.

⁴ Tiberius, R. G. (1990). *Small group teaching: a trouble-shooting guide* (pp. 67-68). Toronto: Ontario Institute for Studies in Education Press.

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

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

As a class, you also have a **legacy project** [Learning objective 10] to pass on to 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 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 doing this, you increase the impact of your learning community and help create a culture of passing on learned wisdom and support to others.

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*. (Most recent version available at <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.
- Selected articles that are available online and in Moodle course support.

Like neuropsychology, assessment, and statistics, some psychologists specialize in ethics, conducting research, teaching, and/or providing clinical service related to this topic. Within these readings you will find an array of articles that explicate ethics theory and/or research. This contextualization helps you move beyond the "I have to memorize 10 standards and the laws about child abuse reporting" stance and into a more thoughtful and proactive engagement that is designed to provide excellence in 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 case reports 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 reading, seminar discussions, and assignments, you will acquire the scientific and theoretical knowledge base to achieve the course learning outcomes.

- 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. 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 the written report will form the basis of your **oral case presentation** [Learning objectives 6 and 8], and you'll use the feedback you receive to refine the written report before turning it in toward the end of each semester. In this course, each oral/written 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 20 minutes). Therefore, in the second semester oral case presentation you will give the 2-minute and 5-minute forms, and then provide the 20 minute version (same patient, three different formats).

- 3) Prepare an **agency presentation** [Learning objective 2] 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. Plan for about 15 minutes to present the following information:
- Agency descriptors: Name of agency, address and neighborhood, website, who/why/how/when established, population served, services offered, eligibility for services, staffing, accessibility. How does this agency operate financially? What are its sources of funding?
 - Money: How much are fees for your services? How much for licensed practitioners? Who will collect fee?
 - Supervision: Have you been assigned a supervisor (Y/N) and how frequently are you 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?
 - 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?
 - Describe the orientation process: How are you feeling so far? Worries? What do you like?
 - What are the ethics questions/concerns about which you would like to brainstorm?
- 4) Writing an **ethics autobiography**⁷[Learning objective 1] 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

⁷ 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. doi: [10.1037/0735-7028.38.1.60](https://doi.org/10.1037/0735-7028.38.1.60)

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 remember 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** or **institutional review board** [Learning objectives 1 and 11] (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? 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 interviewee to be on the board? What does this person most wish outsiders knew about the work of the board?

...The integration of interprofessional education (IPE) into health professions education (is) a means of assuring a more collaborative health care workforce.⁶

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**, remember to write a thank you note to the person who meets with you. It's good manners as well as being 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 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 3 or 4 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 contact 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 2014-11-04), if you haven't gotten confirmation of an interviewee by early November, contact 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 (CITI Program <<https://www.citiprogram.org>>) **certificate** [Learning objective 4] with eight specific required modules and three modules of your choice. You must show evidence of having taken and successfully completed the CITI certification course by submitting the certificate showing completion. The certificate can be delivered electronically. There is no partial credit for this assignment. This assignment gives you the opportunity to review important didactic material. This course 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 (20 points).

⁶ 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. doi: [10.1016/j.cub.2014.01.016](https://doi.org/10.1016/j.cub.2014.01.016)

The required and optional modules are listed below; due dates for the required modules and the final certificate are listed in the syllabus; the required modules will form part of the classroom discussion on the days they are due.

Required modules	Optional modules (choose 3)
1. Belmont Report and CITI Course Introduction 2. History and Ethical Principles 3. Defining Research with Human Subjects 4. The Regulations 5. Assessing Risk 6. Informed Consent 7. Privacy and Confidentiality 8. Cultural Competence in Research 9. Unanticipated Problems and Reporting Requirements in Social and Behavioral Research	Research with Prisoners Research with Children Research in Public Elementary and Secondary Schools International Research Internet Research Conflicts of Interest in Research Involving Human Subjects 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] Write a 500-700 word answer to an ethics-related question that arises in class and post to the SLO forum within 3 days. Be sure to tie your answer to the topic that was being discussed. You'll have 2 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 3 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 Tuesday; you have until Friday to write it; the rest of the class has until Monday to comment on it. After Monday the ability to comment is closed.**

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 3 of this syllabus). Each of you will prepare an exam study sheet on your choice of topic to be used by you and your classmates when studying for the Ethics, Laws and Professional Issues exam. [Learning objectives 5 and 8]

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

- 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. Remember what I stated earlier: **I'm interested in what you think.**
- 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 if they want more information.
- 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 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's your viewpoint, and what prompts you to hold that view? That will gives 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):

- Do you have questions about the basic information presented in the SLO? If so, what are they?
- What are additional ways of this SLO relating to 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 the ELPI exam SLOs that are due in the spring semester, 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 will be amended as the semester goes on and where the original writer responds to questions and critiques raised by classmates. This will help increased the effectiveness of this study tool.

EXTRA CREDIT OPTIONS

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

[b] Complete three more of the optional modules in the CITI certification 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 guidelines about leading a presentation for our class. This must be selected by the fourth week in the semester (15 points). *Available once per semester.*

[e] **Interprofessional competence** is receiving greater and greater levels of attention at many levels of national organizations (U.S. government, APA, AMA, and others) and is projected as a fundamental skill of health care professionals. Document in a 7-8 page **paper** what you learn in a 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? 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, medicine, nursing, or physical therapy are all options. If you select something else, please check with me to confirm the profession (20 points). *Available once per year.*

4. APPRAISAL

FEEDBACK AND EVALUATION

Students are sometimes uncertain about the difference between feedback and evaluation. 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 much easier, which was very helpful.

This type of feedback is designed to help you and your classmates improve and learn from one another throughout the year.

Evaluations 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 evaluation 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 evaluation.

GRADING

The total points required for specific letter grades and the points available for class 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+	

Assignment (autumn 2014)	Points
Participation (4 points per class)	60
Written case report (variable due date)	30
Oral case report (variable due date)	30
Agency presentation (due 2014-09-09)	15
Ethics autobiography (due 2014-09-30)	25
Spontaneous learning opportunity 1 (variable due date; must be selected by 2014-10-14)	20
Spontaneous learning opportunity 2 (variable due date; must be selected by 2014-11-18)	20
TOTAL	200

Assignment (spring 2015)	Points
Participation (4 points per class)	60
Written case report (variable due date)	25
Oral case report (variable due date)	25
Community ethics board (due 2015-02-17)	30
CITI certification (due 2015-03-17)	20
Spontaneous learning opportunity 1 (variable due date; must be selected by 2015-03-10)	20
Spontaneous learning opportunity 2 (variable due date; must be selected by 2015-04-21)	20
TOTAL	200

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 evaluate 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. Participation in class discussion is evaluated 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.

WRITTEN ASSIGNMENTS

Please use APA format for your written work.

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 was 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 peril: 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. Missing more than one assignment can result in failing this class, at the discretion of the instructor. If, however, you are *seriously ill* and provide a doctor's note, the assignment can be made up. Contact me 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.

ORAL ASSIGNMENTS

Your ability to cogently present a 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 multidisciplinary settings, of how psychology, as a profession, expects its practitioners conduct themselves. There are resources⁹ 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 BEHAVIORAL EXPECTATIONS

I expect you to attend all classes in their entirety; it is impossible to make up what has transpired. **I define missing class as being late to class or leaving class for 15 minutes or more.** 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. A third missed class will result in a 15 page paper on a current ethical "hot topic", due three weeks after the missed third 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 an additional loss of 20 points.

You may fail the course by reason of difficulty in meeting the behavioral expectation or 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 includes following the APA Ethical Principles for psychologists and code of conduct; adhering to school guidelines as listed in the Student Handbook, the Professional Training Manual, and complying with other directives from the CSPP/Alliant administration. In addition, professional behavior 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.

On my part, 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 success and skills that support a proactive stance toward lifelong learning.

Please do not eat during class.

⁹ Jacobs, L. F. and Hyman, J. S. (2010). *15 strategies for giving oral presentations*. Accessed at <http://www.usnews.com/education/blogs/professors-guide/2010/02/24/15-strategies-for-giving-oral-presentations>

You are expected to perform within professional standards as determined by ethical codes, legal considerations, and accepted professional practice. See the AIU Policies and Procedures section, required in every syllabus for every AIU class, reproduced below.

5. AIU POLICIES AND PROCEDURES

Policies Related To Class Attendance, Lateness, Missed Exams or Assignments

The University expects regular class attendance by all students. Each student is responsible for all academic work missed during absences. When an absence is necessary, students should contact the instructor as courtesy and to check for assignments. See the University Catalog for the complete policy on attendance.

Responsibility to Keep Copies

Remember – it is good practice to keep copies of ALL major assignments/papers you turn in. On rare occasions, work may be lost because of computer failure or other mishaps.

Respectful Speech and Actions

Alliant International University, by mission and practice, is committed to fair and respectful consideration of all members of our community, and the greater communities surrounding us. All members of the University must treat one another as they would wish to be treated themselves, with dignity and concern.

As an institution of higher education, Alliant International University has the obligation to combat racism, sexism, and other forms of bias and to provide an equal educational opportunity. Professional codes of ethics (e.g., from the APA for psychology students) and the Academic Code shall be the guiding principles in dealing with speech or actions that, when considered objectively, are abusive and insulting.

Academic Code of Conduct and Ethics

The University is committed to principles of scholastic honesty. Its members are expected to abide by ethical standards both in their conduct and in their exercise of responsibility towards other members of the community. Each student's conduct is expected to be in accordance with the standards of the University. **The complete Academic Code, which covers acts of misconduct including assistance during examination, fabrication of data, plagiarism, unauthorized collaboration, and assisting other students in acts of misconduct, among others, may be found in the University Catalog.** The University reserves the right to use plagiarism detection software.

Confidentiality: Due to the fact that actual clinical material will be presented and discussed in this course, confidentiality must be maintained throughout the semester and beyond. To preserve client confidentiality, you should not use your client's actual name in your presentations. In addition, no names of the agency in which the client is seen should appear on any written reports. In the unlikely circumstance that you personally know a client being presented, it is your responsibility to excuse yourself from class during that presentation and quietly letting the professor know. Privacy among classmates should also be maintained. Countertransference and other personal issues often emerge in the course of clinical and ethical discussions; please treat these discussions as private and do not share such information outside of the classroom.

Evaluation of Students' Professional Development and Functioning

In CSPP, multiple aspects of students' professional development and functioning (e.g., cognitive, emotional, psychological, interpersonal, technical, and ethical) will be evaluated throughout the process of education and training in our professional psychology and MFT programs. This kind of comprehensive evaluation is necessary in order for faculty, staff, and supervisors to appraise the professional development and competence of their students. See the University Catalog for the complete CSPP policy on Evaluation of Student Competence: A. Student Disclosure of Personal Information.

Disability Accommodations Request

If you need disability-related accommodations in this class, please see your professor privately. All accommodations must be requested in a timely manner (at least 2 weeks ahead of time) with a letter of support from Alliant's Office of Disability Services. If you have questions about accommodations, please contact the Office of Disability Services (Dr. Sureli Patel).

Policy on Course Requirements During Religious Holidays

Alliant International University does not officially observe any religious holidays. However, in keeping with the institution's commitment to issues of cultural diversity as well as humanitarian considerations, faculty are encouraged to appreciate students' religious observances by not penalizing them when they are absent from classes on holy days. Alliant International University faculty will be sensitive to these matters. Students should be similarly respectful of faculty members' right to observe religious days.

Resources for Obtaining Tutoring or Other Student Support Services

Tutors are available to help students with course-based or exam-based needs. Contact the Director of Student Support Services for information on obtaining tutoring or other student support services.

Policy on Electronic Devices

A student's use of electronic devices that is irrelevant to class activities interferes with learning and distracts others. Although you are permitted to bring personal devices (cell phones, PDAs, laptops, sound recorders, and other electronic devices) to class, they must only serve class needs (e.g., typing on a laptop for the purpose of taking notes; using a device to record the instructor's presentations). Students may check email or their phone, and surf the internet during break time only, not during class time, films, presentations, exercises or discussions. Student may take notes on the computer and do searches for class-specified searches from the instructor. Your full participation and focus is needed to make this a meaningful class experience. Students who are being distracted by electronics use by their colleagues are encouraged to raise this issue with them, and to inform the instructor. Please set your cell phones to "sound off" or vibrate mode before class begins. **(My addition: If any of these standards are violated, I will ask you to leave the device out of our classroom.)**

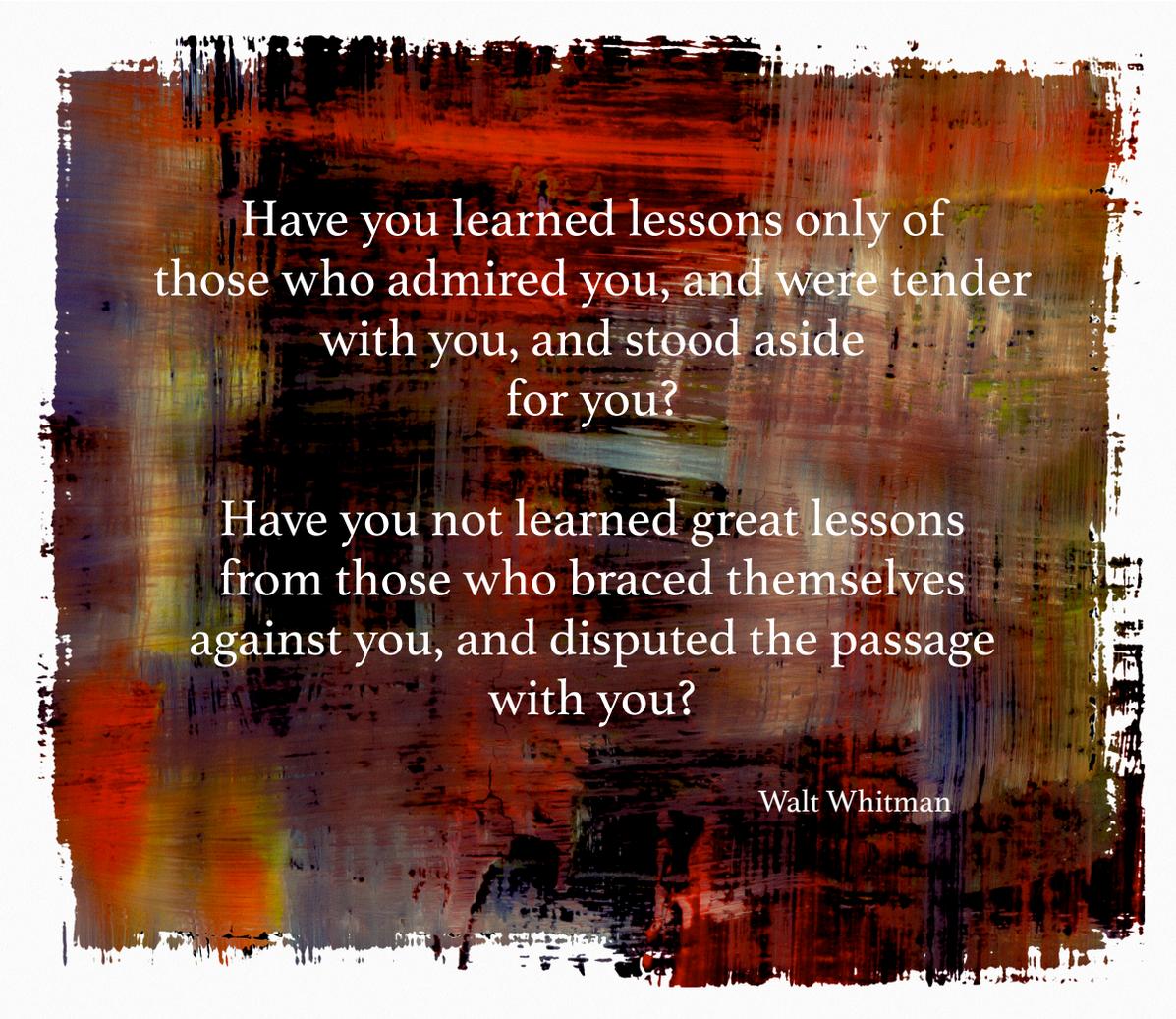
Problem Solving Resources

If problems arise with faculty, other students, staff, or student support services, students should use the University Problem Solving Procedures located on the web at: <http://www.alliant.edu/academic/studentproblemsolving/Student_Grievance_Policy.pdf> or contact the University Ombudsperson.

6. MY HOPES FOR THE YEAR

Throughout this course we'll spend considerable time laying a foundation conducive to respectful but challenging discussion 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 reflection.

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 as needed. Welcome!



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

7. COURSE SCHEDULE

Start of autumn semester

Week 1 (2014-09-02) Introduction

Conversation: Concern, excitement, and expectations for this coming year. Review syllabus; choose oral case presentation due dates for autumn semester.

Barnett, J. E. & Behnke, S. H. (2012). Ethical practice in clinical psychology in I. B. Weiner, G. Stricker, and T. A. Widiger (Eds), *Handbook of psychology, Volume 8: Clinical psychology, 2nd ed.* (533-557). New York, NY: John Wiley & Sons.

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. doi: 10.1037/0735-7028.36.4.367

Week 2 (2014-09-09) Context

Due: Agency presentations

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. doi: 10.1002/jclp.20472

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

Group feedback on practicum ethics issues

Week 3 (2014-09-16) Foundation

Due: Agency presentations

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

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.

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. doi: 10.1037/a0035108

Group feedback on practicum ethics issues

Week 4 (2014-09-23) Why and how (part 1)

Due: Agency presentations

Due: CITI module 2: History and Ethical Principles

Due: Teaching topic for extra credit assignment

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.

Falender, C. A. & Shafranske, E. P. (2012). 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. doi: 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. doi: 10.1037/0735-7028.36.1.59

Group feedback on practicum ethics issues

Week 5 (2014-09-30) Why and how (part 2)

Due: Oral case presentations

Due: Ethics autobiography

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. doi: 10.1080/14623943.2013.806301

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

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 6 (2014-10-07) Doing the work (part 1)

Due: Oral case presentations

Due: CITI module 3: Defining Research with Human Subjects

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.

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. doi: 10.1093/oxfordhb/9780199739165.013.0003

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 student, faculty, or other requirements.

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

Week 7 (2014-10-14) Doing the work (part 2)

Due: Oral case presentations

Due: CITI module 4: The Regulations

Due: Final day to select your first SLO

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. doi: 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.

Week 8 (2014-10-21) Burnout prevention (part 1) (Dr. J-P presentation)

Informal course feedback (in class)

Due: CITI module 5: Assessing Risk

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. doi: 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. doi: 10.1037/a0016081

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. doi: 10.1037/0735-7028.38.1.88

Group feedback on practicum ethics issues

Week 9 (2014-10-28) Confidentiality, records, and notes

Due: Oral case presentations

Due: CITI module 6: Informed Consent

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

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.

Group feedback on practicum ethics issues

Week 10 (2014-11-04) Reporting laws and limits to confidentiality

Due: Oral case presentations

Due: CITI module 7: Privacy and Confidentiality

Due: Name of interviewee for ethics board paper

Board of Psychology (2012). *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; pp. 52-54, Sections 17500, 17500.1, 17508). Accessed at <http://www.psychboard.ca.gov/lawsregs/2012lawsregs.pdf>

Donner, M. (January 2008). Mandated reporting of suspected child abuse. *Board of Psychology Update*, p. 4-6. Available at <http://www.psychboard.ca.gov/formspubs/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. doi: 10.1037/0735-7028.38.1.54

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

Reddy, M., Borum, R., Berglund, J., Vossekuil, B., Fein, R., and 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. doi: 10.1002/pits.1007

Group feedback on practicum ethics issues

Week ! (2014-11-11) Veterans Day holiday (no class)

Week 11 (2014-11-18) Money matters (part 1)

Due: CITI module 8: Cultural Competence in Research

Due: Final day to select your second SLO

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.

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

Group feedback on practicum ethics issues

Week 12 (2014-11-25) Catch-up and collaboration

Written case report review - Send a copy of your penultimate draft to your review team (set up in class) before this meeting, and bring your copy to class to work in person on polishing up your assignment.

Group feedback on practicum ethics issues

Week 13 (2014-12-02) Multiple roles (part 1)

Due: Written case report

Due: Last day to turn in extra credit assignments

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. doi: 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.

Lannin, D. G. & Scott, N. A. (2013). Social networking ethics: Developing best practices for the new small world. *Professional Psychology: Research and Practice*, 44(3), 135-141. doi: 10.1037/a0031794

Group feedback on practicum ethics issues

Week 14 (2014-12-09) Termination (part 1)

Due: CITI module 9: Unanticipated Problems and Reporting Requirements in Social and Behavioral Research

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. doi: 10.1080/08841230802238328

Zuckerman, A., Mitchell, G. L. (2004). Psychology interns' perspectives on the forced termination of psychotherapy. *The Clinical Supervisor, 23*(1), 55-70. doi: 10.1300/J001v23n01_04

Group feedback on practicum ethics issues

Week 15 (2014-12-16) Multiple roles (part 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. doi: 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. doi: 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.

Group feedback on practicum ethics issues

Start of spring semester

Week 1 (2015-01-27) Ethical decision making (Dr. J-P presentation)

Conversation: Choosing oral case presentation due dates for spring semester and Ethics, Laws, and Professional Issues exam SLO topics.

Week 2 (2015-02-03) Assessment

Due: Oral case presentation:

APA Practice and Science Directorates (n.d.). *Psychological testing on the internet: New problems, old issues* (pp. 46-63). Retrieved at <http://www.apa.org/science/programs/testing/index.aspx>

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. doi: 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.

Group feedback on practicum ethics issues

Week 3 (2015-02-10) Suicidality

Due: Oral case presentation

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.

Goldston, D. B., Molock, S. D., Whitbeck, L. B., Murakami, J. L., Zayas, L. H., & Hall, G. C. N. (2008). Cultural considerations in adolescent suicide prevention and psychosocial treatments. *American Psychologist, 63*(1), 14–31. doi: 10.1037/0003-066X.63.1.14

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. doi: 10.1037/a0012896

Group feedback on practicum ethics issues

Week 4 (2015-02-17) Therapy (part 1)

Due: Oral case presentation:

Due: Teaching topic for extra credit assignment

Due: Ethics board report

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

Cornish, J. A. E., Gorgens, K. A. & Monson, S. P. (2008). Toward ethical practice with people who have disabilities. *Professional Psychology: Research and Practice*, 39(5), 488-497. doi: 10.1037/a0013092

Winograd, R. (2012). The balance between providing support, prolonging suffering, and promoting death: Ethical issues surrounding psychological treatment of a terminally ill client. *Ethics & Behavior*, 22(1), 44-59. doi: 10.1080/10508422.2012.638825

Group feedback on practicum ethics issues

Week 5 (2015-02-24) Therapy (part 2)

Due: Oral case presentation:

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

Janson, G. R. & Steigerwald, F. J. (2002). Family counseling and ethical challenges with gay, lesbian, bisexual, and transgendered (GLBT) clients: More questions than answers. *The Family Journal*, 10(4), 415-418. doi: 10.1177/106648002236761

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

Group feedback on practicum ethics issues

Week 6 (2015-03-03) Professional relationships

Due: Oral case presentation

Informal course evaluation

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.

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

Irvine, R., Kerridge, I. McPhee, J., & Freeman, S. (2002). Interprofessionalism and ethics: consensus or clash of cultures? *Journal of Interprofessional Care*, 16(3), 199-210. doi: 10.1080/13561820220146649

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.

Group feedback on practicum ethics issues

Week 7 (2015-03-10) Money matters (part 2)

Due: Oral case presentation:

Due: Last day to select your first SLO

Gottlieb, L. (23 November 2012). What brand is your therapist? *New York Times Magazine*. Accessed at <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 (2013). Review *CalGold business permit system*. Available at <http://www.calgold.ca.gov/> and 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.

U.S. Small Business Administration (2013). Review "Is entrepreneurship for you?", "20 questions before starting", and "10 steps to starting a business" at: *Thinking about starting a business?* Available at <http://www.sba.gov/thinking-about-starting>

Group feedback on practicum ethics issues

Week 8 (2015-03-17) Clinical assessment models (Dr. J-P presentation)

Due: Informal course feedback (written group project)

Due: Completed CITI certification

Culture; Migration; Religion and Spirituality

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. doi: 10.1037/co2006019

Group feedback on practicum ethics issues

Week ! (2015-03-24) Spring break**Week 9 (2015-03-31) The digital world (part 1)**

Due: Oral case presentation

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. doi: 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. doi: 10.1037/a0033478

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

Group feedback on practicum ethics issues

Week 10 (2015-04-07) The digital world (part 2)

Due: Oral case presentation

Informal course feedback (written group project)

American Psychological Association (2013c). Guidelines for the practice of telepsychology. *American Psychologist*, 68(9), 791-800. doi: 10.1037/a0035001

Perlea, 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. doi: 10.1080/15228835.2012.760332

Myers, S. B., Endres, M. A., Ruddy, M. E., & Zelikovsky, N. (2012). Psychology graduate training in the era of social networking. *Training and Education in Professional Psychology*, 6(1), 28-36. doi: 10.1037/a0026388

Group feedback on practicum ethics issues

Week 11 (2015-04-14) Termination (part 2)

Due: Oral case presentation:

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. doi: 10.1037/a0023142

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

Group feedback on practicum ethics issues (termination)

Week 12 (2015-04-21) Education and training

Due: Oral case presentation

Last day to select your second SLO

Canada Psychological Association (2009). *Ethical guidelines for supervision in psychology: Teaching, research, practice, and administration*. Accessed at <http://www.cpa.ca/aboutcpa/committees/ethics/ethicalguidelinesforsupervisioninpsychology/>

Falender, C. A. & Shafranske, E. P. (2007). Competence in competency-based supervision practice: Construct and application. *Professional Psychology: Research and Practice*, 38(3), 232-240. doi: 10.1037/0735-7028.38.3.232

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

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.

Mangione, L., Mears, G., Vincent, W., and Hawes, S. (2011). The supervisory relationship when women supervise women: An exploratory study of power, reflexivity, collaboration, and authenticity. *The Clinical Supervisor*, 30(2), 141-171, 2011. doi: 10.1080/07325223.2011.604272

Group feedback on practicum ethics issues

Week 13 (2015-04-28) Catch-up and collaboration

Due: Last day to turn in extra credit assignments

Written case report review - Send a copy of your penultimate draft to your review team (membership decided in class) before this class, and bring your copy to class to work in person on polishing up your assignment.

Group feedback on practicum ethics issues (termination)

Week 14 (2015-05-05) 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. doi: 10.1080/09518398.2012.666289

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.

Office of the Secretary, U.S. Department of Health and Human Services (1979). *The Belmont report*. Accessed at <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html> (for your reference)

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

Group feedback on practicum ethics issues (termination)

Week 15 (2015-05-12) Ethics in the public square

Abeles, N. (2012). Psychologists and prisoner interrogations. In A. Ferrero, Y. Korkut, M. M. Leach, G. Lindsay, and M. J. Stevens (Eds.), *The Oxford Handbook of International Psychological Ethics* (pp. 233-242). Oxford, England: Oxford University Press. doi: 10.1093/oxfordhb/9780199739165.013.0017

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. doi: 10.1207/s15327019eb1503_1

Roffman, E. (2008). Ethics and activism: Theory – Identity politics, conscious acts, and ethical aspirations. In M. Ballou, M. Hill, and 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, and M. J. Stevens (Eds.), *The Oxford Handbook of International Psychological Ethics* (pp. 375-393). Oxford, England: Oxford University Press. doi: 10.1093/oxfordhb/9780199739165.013.0027

Group feedback on practicum ethics issues (termination)

Week 16 (2015-05-19) Burnout prevention (part 2)

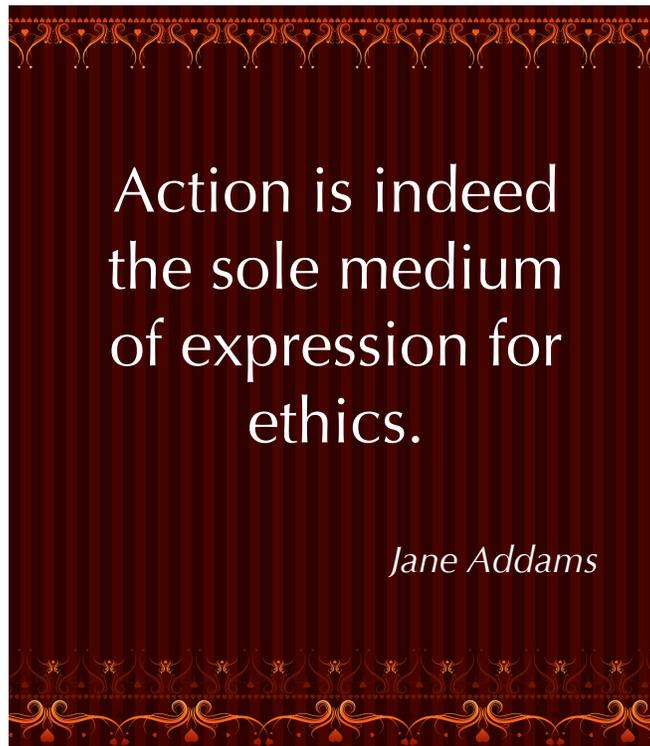
Year in review

Legacy project (written group project)

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

Kleespies, P. M., Van Orden, K. A., Bongar, B., Bridgeman, D., Bufka, L. F., Galper, D. I., Hillbrand, M., and Yufit, R. I. (2011). Psychologist suicide: Incidence, impact, and suggestions for prevention, intervention, and postvention. *Professional Psychology: Research and Practice, 42*(3), 244-251. doi: [10.1037/a0022805](https://doi.org/10.1037/a0022805)

Group feedback on practicum ethics issues (termination)



The first 15 items are 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** for your oral and written case presentations in this class.

Don't forget to include the information on the second and third page. If I've given information its own heading, it would be thoughtful 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 (3 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, 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])
 - L. Patient appearance and behavior
 - M. Mood/Affect
 - N. Orientation
 - O. Cognitive function
 - P. Attention and concentration
 - Q. Judgment and insight
 - R. Memory
 - S. 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
 - 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 formulation¹⁰

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 model¹¹ 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.

¹⁰ <http://www.monash.edu.au/lls/llonline/writing/medicine/psychology/6.xml>

¹¹ 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/the 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?

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. For what are you grateful 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? What has most influenced you in your work with your patient?

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