INSTRUCTORS’ MANUAL FOR

RED FLAGS IN PSYCHOTHERAPY:
Stories of Ethics Complaints and Resolutions
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Introduction: Background and Purpose

*Red Flags in Psychotherapy: Ethics Complaints and Resolutions* is a different sort of ethics book. Students approach ethical dilemmas designed to enhance attention and retention of key ethical concepts through dramatic storytelling. Students gain a fuller understanding of how charges of ethical misconduct arise and an inside glimpse into how ethics committees resolve them.

I needed to write this book. Having taught ethics for over 30 years I became convinced that interjecting profound stories to accompany professional obligations was essential to creating a deeper understanding of ethical dilemmas. Stories were the key to communicating the material I wanted to stick.

Early on in my career I experienced two epiphanies.

The first happened soon after I started teaching ethics courses. An already licensed mental health professional was mandated to take my class as part of a sanction for his unethical actions. He attended every class and received perfect scores on every exam and assignment, putting him comfortably at the top of the class. I took a measure of satisfaction for his success, confident that he would go forward as fully rehabilitated. I was disheartened to learn less than a year later of his de-licensure for yet additional ethical violations. But, my eyes were opened. Teaching students the rules doesn’t ensure a commitment to following them.

The second insight occurred during the first year I served on the Ethics Committee of the American Psychological Association. I went in expecting those accused of unethical conduct to be purposefully exploitative or exceptionally incompetent. What a shock to learn that my preconceptions were not only rarely descriptive, but that most psychologists found guilty of ethics violation never plotted to misbehave, and most appeared to be well trained and otherwise competent.

My stories have been with me for many years, and 12 were selected to tell in this book. My attempt was to cover most of the major topics that ethics committees hear about including comments on each case as well as additional information about each issue raised. Some of the material is harsh and occasionally profane, and that is because the territory can be dark and sensitive. However, stories were not selected based strictly on sensationalism. I wanted to convey what could happen to any psychotherapist functioning under excessive stress, focusing on personal needs instead of paying attention to the welfare of their clients, rationalizing that what they are doing in acceptable even when they know better, not competent to be treating a particular client, or ignorant of the ethical principles.

How This Manual is Organized

*Red Flags in Psychotherapy* is designed as assigned reading for classes, seminars, and advanced workshops, as well as an interesting read in and of itself for already established psychotherapists and counselors. To assist instructors and seminar leaders, this manual adds additional discussion ideas and field-tested exercises to the questions already appearing the book.

Each story chapter offers the following:
• The list of questions already appearing at the end of each story from the book (for easy reference)
• New discussion questions not found in the book
• An exercise (e.g., role play, or debate topic idea)

The discussion questions may be used for open commentary, breakout groups, out of class assignments, or even as essay questions on exams. When the class is larger, breakout groups work well. Give groups about 10-12 minutes to discuss one question (groups can have the same or different questions). The ideal breakout group has no more than 7 participants. Make sure each group selects a reporter in advance to summarize the group’s main points to the entire audience. Up to 4 groups can usually meet and report in 50-60 minutes. Discussion questions can also be selected in advance and assigned to students to prepare for an upcoming presentation to the entire group, followed by open discussion.

Role play exercises can prove stimulating and highly educational because a “being there” element is interjected. The audience can feel it also, even if they are not among the players. Role play works if at least half of the class members are assertive enough to get involved as players. (The instructor can pinch hit when needed.) At first volunteers should be the more outgoing students as it takes a little time to get used to this type of exercise. The most assertive should be offered the role of “Client.” Be OK with some sniggles and laughter—role play induces those responses easily. I recommend never forcing an individual to be a player in a role play exercise—not everyone is suited to this type of exercise.

Debate questions are included as statements for which there is a “Yes” and “No” option. This type of assignment works when enough lead time is given to the presenters. One suggested model for an ongoing seminar is to assign topics and “sides” early on (choice by lottery works well) and the debates are held at pre-assigned intervals. Give at least a half hour of class time. Debaters can be solo or part of a small team that prepared together outside of class.

After the chapter assignments, some general ideas are offered. These are based on topics arising from the book, but not related to any particular story. Finally three bonus stories (with discussion questions) not found in the book can be called into service. For example, the topics may be of particular interest, namely providing services to individuals with whom one has had a previous intimate relationship, collegial responsibility when a peer becomes seriously ill, and creating client dependencies. Or the instructor may want to assign one story for the purpose of leading a class discussion in a seminar of 15 students (this way everyone gets a story).

**Discussion Questions and Activities for “The Parade of Red Flags” (Introduction)**

**Key issues:** Early warning signs that psychotherapists may be going off course.

The list of red flags is hardly exhaustive but includes many that arise with some frequency in everyday practice.

1. Which red flag, if not quickly heeded, do you think can lead to the most serious ethical violation? Why? (Differing opinions are likely, which can make for an interesting discussion.)
2. Which red flag may be the least likely to result in an ethical violation? Why?
3. Which red flag do (or would) you probably struggle with the most to keep in check?
4. Ignoring red flags comes more easily when psychotherapists are caught up in their own problems and needs. Which ones are most vulnerable to rationalization and why?

Activity idea (for out of class assignments or in-class breakout groups: Assign each student (or group) one or more red flags and ask them to come up with one or more scenarios illustrating how the risk may present itself. Present to the full audience afterwards. Then consider what could possibly go wrong.

Example:

Flag: Seeing clients outside of a professional setting that has no relevance to the client’s therapeutic needs.

Scenario: Dr. Smith invites her clients to her annual Christmas party.

What could go wrong? Two clients who do not like each other and did not know Dr. Smith was the psychotherapist for both have a verbal altercation at the punch bowl. Another client brings, without permission, the rest of her family (husband and 4 kids), which disturbs the other clients. Non-clients who were invited discern who some of Dr. Smiths’ clients are. One (ignorant) non-client later expressed displeasure with Dr. Smith for putting him in the presence of “loons.”

Examples can go on and on, and even though some may sound silly or improbable, versions of all of the above examples actually occurred!

Discussion Questions and Activities for Each Story Chapter

Chapter 2: I’m Not Your Monkey²

Key issues: Abrasive and difficult clients, psychotherapist loss of self-control, negative countertransference, competence, abrupt terminations, the honest psychotherapist (during an ethics inquiry).

The issues raised in “I’m Not Your Monkey” make for intensive discussions of a subject that should be discussed more frequently. Whereas negative countertransference and similar topics suggesting a conscious client assessment (e.g., abrasive, difficult, aversive) remains an area of interest, the ethical issues of dealing with such clients have not received sufficient attention. This story opens up that territory.

A. Discussion Questions from the Book

1. Do you think Dr. Pegoris did about as well as any psychotherapist could with Miss Birch up until his volatile outburst? If not, what would you have done differently?

2. Albert Ellis (1985) asserted that psychotherapists who believe they can successfully treat any client are their own most difficult client. Ellis reasoned that holding such an irrational belief about oneself could lead to poor therapeutic decision-making compared to those who are realistic about their competence and personal limitations. Dr. Pegoris seems to have fallen into the former category. Do you agree that unquestioning confidence in one’s own abilities can harm clients? If so, how and why?

3. Imagine you found a client annoying or unlikeable during the initial session. What would you do?

² Note: Chapter 1 is an introduction to the colorful characters on the Ethics Committee.
4. Imagine a client says to you, “Your therapy sucks. Did you get your license to practice from the bottom of a cereal box?” How do you think you would you respond on the spot?

5. Your client expresses his (her) deepest feelings, but uses heavy profanity and ethnic slurs. Do you just ignore this language? Why or why not?

6. If it hasn’t happened yet, you will more likely than not become extremely angry or frustrated with a client. Do you feel prepared? (Or, if you have already become angry or frustrated with a client, how did you respond? What did you do right, or how could the incident have been handled better?)

B. Additional Discussion Questions (not from the book)

1. What are the ethical implications of managing difficult clients? That is, what ethical principles and professional responsibilities apply, no matter what a client says or does?

2. Do you believe it is unethical to continue to see clients who you dislike or find objectionable in some way?

3. What do (would) you do to control an emotional feeling you also believe would be inappropriate to openly express to a client (at least in the moment)?

C. Role playing exercise: Difficult Clients

Both Psychotherapist and Client are assured that they can spontaneously ad lib—but Client should stick to the assigned “persona.”

These exercises are based on Grove’s typing of difficult clients. Print out the directions for each Client, and allow him or her to reflect for a couple of minutes and get into character. The scenarios should last for just a few minutes. They should be politely halted when it seems the right spot to do so because the dynamics have played out sufficiently. The acted-out scenario can then be opened up for discussion—first from Psychotherapist (How did you feel? Did you have trouble controlling yourself?) followed by audience comments and questions.

1. **Dependent clingers** (who evoke feelings of aversion in the clinician)

   “Client” Role Notes for Dependent Clingers (show to “client” only): You come for counseling because your significant other (spouse or partner) has left you yet again, this time apparently for good, because he/she “needs a lot of space” and “says your needs can never be fulfilled.” You are emotionally devastated. During the course of the interaction, you ask for the psychotherapist’s cell phone number so you can call whenever you are feeling upset. You ask if it would be alright to just come and sit in the waiting room whenever you need to feel closer, if it would be possible in the future to spend some time together outside of the office, and other personal questions about the psychotherapist’s private life. (Note: This exchange is not flirtatious, just needy like a lost child.)

2. **Entitled demanders** (who evoke a wish to counterattack)

   “Client” Role Notes for EntitledDemanders (show to “client” only): You walk in and start talking before Psychotherapist can get a word in edgewise. You start telling him/her what you want from
psychotherapy. You note that you have read a lot of books and know as much about psychotherapy (counseling) as does the psychotherapist. So unless the therapy is done your way, you will move on to someone else.

You read about a type of therapy where you and the psychotherapist dip your hands in a large bowl of warm water and you each share your fears and current problems, allowing the water to facilitate a “bonding of souls.”

If Psychotherapist objects, you deride him/her for being old-school and out of touch with the newest and most effective developments in psychotherapy.

3. **Manipulative help-rejecters** (who evoke feelings of depression)

   “Client” Role Notes for Manipulative Help-Rejecters (show to “client” only): You arrive for counseling because your family drew a line in the sand: you either had to come here today or they will insist that you leave the house to fend for yourself. You “self-medicate” with whatever drugs you can find on the street. To help pay for the drugs, you resell some for more than you paid, but you also take items from the family home to sell on the street.

   You make it clear that you do not want to be here, that your family is the problem because they are always on your case to shape up. You justify your drug activities because, as you put it, “I need the relief from all the stress I am under. Drugs are all that help.”

   You want the psychotherapist to inform your family that you are not the one who needs help, that they need to lay off with the criticisms, and then you will be fine.

4. **Self-destructive deniers** (who evoke feelings of malice)

   “Client” Role Notes for Self-Destructive Deniers (show to “client” only): You suffer from depression and anxiety and cut yourself on various parts of your body daily to “make you feel more peaceful.” You tell Psychotherapist you tried to stop because you hit a vein and almost bled out. You were in the hospital for a week. But you have continued cutting and suggest that you have no intention of stopping.

   You “fight” Psychotherapist every time a suggestion or interpretation is made, insisting that the Psychotherapist does not understand you. You reject any ideas/interpretations/advice offered by the psychotherapist with answers like, “That won’t work,” or “I tried that already,” or “You don’t seem to understand my problems.”

   D. **Debate ideas:**

   1. **Is it unethical to work with clients you don’t like?**

   2. **Is anger always the forbidden emotion for psychotherapist to express openly to their clients?**
Chapter 3: Junk Yard Therapy

**Key issues:** Multiple role relationships, exploitation, advertising (bait-and-switch), psychotherapist self-delusion and rationalization of motives and behavior, confidentiality.

A. Discussion Questions (from the book)

1. Dr. Pilcher appears to have a defense for every charge of ethical misconduct leveled against her. Did you find yourself agreeing with any of them? Why or why not?

2. Dr. Pilcher continued her practice using an unprotected title. What advantages do clients have when they consult only licensed practitioners?

3. A psychologist invites his client to join a poker group, given the client’s love of the game. What can go wrong?

4. A social worker allows her client, a talented but financially-strapped seamstress, to make her clothes instead of paying for therapy. The social worker supplies the pattern and materials one week, and the client brings the completed outfit to the next session. What could go wrong here?

5. A client who lost his job and health insurance agrees to give his psychotherapist his second car in lieu of future psychotherapy fees. The car is worth $5,000 and the psychotherapist charges $100 per session. They agree that 50 sessions have been paid for in advance. What can go wrong with this deal?

6. A client is hired to do after school babysitting for two hours every weekday day in the psychotherapist’s home for two children, ages 6 and 8. In exchange, the client receives a full session in the family’s den on Thursdays. What are the possible pitfalls surrounding this agreement?

7. Can you come up with examples of bartering arrangements with clients that would be non-exploitive? Explain why you believe each to be fair and ethical. What other factors (gender, treatment and cultural issues, for example) pertain?

8. From the chapter: “The most recent Ethics Code of the American Psychological Association (2010) does not disallow all multiple role relationships (Principle 3.05). Those who ‘would not reasonably be expected to cause impairment or the risk of exploitation or harm are not unethical,’ leaving the outcome assessment up to the practitioner.” The text goes on to note that relaxing the rules might prove ironic. That is, putting boundary crossing decisions up to the psychologist could increase the likelihood of being charged with an ethics violation. Why is that?

B. Additional Discussion Questions (not in the book)

1. What kinds of favors might a psychotherapist do for clients that would be ethically acceptable? Come up with some scenarios, but note what could backfire, even if unlikely.
2. Allowing a client to run up a large bill is almost never doing clients a favor. Why?

3. What can go wrong with the dual/multiple roles listed below that could constitute an ethics problem? First, create specific (and realistic) consequences that could result in an ethical dilemma or violation. For example, “becoming social friends with your adult client’s spouse” could result in being brought up on ethics charges for conflict of interest when your friend decides to ask your client for a divorce and wants custody of the children. Students should be able to come up with more than one for each scenario. Remind them that even consequences that seem too far out or silly could still actually happen.

- Exchanging therapy sessions for babysitting your 2 year-old
- Purchasing considerable stock shares in the company in which your client is a top executive.
- Accepting an invitation to your client’s Halloween costume party.
- Hiring your client to take care of your yard.
- Asking an affable client to shop for and select a gift for your significant other’s birthday.
- Accepting a client’s invitation to both you and your significant other to spend the weekend at their vacation house.
- Driving your 8 p.m. unmarried/unattached client to and from each session.
- Accepting your bosses’ spouse as a client.
- Accepting your troubled son’s psychotherapist as your client.
- Delivering your psychotherapy services in your client’s home when the client claims to be too depressed or upset to leave the house.
- After psychotherapy has been mutually and successfully terminated, mutually agreeing to become close friends with a now ex-client.
- Agreeing to provide an “honest critique” of the manuscript of a romance novel your client has just completed writing.
- Joining your client’s weekly investment strategy club.

4. What are examples of boundary crossings or multiple role relationships that can be difficult for mental health professionals to avoid when setting up a practice in small communities?

5. Note that the complaint in this chapter was handled *sua sponte* (legally meaning on one's own accord or the court's own initiative). Practically speaking, ethics committees may receive information from a media, such as a newspaper article, or other public source about a possible ethical violation committed by a member of the professional association. They may then decide to inquire further. Given that sources of public knowledge are now so vast --Internet blogs and opportunities for clients to post negative messages (all often anonymously) about their psychotherapists,--what precautions/actions should ethics committees consider before delving into a *sua sponte* ethics inquiry?

C. Debate: *Should only money transactions should be allowed to pay for psychotherapy?* (Note: Most ethics codes allow for bartering services or items, although they suggest risks.)

**Chapter 4: Rats!**

*Key issues:* Incivility in the workspace, dealing with difficult colleagues, revenge-seeking, impact of one’s actions on others in the workspace, ethics charges and countercharges.
A. Discussion Questions from the Book

1. Is it acceptable to dismiss one employee if it will resolve a problem caused by another employee? That is, should Professor Pyle have been denied tenure given the unrelenting disturbances the (already tenured) Professor Lurch’s intense dislike for him caused the department?

2. On a one to 10 scale (one being “very sympathetic” and 10 being “no sympathy”), how do you feel about Professor Vernon Pyle’s ultimate act of retaliation? Why did you respond as you did?

3. If you were the department chair or a university administrator, what would you have done when you realized the dispute between these two players was not going to be resolved and could possibly escalate?

4. Is “incivility” a legitimate criteria when making personnel decisions? That is, should those who are doing satisfactory work as teachers, researchers, and contributors to college affairs be denied tenure solely because:
   - very few of their colleagues like them?
   - they constantly criticize the scholarly work of others?
   - are often rude or insulting to colleagues during strictly personal (nonacademic) interactions?

5. “Academic politics is much more vicious than real politics. We think it's because the stakes are so small.” This intriguing quote is attributed to Columbia University professor Richard Neustadt (with very similar wording attributed to several others, including Wallace Stanley Sayre and Henry Kissinger). What do you think this quote means, and how might it apply to the issues raised in this story?

6. Barsky (2002) suggests the unique organizational structure of colleges and universities contributes to incivility. The structure has a hierarchical administration, but professors view themselves as self-governing, departments seek to operate independently, and a tenure system provides job security. How does such a structure facilitate conflict?

7. Student handbooks set out behavioral expectations, but faculty handbooks rarely do the same. Do you agree with Basu (2012) that a formal policy of expectations for faculty behavior would minimize incivility?

8. “Incivility” may be only in the eyes of the beholder. That is, a remark may be taken as insulting, but not intended to be rude or hostile. No bright line separates “academic freedom” or “scholarly criticism” from “incivility.” How does this blur the possibility of dealing effectively with the problem of incivility on college and university campuses?

B. Additional Discussion Questions (not in the book)

1. What factors or circumstances would make the remarks below interpreted as “acceptable” or “harassing or uncivil?”

(Note to instructor: Almost all of the comments can be made to sound nasty OR non-harassing, sometimes even complimentary. The point is to reveal the importance of contextual factors. These statements can be read aloud or displayed/printed and students can verbalize them aloud. Or pairs of
students could be given the comment and asked to make them in different voice styles or under different circumstances.)

Interpretation factors could include the gender of players, voice tone (e.g., casual or friendly v. stern or accusatory), facial expression, the relationship between the two individuals (friends, casual acquaintance, academic competitors for the same resources, or nemeses), status differentials, previous negative interactions, or context (in private or in the presence of others).

- “I don’t like that hair style on you.”
- “I read your last article in the American Psychologist, but I was confused about the main point you wanted to get across.”
- “A student confided that the jokes you tell in class are really bad.”
- “Did I see you using my coffee cup in the faculty lounge?”
- “No, I haven’t read your latest book, and I do not plan to.”
- “I heard you are dating one of your undergraduate students. You could get into big trouble.”
- “Have I ever told you how attractive you are?”
- “Where did you buy that shirt? It looks like one my grandfather would wear.”

2. What do you do when you are on the receiving end of gossip? Of the below, which ones might you ignore (that is, not pass on), which might to suggest are unfair, and which would cause you to look into the matter further (and what would you do)?

- “Did you hear that Joanna is getting a divorce? That will be her second.”
- “I heard that Lou is faking his data. His research assistant told me he just makes up numbers.”
- “Zena told me that she saw Adrian taking money out of the petty cash box, but he didn’t sign for it.”
- “His students told me that he was smoking pot at one of their parties.”
- “He’s had a hair transplant, I’m pretty sure of it. He didn’t have that much hair last year.”
- “I have it on good authority that she and her graduate assistant were seen leaving a hotel together.”
- “I hear he is a terrible teacher. He doesn’t have tenure. We should probably get rid of him.”

3. Incivility and harassment are not confined to the halls of academia. Mental health professionals and counselors can also treat colleagues and clients badly. Where in the ethics code of your profession is such behavior labeled as an ethics violation?

4. When an academic or other professional is in an active but toxic relationship with a colleague or others in the workplace, who else can also be harmed? How?

C. Breakout Group Exercise: Formulating a Civility Policy

Create small groups (3-4 works well with this exercise). Give each group the following instruction: If you were asked to create a policy that differentiates acceptable scholarly debate and academic freedom from incivility and harassment, what might be some of the differences you would include? Ask students to create a few ideas. Share each group’s list with the entire class/seminar afterwards.
Chapter 5: The John

Key issues: Sexual exploitation of clients and the resulting harm, abrupt termination, clients in the service of the psychotherapist’s needs, distressed psychotherapists, and making a poor impression on an ethics committee.

A. Discussion Questions from the Book

1. Do you believe sexual relationships between a psychotherapist and a client should be a criminal offense leading to possible jail time? Why or why not? Do you think criminalization of sex with clients would lead to fewer or more complaints?

2. The Committee viewed Dr. Timmuck as ill-suited for rehabilitation. Do you agree? If you think he was amenable to altering his practices, what program would you suggest?

3. What about middle age can make some psychotherapists vulnerable to exploiting their clients sexually?

4. Why do you think victims of incest are at such high risk for subsequent sexual abuse by their psychotherapists?

5. Plaut (2001) asserts that some practitioners who engage in sexual activity with clients can be safely returned to practice by imposing specific rehabilitative measures. A customized program for each offender may include psychotherapy, containing education, supervision, exclusion of certain types of clients. Others present the arguments against restoring exploitative psychotherapists to practice (Layman & McNamara, 1997; Pope & Vasquez, 2011; Strasburger, Jorgenson, & Randles, 1991). Where do you stand on this debate and why?

B. Additional Discussion Questions (not in the book)

1. What criteria would you suggest for deciding whether a psychotherapist who was found guilty of sexually exploiting a client was a good candidate for rehabilitation? What are signs that suggest that a psychotherapist should never be allowed to practice again?

2. Sex is all around us and part of human nature. Why, then, is sexual behavior between a psychotherapist and a client is generally considered to be the most serious ethical violation a mental health professional can commit?

3. If we could, with certainty, know the exact percentage of how many psychotherapists have engaged in sexual intimacies with their ongoing clients, what would you guess be? How did you arrive at that figure?

4. Female psychotherapists sexually exploit clients far less frequently than do male psychotherapists, at least as far as the rate of complaints is concerned. Is it possible that the rate is higher, but male clients do not make formal complaints? Why make male clients be reluctant to complain?
5. Why do you think it was not until the 1970s that ethics codes and committees were concerned about sexual exploitation of clients and students?

6. Terminating a client to fulfill the psychotherapist’s personal agenda rather than based on the client’s welfare or progress can pose ethics problems for many reasons other than a desire for a sexual liaison. How might one initiate terminating the types of clients listed below without committing an ethical error?
   - You intensely dislike a client and this interferes with your ability to concentrate on the therapy process
   - You believe you have done all you can for this client even though the client would prefer to stay on longer
   - The client is steadfastly uncooperative and noncompliant with steps towards agreed-upon therapeutic goals
   - The client has no more insurance and cannot afford psychotherapy, even if the fee is reduced substantially, and you cannot afford to see clients pro bono at this time
   - The client’s problems are beyond your training and areas of competence.
   - The client is stalking you and you are genuinely afraid of him/her.
   - The client has threatened to take a hammer to your car unless you support him in a child custody dispute.

C. Debate: Should psychotherapists or counselors who have sexually exploited clients be allowed to continue practice?

Chapter 6: The Raid on Hollywood Boulevard

Key issues: The right to a private life outside of one’s professional role, the absence of privacy in today’s technological world, psychotherapists labeled with what has been generally described as deviant behavior in private and questions of professional competence, professional life and personal life made public, upholding the reputation of the profession, public trust, the importance of psychotherapists’ self care.

A. Discussion Questions from the Book

1. What do you think of the Ethics Committee’s decision? Are you comfortable with it? Why or why not?

2. What if Dr. Kingsley had been soliciting for sexual clientele? How might your opinion of him change? Would you then declare him unfit to practice? (Remember that solicitation is a misdemeanor in most jurisdictions, not a felony.)

3. Even though he got along well with people, do you think Dr. Kingsley’s intentional avoidance of close intimate relationships could affect his ability to conduct competent psychotherapy?

4. Do mental health professionals who embarrass other professionals by their speech or behavior as private citizens reveal prima facie evidence of unethical professional conduct? Consider these examples:
• A psychotherapist is known around town as an obnoxious bully because of his loud and insulting outbursts in restaurants and other public places.
• A psychotherapist authors a newspaper article espousing inferior solving ability among women. He argues that women should never be placed in positions of authority.
• A marriage and family counselor appears naked in a men’s magazine along with the article about her titled, “Shrinks in the Nude.”
• A male counselor appears frontally nude in a photo calendar titled, “Twelve Beefcakes.”
• A psychiatrist is featured in a popular tell-all newspaper showing photos of him embracing and kissing the wife of a high profile local politician in some dark place. The psychiatrist is also married with small children.

5. Do you think such a thing resembling privacy exists in today’s world? How does your answer impact on how you do (or would) conduct yourself outside of your role as a psychotherapist or counselor?

B. Additional Discussion Questions (not from the book)

1. Should a psychotherapist inform clients of any unusual/unexpected characteristics or activities that might influence their decision to remain on as a client? Why or why not?

2. If a psychotherapist is gay or lesbian, is it a good idea to make this known up front? Might being open actually attract more clients?

3. If a psychotherapist has a serious physical condition that is not easily discernible unless the client is informed (e.g., a heart condition) should the client be informed? Why or why not? What if this psychotherapist had to cancel a number of sessions and clients were not sure why? What if this psychotherapist fell ill during a session?

4. Do mental health professionals who embarrass other professionals by their speech or behavior as private citizens reveal prima facie evidence of unethical professional conduct? Assume the following became factual public knowledge about a psychotherapist:
   • He is a member of the American Nazi Party (or Klu Klux clan)
   • She is an American citizen but has known ties to enemy combatants
   • He is addicted to cocaine
   • She cheats on his/her spouse
   • He had been married 7 times
   • As a teenager she was convicted of killing her younger sister
   • She moonlights as an exotic dancer in a strip bar

   Would your answers be any different if you reversed the genders in the above examples?

   In your opinion do any of these matters, by definition, impact on the ability of the psychotherapist to conduct competent psychotherapy? If so, why?

5. Does an ethics committee have any business acting on any complaint about anything a psychotherapist does in his/her private life? If yes, how do you draw that line?
6. Do you think it is possible to have bad character in one’s private life but act as an ethical, competent, rule-abiding psychotherapist? Or perhaps put another way, can character be compartmentalized—good in some realms, poor in others? We see this dilemma being played out in politics (e.g., sex scandals among otherwise competent national leaders).

C. **Role Play:** Ripped from emerging headlines as of this writing—see similar difficult dilemma for Millikin University psychology professor James St. James.

Simply inform the volunteer to act as a client who is seeking some counseling for how to better get along with a significant other with whom there is considerable conflict. This is the initial session.

Select a volunteer Psychotherapist who you think can pull this off: After a little warm-up, informs this client of the following information:

*It will soon become public knowledge that you killed your parents when you were 15. You were diagnosed as mentally ill and spent several years in a mental hospital. You started taking courses and eventually earned your doctorate. You have been a well-liked and highly-regarded psychotherapist for over 30 years. However, because you know the news story will break within days, you feel you must prepare your clients.*

The point of this exercise, which Client should be asked afterwards to describe to the audience, is what such a stark disclosure feels like. What did he/she say in response? Would this client continue? Could the news have been broken better? If so, how?

**Chapter 7: Kill the Boss**

*Key issues:* Duty of care, duty to warn, breaking confidentiality, right to privacy, decision-making under (possible) crisis conditions, psychotherapist stress in crisis conditions.

A. **Discussion Questions from the Book**

1. Would you be more prepared than was Dr. Zinni if a client made a serious threat of bodily harm? If not, what must you do now to become better prepared?

2. Did Dr. Zinni’s decision match the usual criteria—a direct communication of a credible threat against an individual who can be identified—to elicit a duty to protect the intended victim? If not, in what way was her decision deficient?

3. Should Dr. Zinni have been more concerned about Billy Barge’s potential for violence? That is, should she have been doing serious risk assessments earlier on, given his difficult upbringing and verbal outbursts? Or was she justified in focusing on his positive signs (married, steady employment, showing up for sessions on time, motivation to improve)?

4. If Billy Barge had killed Max Bellows that stormy night, do you think the Committee (or a licensing board) would have rendered the same decision regarding Dr. Zinni’s actions? If not, why not?

5. A depressed client says, “I am so tired, I just wish it was all over,” How would you respond?
6. An angry client says, “I hate gays. I think I will go out now and get rid of one or two of them.” You know she carries a knife in her car “for protection.” Now what?

7. Your client calls at 3 a.m. threatening to commit suicide. She demands that you to come right over to her apartment or else she will take 100 pills. This client is attention-seeking and manipulative. Do you get up and go over?

8. Let’s say you called a psychiatric emergency team instead of going to the clients’ apartment (see above question). She had taken no pills and was subsequently evicted from her apartment for causing another disturbance (not her first) and blames you. She writes to an ethics committee claiming incompetence and emotional damages. How would you defend yourself?

9. You receive an email from an angry adult client threatening to confront an abusive father who molested her when she was 10. You are not sure what she plans to do, but her parting words are, “Revenge is best served up cold.” You see that as an ominous clue. You do not know where she is. She does not answer her cell phone. Now what?

10. Do you think the “duty to protect” (which may include warning intended victims) is the most formidable challenge facing psychotherapists? Why or why not?

B. Additional Discussion Questions (not in the book)

1. How would you define a credible threat?

2. Who would you consult when struggling under ambiguous circumstances with an emergency duty of care decision?

3. What does your state law say about a duty to protect? Discuss under what circumstances it would be implemented. Do you think your state law adequately protects all concerned?

4. What information would you (or do you) put in your “in case of emergency” file?

C. Debate: Mandatory Reporting?

Do mandatory reporting laws encourage those who need therapy the most to avoid it and thus endanger lives?

D. Role Play Exercise: Threatening clients

Have a volunteer play the role of Threatening Client while in session (see optional setups below). Another volunteer will be Psychotherapist who is attempting to work with this client. Ask Psychotherapist to ask Threatening Client how things are going this week. After the scene plays out, ask Psychotherapist what his or her next move would be and to justify that decision. Class discussion can follow.

Suggested ideas for Client roles:
1. You are extremely angry at someone you used to call friend. He said he needed $5,000 for an emergency and promised to pay it all back in three months. Nine months have passed and you not received a single penny. But your now ex-friend is driving a new expensive car. When you confront him, you get the following response: “Oh, I said I would pay it back someday, but someday may not be for a very long time.” This has brought out feelings of intense rage. You need the money to pay your bills. You plan to go over to your friend’s apartment with a baseball bat and demand your money back immediately.

2. Your partner ran off with someone else, taking your beloved dog and emptying your joint bank account. You have fallen into a deep depression. You think that the only way out is to “check out.” You tell Psychotherapist that you are considering taking your own life just to be at peace.

3. You are furious with people who hold a strong belief for a cause you strongly disagree with (pick one and take either side—could be right to life or right to choose, gay marriage, immigration reform, a political party, gun control, dog fighting, etc.) You already have serious anger issues, which is why you are in psychotherapy. You see a TV spot advocating the opposing point of view that sets you off. You tell Psychotherapist that you’re going to teach some of these people a hard lesson. You own a gun.

E. **Debate: Duty to protect**
   An identifiable victim should always be informed by the psychotherapist whenever a client issues an imminent threat of harm that the psychotherapist believes to be credible. (Note: Students should already know that most state laws allow for other protective measures besides warning an intended victim.)

**Chapter 8: Broken**

**Key issues:** Bartering for goods and services in exchange for psychotherapy, clinical indicators against boundary crossings, becoming caught up in a client initiated plan or bargain without reflecting on possible consequences.

**A. Discussion Questions from the Book**

1. Did Dr. Gambon deserve the sanctions imposed by the Ethics Committee? Why or why not?

2. If a financially-strapped client offered to paint your house in exchange for psychotherapy, and you perceive no therapeutic contraindications, how would you value your client’s time compared to your usual session fee? An hour for an hour? Or?

3. A client offers an item valued at $1,500 in exchange for psychotherapy. You can use the item, the other signs seem favorable. But, in your professional opinion the client requires only two or three more sessions. How do you respond?

4. Generally it is ill advised for the psychotherapist to initiate a bartering agreement. Under what circumstances, if any, might an exception be appropriate?
5. A financially strapped client who, in your professional judgment, needs at least 10 more sessions offers a golf cart in exchange for psychotherapy. You have absolutely no use for a golf cart. What do you say?

6. Discuss why bartering psychotherapy for tangible items is “ethically safer” than exchanging psychotherapy for clients’ services.

B. Additional Questions (not from the book)

1. Let’s say you have bartered with clients a few times in the past, and the exchanges worked to everyone’s advantage. A current client tells you that she is friends with one of your previous clients, and now she wants to barter also. She says, “I know you exchange things for therapy.” You feel this particular client is not well-suited to a bartering arrangement of any kind. What do you say, knowing that she knows you have been willing to barter with her friend (your ex-client)?

2. Generally speaking, do you think bartering goods and services with clients is too risky? If not, discuss various precautions that should be taken.

3. This story portrayed a well-meaning psychotherapists stumbling when his focus strayed. What safeguards should psychotherapists follow to ensure that they stay on track?

4. Role Play in Class: Bartering

Client initiates the role play with the following general directions: You very much want to continue psychotherapy but can no longer afford it and insurance has run out. You do have a several big trees ripe with avocados and offer to bring in 50 each session as payment.

Psychotherapist is told only one feature of the psychotherapist role: “You hate avocados!”

Spontaneously act out the client’s bartering proposal and the psychotherapist’s response.

Afterwards, hold a discussion about how each felt, letting the audience chime in after both players have made their comments. Questions might include: Did the psychotherapist make another offer (e.g., pro bono sessions or referral to a clinic?) Did the psychotherapist show empathy to the client’s plight even if the client’s offer was refused? Did the psychotherapist suggest that the client try to sell the avocados in another way? Did the psychotherapist accept the offer? If so, what is his/her plan for those avocados? Was the client treated respectfully?

C. Debate: Bartering

Should trading goods or services with psychotherapy clients be declared unethical under any circumstances given the risks of misunderstandings, exploitation, and later regrets are too high?

Chapter 9: Baby Steps off a Cliff

Key issues: Sexual exploitation, self-disclosure, rationalizations, psychotherapist self-destruction.
A. **Discussion Questions from the Book**

1. The client in this story played an active and reciprocal role during the seductive process. Do you believe clients bear some responsibility for the ultimate consequences? Why or why not?

2. Might the Ethics Committee have considered another penalty--perhaps a stipulated resignation or some form of monitoring--had the psychologist admitted his ethical failure instead of claiming the client made the whole affair up? Given that this psychologist apparently had no previous sexual encounters or other ethical issues with clients, might he have been viewed as a reasonable candidate for rehabilitation had he been forthright?

3. Sexually exploitative psychotherapists are far more likely to be men than women. What factors do you think account for the disparity?

4. Have you felt sexual attraction towards a client? (If so, you are in the majority.) How did you handle these feelings? Did you consult with anyone? How were these feelings managed?

5. What would you do if you suspected an office mate was having an affair with a client? Would you intervene? If so, what would you say?

B. **New Discussion Questions (not from the book)**

1. If the client is the one who initiates active pursuit of the psychotherapist, should that psychotherapist be relieved of some responsibility if sexual intimacies ensue? That is, should an ethics committee go easier on the psychotherapist given that he/she was not the instigator? Why or why not?

2. Should Dr. Lark go to jail? What do you think of jail time for psychotherapists found guilty of sexual exploitation? Is that a fitting punishment? Because sexually exploited clients often say something like, “I don’t want anything bad to happen to Dr. X. I just don’t want any other woman to go through this,” might the prospect of jail time inhibit the pressing of charges by the hurt but ambivalent client?

3. A psychotherapist is going through a divorce, his a teenage child frequently engages in behavior that involved the police, and his father has just been diagnosed with advanced prostate cancer. What does he need to do to ensure that his clients will not be exploited sexually or otherwise?

4. A new client reminds the psychotherapist of his first love as a young adult, a woman he has never forgotten and still thinks about often. The client is the same age as when he knew his first love, looks almost like her, and has a similar personality. Is this therapeutic relationship in danger? What steps must be taken to protect this client? Should he ever divulge the similarities? Why or why not?

5. Young people have great dreams for what the future will hold. Middle age is often the time when people face the realities that fame, fortune, and other lofty goals are beyond their reach. Regrets may set in. They may mourn the loss of youth even while still trying to chase it. What clients might be at particular risk and for what?

6. As soon as a psychotherapist admits to him or herself that a client is sexually attractive, what should be done? Short of referring the client elsewhere because danger appears to be imminent, how can the
psychotherapy proceed safely? What steps must be taken to keep things on track?

7. The scenario in this story happens often enough. When verbal exchanges in psychotherapy become flirty due to a mutual sexual attraction, a red flag should be waving. If it has gone further, the psychotherapist often realizes that he or she could get into a lot of trouble, enough to destroy a career and his/her family. The psychotherapist backs off. At this point the consenting client may feel rejected, abandoned, and angry—and makes a formal complaint to an ethics committee or licensing board.

What should psychotherapists do as soon as they sense that sexual attraction is manifesting itself in an ongoing psychotherapy relationship?

8. In this day when millions of people owning devices that can record anything anywhere, is it just plain stupid to risk any kind of a client complaint by what you say or do in or outside of the office?

C. Classroom Exercise for “Baby Steps” (very small, almost imperceptible steps leading to ethics trouble)

Have students (perhaps in small breakout groups) create a “string” of small-step events leading to some kind of ethical violation. Below is an example. Afterwards, present the steps to the audience and discuss at which point the psychotherapist should have recognized that psychotherapy was in a danger zone. Draw that line. Note: The scenario need not involve sex. Many boundary violations have nothing to do with sexual contact between psychotherapist and client.

*Client A loans Psychotherapist X a mystery book A has written. X reads it and makes positive comments to A. A invites X to attend a lecture where A will discuss the book. X attends and brings along a friend. Afterwards A invites X and X’s friend to go out with a few other friends for a drink. They accept. During the next session, A invites X to go out alone for a drink to discuss the next book A is writing. X agrees. They have several drinks. A’s apartment is just down the block, so A invites X to “sober up” there. Once there, they touch and eventually retreat into the bedroom.*

Where would you draw the point along the series of steps where things were definitely headed in the wrong direction? What would you have said to Client A at that point? (Note: Students will likely differ on where that line should be drawn which usually makes for a very interesting discussion.)

D. Debate: Rehabilitation of sexual offenders

Should psychotherapists and counselors found guilty of sexually exploiting clients have their licenses pulled with no opportunity for future renewal?

Chapter 10: Car Crash

*Key issues: Self-disclosure, psychotherapist procrastination, client expectations and beliefs v. reality.*

A. Discussion Questions from the Book

1. Would you have told Jackson Spire about owning the car? If not, what would you say if he stormed into an appointment after having spotted you driving into the parking lot and angrily accused you of hiding something he should have been told about you?
2. Knowing a client could easily discover sensitive data about you on his or her own, should you preempt that possibility by sharing the information first? What factors might go into your decision?

3. Do you believe the professional role of, and confidence in, a psychotherapist is ever strengthened by sharing:
   - a serious personal failure?
   - your own experience of being a psychotherapy client?
   - a difficult childhood?
   - chronic physical illness
   - a recent divorce
   - a commission of adultery?

   If you answered “yes” to any of the above, what contextual or other factors would be helpful to the client by sharing such information?

4. What are the pros and cons of apologizing to clients who may have been unintentionally or intentionally mistreated in some way? Should therapeutic errors ever be divulged to the client?

5. The title of Cristelle's (2011) article [Title: Client perspectives of psychotherapist self-disclosure: Violating boundaries or removing barriers?] suggests the question: “Do psychotherapist self-disclosures violate boundaries or remove barriers?” What might differentiate one from the other?

6. How might the psychiatrist described in the author’s commentary have responded in a helpful way to the client’s asking if he ever became enraged? What might he have said instead of revealing his death wish towards his colleague?

B. Additional Discussion Questions (not in the book)

1. Are there some general criteria to sort questions asked by clients that can and those that should not be answered?

2. Should client’s questions usually be answered with a question? Example: “Dr. Helper, do you have children?” “Why do you ask, Pamela?” Why or why not?

3. How would you respond to a client asking you the following questions and what factors/contexts would come into play?
   - Where did you get your degrees?
   - Where did you do your internship?
   - Why did you decide to become a psychotherapist?
   - Where do you live?
   - Do you like baseball?
   - Are you married?
   - How old are you?
   - Have you ever seen a pornographic movie?
   - How often do you have sex?
   - Is that your natural color hair??
- Where do you shop for clothes
- What are you favorite TV shows?

(Note: With a little advance planning, this set of questions can be set up as a role play exercise. Solicit a volunteer Client and Psychotherapist and give Client a slip with one or more questions on it. Pretend it is the initial session. After a short initial exchange, the client blurts out the question (s). How does Psychotherapist respond? Ask Psychotherapist how he/she felt about being asked. If Psychotherapist answered the question, what was the rationale for doing so? If Psychotherapist did not answer the question, what was the response instead?)

C. **Debate:** *Should no question from a client ever be answered if it relates to the psychotherapist's private, personal life?*

### Chapter 11: Mad FAX

**Key Issues:** Fees and billing issues, confusing clients, allowing clients to run up a tab, the risks associated with spontaneous actions, risks associated with being a new psychotherapist, when clients do not meet expectations, when personal needs conflict with client needs.

#### A. Discussion Questions from the Book

1. Did the fact that the client broke her promise to pay, even after the psychologist offered her a lower fee, mitigate the psychologist's culpability? That is, did this psychologist deserve some sympathy for feeling that the client took advantage of her generosity?

2. Dr. Savage is newly licensed. Was it appropriate for the Ethics Committee to go easier on her than it might have had she been more experienced?

3. How would you deal with your client who requires continued treatment but suddenly had no job or insurance?

4. Psychotherapists are in the business of treating vulnerable people. Do you feel torn between being compassionate and caring but also expecting full payment for your services in a timely manner? What can be done to minimize that ambivalence and still be a caring professional?

5. Did you get adequate coverage of the business side of psychotherapy in your graduate program? If not, what was missing?

#### B. Additional Discussion Questions (not in the book)

1. Did Dr. Savage’s sad and frightened demeanor create a legitimate factor in the Ethics Committee’s decision to go easier on her than they might otherwise have? Her offense was quite serious.

2. Do (or would) you have difficulties discussing fee issues, such as including missed appointments and late payments, with clients? If not, why not? If so, why do you think that is?
3. A new client is visibly upset and shaken during the initial session. Is this a good time to discuss fees in any detail? Or should that discussion wait until the second session?

C. Role Play Exercise #1: Discussing billing and fees with clients.

Ask for a volunteer to play Psychotherapist and one to play New Client.

After a brief back-and-forth conversation, have New Client ask how much is charged, is there a lower rate for clients with little money or no insurance, and what happens if one has to ask for more time to pay.

Afterwards, ask Psychotherapist how it felt to field these questions. Was it uncomfortable? If so, how might Psychotherapist now structure how this conversation would go if it actually took place. The audience can be invited to comment.

D. Role Play Exercise #2: Explaining payment alternatives to clients

Ask for a volunteer to play Psychotherapist and one to play Ongoing Client.

The client starts the session by announcing that he/she has been laid off from work and the family automobile was totaled in an accident. There are medical bills to be paid. The client indicates a desire to continue with therapy, especially now because he/she is becoming depressed, asks if you could work something out regarding the fee.

Psychotherapist responds.

Afterwards during a discussion, did the Psychotherapist skip any alternatives that might have been helpful? Is everyone in the class/seminar prepared for this eventuality?

Chapter 12: Star Catcher

Key issues: Emotionally impaired psychotherapists, inadequate supervision, friendships with clients, multiple role relationships, solo practice risks, suicide among psychotherapists.

A. Discussion Questions from the Book

1. What features of maintaining a solo practice with no ongoing communications with other mental health professionals enhance the potential for making ethical errors?

2. A dilemma is created when graduate students are doing competent academic work but also display behaviors that could compromise their ability to deliver sound professional services. How do you think such students should be evaluated in a way that is fair and preserves due process?

3. How impaired is too impaired? Generally speaking, how do you feel about the practitioners described below? What would you say to each if you knew the facts and this individual is a close friend?
   - A social worker has five alcoholic drinks a day after work to help deal with the stresses of working with people with difficult and sometimes seemingly unsolvable problems.
   - A psychiatrist uses cocaine on her off days. She defines herself as a “harmless recreational user.”
   - A counselor is so depressed that he has trouble getting out of bed in the morning.
• A psychologist’s wife committed suicide a week ago, and he is back in the office.
• A marriage and family counselor is experiencing a bitter divorce and custody battle.
• A psychologist’s auto accident has left her in such intense pain that she requires very high dosages of a Schedule II controlled painkiller. Even still, she has to cancel several sessions a week.
• A social worker is battling stage 4 melanoma, and his life expectancy is unclear.

4. Can having a diagnosable mental condition (e.g., a depressive or anxiety disorder) actually facilitate effective psychotherapy? How or why not? What if the problem occurred in the past but is now either under control or resolved? Might that past experience be helpful now?

5. Most ethics codes admonish the mental health professional to assess for themselves whether they are competent to work with clients. Do you think it is possible to make an accurate assessment if one is already troubled? What factors mitigate against seeing oneself as sufficiently impaired to require psychotherapy and to suspend seeing clients?

6. Do you think it is all right to become friends with an ex-client, assuming both parties are in agreement and no exploitation appears apparent? Why or why not?

B. Additional Discussion Questions (not from the book)

1. Why does being emotionally impaired increase the chances of making ethical errors?

2. When you were doing your training, did you experience peers or supervisors who were less effective because of emotional problems? (If yes, do not disclose any identifying information). Did these individuals receive any assistance that you know of?

3. Did (does) your training institution have policies for handling students who are emotionally impaired? If so, are they effective in assisting the individual as well as protecting the profession?

4. What would an ideal system for dealing with emotionally impaired psychotherapists be?

5. If you thought a colleague was too mentally impaired to treat psychotherapy clients, what would you do if this person was:
   • your best friend?
   • someone you dislike anyway?
   • your superior (e.g., your supervisor or the clinic owner)?
   • someone you did not know very well?
   • 22 years old?
   • 45 years old?
   • 76 years old?

6. Would you appreciate an intervention if someone you respect suggested that you needed to take a break from seeing clients because of your emotional status?
7. What do you think about clients, whose treatment terminated naturally, becoming friends with their psychotherapists? What clients are less risky than others for a genuine and successful friendship?

8. Do you think you will be able to accurately identify your own incapacity to continue to treat clients? What would your criteria be?

9. The character in this story wanted to specialize in treating individuals in the entertainment industry. If you had to create a narrow niche of client types, what would your favorite type be? Now, have you had any training that makes you exceptionally good at treating that particular cohort?

C. Role Play Exercise: Confronting a distressed colleague

Ask for two volunteers to play colleagues A and B. A is clinically depressed, but needs to keep working for financial reasons. B is a good friend who wants A to take time off to stabilize and get treatment and medication.

See how that ad lib conversation goes.

Afterwards, ask the audience to discuss some positive and not-so-effective ways of confronting distressed colleagues.

Chapter 13: Vampire

Key issues: Transference and negative countertransference, the initial session going badly, the “wrong client,” psychotherapists’ management of outside stressors, the importance of self-care, the honest respondent to an ethics inquiry.

A. Discussion Questions from the Book

1. If you felt within the first few minutes that you were the wrong psychotherapist for a client, what would you do? What exactly would you say?

2. How could Dr. Dominion have managed this situation better, given his immediate negative reactions to this client? Or does he get a pass for trying to hold it together?

3. Do you think it is wise to speak with a prospective client on the phone briefly about their reasons for seeking therapy? Might that avoid what happened in this story? Or do you think face-to-face in the initial session is a better way to evaluate the client’s suitability to your practice?

4. Do you have any preconceived ideas about what kinds of clients you should not work with because of your own personal values or issues?

5. Do you agree with the Ethics Committee that Dr. Dominion did not commit an ethical violation? Why or why not?

6. What do you do to take care of yourself? How do you manage the endemic stress accompanying a career in mental health?
B. **Additional Discussion Questions (not in the book)**

1. Consider this scenario: A psychotherapist is facing severe stressors outside of the office. He is falling behind on mortgage payments and worried about losing his house. He thinks his daughter may be doing drugs, but she denies it. His wife says she is unhappy, but cannot say exactly why. Finally, his loyal companion of 12 years, a dog named Snippy, died last week. He is anxious, frightened, angry, and grieving. He knows he should take a break, but that mortgage is looming and he does maintain 12 steady clients as well as two new potential clients. To forego that income would put him yet another month behind in the mortgage. What should he do?

   *(Note: This question presents the stark reality of why it is difficult, especially for non-salaried professionals, to “do the right thing” and take care of themselves. What are some possible solutions or programs to mitigate this too-frequent reality?)*

2. Should Dr. Dominion have attempted an explanation as to why he was becoming upset as this first-time this client described her soon-to-be-ex-husband? If so, what might he have said?

3. John Norcross (2009) wrote: “The self-defeating situation is so easy to see and diagnose in other people; it is so hard to get off the treadmill ourselves.” Why do you think this paradox—caring for others but not ourselves—persists?

C. **Role Play Exercise: Problems right off the bat (initial session)**

   Ask a volunteer to play Client and another to play Psychotherapist. Give each one their setup privately.

   **Client:** You enter psychotherapy to work on a relationship issue you present as a difficult and misbehaving teenage son. However, it is quickly revealed that you own four Persian cats. You talk about these cats as if they are your “good children,” bringing them in to almost every exchange. No matter what the psychotherapist says about your relationship with your son, the cats and their “good behavior” soon pop back into the conversation.

   **Psychotherapist:** Ask the client why she/he came in today and how the client thinks you can be of assistance and so on. As for you personally, you intensively dislike cats and are also allergic to them. You are even sneezing—she must have cat fur on her clothes.

   After this plays out for a few minutes (yes, there will likely be laughter) reveal the set-up to the rest of the class and discuss how Psychotherapist handled this situation in a way that was respectful to the client.

**Additional Exercise and Assignment Ideas**

A. **Student Videos**

   With video capabilities second nature to most of today’s students, they have the capacity to make short segments (and even to upload them on to *YouTube*). A number of student videos on ethics matters are already available online, although few are above average.
Despite the amateurish nature of most productions, such an assignment is involving and creative. Students can make a video on their own or work in pairs or small groups through scripting, finding volunteer actors, locations, rehearsing, filming and editing (if necessary.) The class can help each other by serving as volunteer actors.

It is wise to stress that substance (a good script) trumps form (getting lost in visual and audio bells and whistles), but allow for some creativity. Students who choose such an assignment can be wildly clever.

It is suggested that a time limit of 5 minutes be imposed, especially if the assignment will be shown to the entire class (and then discussed) or if it will be posted on YouTube.

Video topic examples (not exhaustive):

- Running into a client at a bar (or other venue) and how to handle (and/or NOT handle) the unexpected encounter
- Gossiping about a client with friends or colleagues.
- A counseling session going wrong (e.g., excessive self-disclosure, flirting on the part of the psychotherapist or the client, managing a disliked client, incompetence)
- Being sexually attracted to a client (what to do or what not to do)
- Discussing fees with a client who cannot afford to pay much
- Dealing with a client who has threatened harm to an indentified (or unidentified) person
- Dealing with a client who makes unreasonable demands.
- Bad psychotherapy advertisements
- Responding to a client who wants to barter for more therapy using something you do not need or want.
- What psychotherapists should not post on Facebook/Linkedin/other social media. (Might question whether psychotherapists should even participate in social media)
- What to do when observing a peer acting unethically (can be in any number of ways)
- Portrayal of a string of “red flags” ending badly (and or ending OK with psychotherapist rebounding in time)

B. Knowing Your State’s Rules

It is impossible to write one book that covers the regulations regarding the conduct of psychotherapy or counseling of all jurisdictions in the United States and Canada, let alone other countries. An important assignment for any ethics class or continuing education seminars is to ensure that students know their own state’s licensing laws. (Note: A number of surveys find that too many practitioners are not up on the rules that govern their profession, especially the newer ones.)

Depending on the size of the class, the rules can be broken down into sections, giving each student a portion to study and report on as well as noting any questions or ambiguities.

When I was on the Ethics Committee of the American psychological Association, not one but two cases dealt with psychologists who thought it was legal to prescribe controlled substances when, in fact, it was not. Each “read about it somewhere.” There were many such cases where ignorance was at the root of the alleged infraction, and ignorance is never an acceptable excuse.
See *Selected Resources for Mental Health Professionals* (Appendix A) in the book for Internet resources.

C. **Knowing Your Profession’s Ethics Code**

Ethics codes of professional organizations for psychotherapists and counselors have a lot more in common than differences. The Koocher and Keith-Spiegel (2008) analysis revealed the following common themes:

- to promote the welfare of consumers served,
- to maintain competence,
- to do no harm,
- to protect confidentiality and privacy,
- to act responsibly,
- to avoid exploitation, and
- to uphold the integrity of the profession through exemplary conduct.

However, there are enough little twists and turns and some unique content among the related professions to ensure that every student has a solid working knowledge of their profession’s ethics code.

Depending on the number of students in the class, each can be assigned a principle (or sub-principles for larger classes) to study in depth, and prepare a report to deliver to the class. Students can be asked to create short scenarios of what would illustrate an ethics infraction and, perhaps, how to avoid it.

See *Selected Resources for Mental Health Professionals* (Appendix A) in the book for Internet resources.

D. **Ripped from the Headlines**

Helping students become highly sensitized to ethical dilemmas can be enhanced by requiring one or more assignments taken from current news events. These need not involve mental or other health care professionals, although a story is usually out there at any point in time. Political and business stories provide continuous fodder.

Ask students to identify which core moral and ethical principles have been violated. Below is a list (from Koocher & Keith-Spiegel, 2008) regarding mental health professionals, but the principles themselves apply more broadly.

1. **Do no harm** (nonmaleficence). Mental health professionals must strive to benefit those with whom we work, while at the same time taking care to ensure that the potential for damage is eliminated or minimized to the greatest extent possible. Whereas not every client can be helped by a particular psychotherapist, the duty to cause no harm is paramount.

2. **Respect autonomy.** Individuals have the right to decide how to live their lives, as long as their actions do not interfere with the welfare of others. Respect for autonomy is accepted by mental health professionals because the underlying goal of psychotherapy and counseling is often to move those with whom we work toward greater self-reliance and self-determination.
3. **Be just.** The actions of mental health professionals should be fair and equitable. Others should be treated as we would want to be treated under similar circumstances.

4. **Be faithful.** Issues of fidelity, loyalty, truthfulness, and promise keeping, towards those with whom we work converge to form the delicate balance of standards required in fiduciary relationships. The therapy or counseling relationship should allow clients to feel safe and as uncomplicated as possible from irrelevant and extraneous variables.

5. **Accord dignity.** Mental health professionals should view those with whom we work as worthy of respect. We strive to understand cultural and other ways that people differ from ourselves and to eliminate biases that might impact on the quality of our work.

6. **Treat others with caring and compassion.** The mental health field is almost defined by kindness and consideration towards those with whom we work, while maintaining appropriate professional roles.

7. **Pursue excellence.** Maintaining competence, doing our best, and taking pride in our work are the bases of quality mental health services.

8. **Be accountable.** When errors have been made, mental health professionals consider possible consequences, accept responsibility for actions and inactions, and avoid shifting blame or making excuses.

9. **Be courageousness.** Courage is not mentioned often enough in the professional ethics literature. It often takes backbone to actively uphold ethical principles, especially when one observes unethical actions perpetrated by others. Does one avert one’s eyes because of fear of retaliation? Does one follow unethical orders? Or does one take principled action? Those with courage have an advantage in that courage itself emboldens us to do the right thing. Is it possible to be an ethical practitioner without the strength to act on moral convictions?

A variation might allow students to use a story where someone behaved in an exemplary way by upholding moral principles, often requiring some measure of courage. (Unfortunately these kinds of stories are often not considered newsworthy.)

**E. Sanctions for Unethical Behavior** (see Appendix B)

Most mental health and counseling professional associations with ethics committees that hear and adjudicate complaints work with a list of sanctions to impose on those found guilty of ethics violations. They range from “cease and desist” to expulsion from the organization and sending findings along to the state licensing board.

Ask students to turn to the page in the book where the sanctions are listed. Even though the information is insufficient to apply a sanction that seems appropriate for the following actions:

1. Presenting oneself to clients as having earned a PhD degree when one is still a PhD candidate.
2. Borrowing $500 from a wealthy client but not paying it back after the client made several requests for repayment.
3. Charging $100 an hour for each of a wealthy dissociative disordered client’s 13 personalities, each of which is called in twice a week (or 26 hours of psychotherapy a week)
4. Putting a logo portraying “Psycho the Crazy Clown” on business cards to be handed out to prospective clients.
5. Telling a client with low self-esteem, “If I were 20 years younger I would marry you.”
6. Spending half of the psychotherapy session talking about oneself. (Client complained that she was paying for his therapy with her!)
7. Dating a current client’s soon-to-be ex-husband
8. As an expert witness hired by the defense, entering false diagnostic test results into a court record to assist your side.
9. Shouting at an abusive client, “You are the most offensive individual on the planet.”

Note: In an open discussion, contextual factors may well arise (e.g., the number of previous offenses, a willingness to take responsibility and plans to rehabilitate, degree of harm to others of the profession, etc.). Such discussions can be interesting as they illustrate concretely the dilemmas ethics committees face.

Three Bonus Stories (Not in the Book)

Three stories not appearing in the book may be called into a class or seminar if each student is assigned a story to lead related discussions in class and there are up to 15 rather than 12 students. Or additional story material about these ethical issues may be desirable.

BONUS STORY #1. ZACH’S BACK

Key issues: Who not to accept as clients (example here is a past lover), improper termination, disrespecting and resenting clients, unacceptable decision-making and self-deception, when a referral is indicated.

A clearly appropriate response to an unexpected encounter can pop up like an oversized stop sign. Yet an emotional reflex totally unrelated to professional reasoning (or even common sense), can nudge its way in and block the obvious correct course of action. The psychologist in this story should have known better without ever consulting an ethics code. Her resentment, short-sightedness, and self-deception cost her dearly, both professionally and personally.

Dr. Wendy Leon’s fiery fling with Zachary Hignaro lasted 78 days. It turned to ashes almost as suddenly as it ignited when Zach was a no-show for an eagerly-anticipated dinner at Spago to celebrate Wendy’s 33rd birthday. Despite his extravagant promises and declaration of eternal devotion, the buzz at her gym later confirmed Zach’s ingrained modus operandi; He goes though women like toilet paper, using them quickly to do the job before flushing.

Almost two years later as Wendy was leaving her office after the last client of the day, there was Zach leaning casually against the hallway wall dressed in jeans and a maroon cashmere sweater. His black hair was shorter now, and his dark eyes seemed deeper set than she remembered. But he was sporting that same goofy smile she had once found so endearing.

“I know I’m an arrogant ass,” Zach said in a tone that sounded almost like bragging. “I decided I could use some head shrinking, and who better to provide it than you? With you I don’t have to explain to someone else how I treat women because you already know that. By the way, you’re looking great.”

Wendy stifled the urge to tell him to go to hell and sprint past him without another glance. But something tempting about this unforeseen encounter beckoned her to explore the possibility of reuniting with Zach in a different way. After all, he was correct about one thing. She knew his game first hand. He couldn’t deceive her again. No one else was in a better position to deal with his irresponsible character and raging narcissism. And besides, she could use another paying client.

“If you want to do some hard work on yourself, show up on Thursday at 10 a.m. We’ll discuss it then,” Wendy said stiffly. With that she kept walking, not waiting for his response. Only after she climbed into her car did her emotions overtake her, a twisted medley of rage, exhilaration, anxiety, dread, and fascination. She did not yet label the authentic fuel driving her willingness to take on an ex-lover from an affair that ended badly.
“It’s Thursday and he’s not going to show,” Wendy blurted out loud, banging one hand on her glass-top desk. It was already 10:25 and no sign of Zach and no call offering an explanation. The indescribable ache she experienced two years ago while sitting alone at Spago instantly replicated itself. She felt a wave of nausea and self-disgust for falling for his line again. Just then, the door partially opened and a head popped in.

“Sorry. Hit some bad traffic. Accident or something.”

Wendy resisted the urge to say “Can’t you come up with something better than that?” Instead she invited him to sit in the client chair across from her desk in the calmest, coolest voice she could muster while trying to renegotiate her inner turmoil.

“God, you do look terrific,” Zack said with that smile that used to make her feel special. “That long blonde hair of yours is so hot.” Now he just made her feel self-conscious.

“Let’s get down to business,” Wendy responded, ignoring the compliment. “We need to discuss my fee.” She usually eased delicately into a discussion of financial arrangements after a few minutes of introductory conversation about the client’s reason for seeking psychotherapy and offering some general information about her approach to counseling. But being blunt with Zach put her in the driver’s seat.

“Sure. First things first I guess. I don’t have any health insurance and sales have been down. People don’t flock to exercise equipment like they used to. Worst of all, too many of them have discovered that you can actually walk without using a treadmill.” Zach flashed a faux sad face.

She remembered his “poor me” game, often boasting that he got better deals by pretending he couldn’t afford the asking price.

“I charge $170 for a 50 minute session,” Wendy blurted. “To keep this interaction between us objective and professional, you will have to pay my going rate.”

Wendy surprised herself, playing Zach’s game in reverse. Her usual fee for private clients was $50 less than what she quoted him. As she waited for his response, one of the voices chattering in her head hoped Zach would get up and bolt through the door, sputtering that he couldn’t afford her. Then the game would be over. A fitting new ending, and this time she had the higher score. But Zach only nodded his head in agreement.

“So, what do you think I can do for you?” Wendy said, staring at Zach straight in the eye. “You must have some goals, something you want to accomplish.”

“Hey, you’re the expert here. I’m going to be 40 in a couple of years and have damn little to show for it in the relationship department. Most of the broads…er…women I have seen before and since being with you have been, well, for fun. It’s not that I have anything against fun, it’s just that it isn’t that much fun anymore.”

“What makes it not fun, Zach? Are your sexual functions declining?” Wendy felt a little uneasy swinging a sucker punch so soon, but it felt triumphant nevertheless.

“Of course not,” Zach snapped, his dark eyes flickering. “It’s just that they are all alike now. I guess you could say I’m bored.”

“Why is that? It seems that you enjoyed bouncing around like a basketball, scoring as many women as you could.”

“Are you still made at me?” Zach asked with furrowed brows.
“No, I forgot all about you until you showed up this week.” Wendy wasn’t about to fess up to how often his memory popped into her everyday reveries.

“So, are you seeing anyone now? Or maybe you’re married? I don’t see a ring.”

Wendy flushed. “Let’s get back to why you came here,” she sputtered. “Why are you bored after you seemed to enjoy serial affairs? Give me some examples.” Wendy sat up straighter, a position that helped regain composure.

Zack stammered out stories of women he attracted, slept with, and dumped. Something was wrong with each one of them. Lynda wore too much perfume. Jacqueline’s four cats had long fur that stuck to his slacks and were almost impossible to brush off. Darma’s augmented breasts were too firm, like he was pushing against racquetballs. Cleo was a “real possibility” until she fessed up on their third date that she had two kids; A woman with children was always a deal breaker for Zach.

“You can see what I mean, right?” he asked. “I can’t find the right woman. I really do want to settle down.” He threw up his hands and again sported that juvenile grin.

“We’ll talk about this next time,” Wendy said. “You were late and I have an 11 o’clock. You still have to pay full fee. You can come back next Thursday, same time, if you want.”

“Sure, OK.” He pulled out nine twenties and, flipped them onto her side of the desk. “Credit me with ten for next time.” He winked and left without another word.

Wendy sank her head into her arms. She knew she had not treated Zack with the professional respect she knew should be maintained regardless. The fleeting feelings of triumph were now replaced with twinges of guilt. Still, she resisted the brief urge to call and refer him to a colleague, explaining that she was not the right one and offering to return his money. Instead she convinced herself that she should try instead to help him. She would do better next time.

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Wendy spent more than twice her usual time getting ready the following Thursday morning. She had never before worn a low-necked dress to the office, considering such attire distracting from the serious business of conducting psychotherapy. She rarely wore much lipstick, but today her lips were a shiny ruby red. She added extra curl to her already wavy blonde hair. She told herself it would be amusing to flaunt what Zach is missing and now cannot have, still avoiding a deeper recognition of darker motives.

Zack showed up—and on time—looking enticingly attractive in black slacks, a fawn-colored leather jacket over a white dress shirt open at the neck revealing a heavy gold chain. He plopped down in the client chair, his arms folded somewhat defensively across his chest.

“Where were we?” Wendy asked. “Ah, yes, we were talking about how boring it is to keep finding women to criticize.” She found herself doing it again. Sticking him with a psychic pin. Phrasing her question in an ignominious way.

“So tell me more about the women you have been dating and why you think things went wrong.” Listening again to him recount his new conquests, describing them in such dismissive terms, made her blood simmer. She knew how these women felt because she had been there.

“Do you believe your perfect mate exists, or do you think you need to change your criteria?” she asked in a surgically sterile voice.
“I’m not sure,” Zach answered. “I think I have an open mind every time I meet a new woman. But it
doesn’t take long for me to want to split while leaving skid marks. Sometimes I do think it’s more about me than
them. And getting older isn’t helping,” Zach added, apparently accepting Wendy’s criticism as valid.

“What do you mean about getting older?” she asked, foregoing the ripe opportunity to further explore
Zack’s openness to taking responsibility for his inability to sustain successful relationships. Instead, his last
comment piqued her self-serving curiosity.

“To a lot of younger women, like those in the early 20s, I’m an old man. I’m only 38, but they see their
worn-out uncle.” Zach let out an exasperated guffaw. “One in particular actually got to me.” His expression
suddenly turned anguished.

“Really—one finally hit a raw spot? Interesting. Tell me more.”

“Her name was Lisa. She’s maybe 25 now. We went out a few times and she was something. Beautiful,
smart, sexy. After our third time in bed she told me I was a nice guy, you know the usual blow-off line, but she
was looking for someone ‘in her own demographic,’ to use her words. Actually, it was Lisa who made me
realize my life wasn’t working for me anymore.”

For the next 40 minutes, Zach spoke about Lisa, urged on by Wendy who gained guilty pleasure from
listening to this man tormented over the one who not only walked away but crushed his oversized ego on her way
out the door.

“Time’s up for today, Zach. We’ll talk more about your relationships and what appears to be happening
next time.”

After the session Wendy’s mixed feelings left her confused and uncomfortable. She had been forcing
herself to remain emotionless on the outside while, on the inside, she was squealing with delight. Zach was
hurting bad. That felt delicious. And she knew in that instant that this was all wrong. What kind of
psychotherapist would feel joy over a client’s pain? Finally she admitted to herself that she wasn’t capable of
helping this man. She could not get past her own resentment. She would see him one more time, if only briefly,
and set him loose.

The following Thursday Wendy spoke as Zack entered the room. “Don’t sit down, Zach,” she said in a
firm, frosty voice. “I think you are finally connecting with your self-centeredness. That’s a good thing. You are
narcissistic and that makes you difficult to relate to. I can’t help you though. You need to see someone else.
That’s all.”

“You’re dumping me?” Zack snapped. “You are still mad, aren’t you?”

“I can’t help you, Zach. Goodbye.”

Zach scratched his head, shook his finger towards her, scratched his head again, and walked out still
waving his finger in the air.

Wendy smiled. “Revenge is indeed best served up cold. I even got my money back for that wasted
dinner at Spago. Game over and well played.”

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Zach was out over three hundred dollars, and for what? He felt worse about himself than before he risked
searching out Dr. Wendy Leon. Now he intensely disliked her, what with her insults and superior talk. Back then
he saw her as intelligent with a spunky sense of humor. Indeed, he had stayed with her well past his “five date
limit rule.” Now she had become a shrew and a gold digger. She made him disclose things he would rather have
kept hidden, even to himself. Being pried open and stabbed released a torrent of unwelcome feelings. He vowed that she would not get away with her belittling and rip-off. He would wait for the right opportunity.

Three months later Zach was at his usual Friday night seat at the Honor Bar, a Beverly Hills glitterati favorite. Chances were always favorable that someone would fall for his fully field-tested pick-up routine. First the eye contact with the smile, then the slow turn away to sip from his drink, then a glance back again to make sure she was still engaged with the ritual, then the tentative approach with, “Don’t I know you from somewhere? Nic’s maybe?” Sometimes it fell apart right then. Occasionally she was the one who balked. But more often she wasn’t that good looking up close, or her first words or mannerisms turned him off. He would then politely say, “Well, it is nice to meet you now even if we haven’t met before. Excuse me.” Then he would switch to Plan B by heading up the street and across to the Grand Havana Bar on Canon Drive for another run.

Tonight his first quarry was a winner, though not in the usual way. The petite woman with curly black hair, maybe in her mid-thirties, was waiting in the bar for a female friend. Or at least that’s what she claimed. Yet she seemed interested in continuing polite conversation.

“Do you work around here?” Zach asked?

“Yes, I work at a clinic in Brentwood. I’m a marriage and family counselor.”

“No kidding! Do you know Dr. Wendy Leon? She’s a psychologist who has an office in Brentwood.”

“No, sorry. Is she a friend?”

“Definitely not a friend,” Zach snapped. “I saw her for a couple of sessions. She was insulting. A very angry person. She didn’t help me. She hurt me and then kicked me out of her office.”

“Well if you are that upset with how you were treated, you should complain.”

“Really?” Zach perked up again. “Who do you complain to?”

“Did you say she was a psychologist?”

“Yes.”

“Find out if she is a member of the California League of Psychologists. They can advise you.”

“Hey, thanks!” Zack chirped to the woman whose name he never got. “Have a great evening with your friend.” He moved back to his seat at the bar and remained so engrossed in the possibilities of enacting payback that he forewent the opportunity to troll for another conquest.

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To the League of California Psychologists.

I want to complain about a certain Dr. Wendy Leon. She is mean. I thought she could help me because she and I were lovers for a while a couple of years ago. She was nice but not my type, so I cut it off. But I thought she was probably a good shrink. I was wrong. She was abusive and offensive. On the third session she kicked me out of the office. She just wanted to get even and take my money. She also charges way too much.

Do I need to fill out some form?

Thank you,
Wendy assumed she had seen the end of Zach Hignaro. That seeping wet sore residing deep inside dried up shortly after he left her office for the last time. Zach, pathetic and unhappy, balanced the scale. She could move forward.

Her contentment was short-lived, starting on the morning she received the letter.

Dear Dr. Leon,

Mr. Zach Hignaro has written to us complaining about his experience as your client. He claims that you were rude and dismissive and more interested in exacting retribution for an earlier failed relationship than in providing competent psychotherapy.

If true, this would constitute violations of the LCP Ethics Code, including abrupt and improper termination and accepting a client with whom one has had a previous sexually intimate relationship.

You must make an appointment with the LCP administrator, Ms. Peggy Aldridge, to appear before the LCP Ethics Committee at its March meeting unless there is a highly compelling reason to request a postponement. We expect you will be able to respond in detail to Mr. Hignaro’s allegations. He has signed a confidentiality waiver allowing us to discuss the matter with you. Failure to contact us within 10 days of the receipt of this letter will constitute an act of noncompliance, which is itself an ethics violation.

Sincerely,
Victor Graham, Ph.D.
Chair, Ethics Committee
League of California Psychologists

Wendy’s knees weakened. Her breathing became labored and her heart was pounding so hard that she thought she may be having an attack. This was worse than being abandoned at Spago. Far worse. At least back then she still had a career to go home to.

“And what’s this about not taking on clients you’ve slept with? Where did that come from?” She knew sex with an ongoing client is prohibited. Maybe the League of California Psychologists misunderstood. She also realized that she hadn’t paid any attention to the ethics code since taking her licensing exam seven years ago. As soon as she found the most recent version on the Internet, there is was; “It is unethical to treat clients with whom you have had a previous intimate relationship.”

Wendy spent the next weeks berating herself for not immediately acknowledging that what Zach had wanted from her was a preposterous proposition. She could have taken the opportunity to tell him what she thought of him, to blow him off right there in the hallway, and carried on with her life and career.

The Ethics Committee Hearing: Wendy Leon, Ph.D.

“We’ve seen this one before,” Victor Graham announced after reading Zach’s letter aloud.

“Does anyone read ethics codes anymore?” Stella Sarkosky wailed, shaking her head and throwing her hands up.
“Did this woman think for a minute that such an arrangement was going to be healthy for either one of them?” added Charlotte Burroughs.

“The inclusion of prohibiting sex with previous lovers is fairly new,” Ted Bates added. Ted always wanted everyone to get some benefit of the doubt.

“Like that’s supposed to matter” snapped Stella. “Since when is not keeping up with the most recent code an excuse?”

“I’m just saying she may not have known,” replied Ted softly, as if in retreat.

“When you think about it, that principle shouldn’t even have to be formalized. It’s just plain dim-witted to think that anything resembling psychotherapy can happen between ex-lovers,” snapped Charlotte, also looking exasperated.

“Oh even with close friends and family members for that matter” added Wolf Levin. “It’s OK to give a damn about them and then offer a good referral.”

Archie Wittig looked as if a light just went on inside his head. “Remember that case where the psychologist’s best friend needed to lose weight and talked the psychologist into being his psychotherapist? When the guy contacted us, he wanted all his money back because the psychologist constantly berated him. The psychologist defended himself by saying that his friend wasn’t complying with the program they agreed upon and was actually gaining weight. He was only confronting his friend on his lack of commitment, the same as he would do with any recalcitrant client.”

“Helluva way to lose a buddy,” said Sammy Halsey. “Most guys don’t have many good friends to start with.”

“I remember one,” said Wolf laughing and clapping his hands together. “This psychologist wrote us asking if it was OK to take on his own fiancé as a paying client. He said she needed to change her personality in a few significant ways before he would be willing to marry her. He reasoned that he was the best one to shape her up.”

“Did that actually happen,” Sammy asked in astonishment.

“Well, who knows if he went through with it. But we wrote him a stern letter expressing dismay that he would even consider entering his betrothed into such an arrangement. We suggested the obvious, couples counseling with a third party. I expect complaints about this same fellow down the line. It was good that he consulted with us first, but that he would even think…”

“Let’s get back to Dr. Leon and her ex-boyfriend’s complaint, shall we?” Victor interrupted. “We need to hear what she has to say. Sammy, would you go find her?”

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Sammy was struck by Wendy Leon’s appearance. Even without much makeup she was as stunning as any super-model, tall with softly waved blonde hair that cascaded almost to her waist. She wore an attractive navy suit and white silk blouse. “How sad she has to spend today with us,” he thought.

Sammy introduced himself and escorted her into the conference room. Victor introduced her to the other members, all of whom wore quizzical expressions. Dr. Wendy Leon looked like anything but an ethics violator.

“You know why we invited you here today, Dr. Leon,” Victor said in a tone more pleasant than his usual first words to the accused. “First, Zachary Hignaro claims to be an ex-lover. Is that truthful?”
Wendy decided well before today that she would confess to having a brief affair with Zach. But she hoped her rendition would convince the committee of what she saw as a reasonably timely decision to tell Zach he needed to seek counseling elsewhere. Her review of the LPC Ethics Code uncovered an item she could use, namely the possible acceptability of entering into a sexual relationship with clients two years after termination. It had been two years since she was intimate with Zach. She would argue that the two year moratorium should be applied to her situation as well.

“Yes, Mr. Hignaro and I had a very brief relationship. That was over two years ago. I had no contact with him until he showed up at my office one day feeling sorry for himself and pleading that I was the only person who could help him. He seemed quite desperate and in crisis. I agreed to see him, but it became quickly apparent that this was not working. I terminated him after two sessions, well less than that because he was very late for the first one. So we are talking 80 minutes total. ‘That’s it.”

“He told us that he broke the earlier affair it off with you. ‘Oswell true?” Sammy asked, thinking that this would give more information about the dynamics of their previous relationship.

“He did in a way. But I would have broken it off in any event. I soon learned that he is a player, and I don’t date that sort.” Wendy winced realizing that she could not hide the tone of lingering resentment in her voice.

“Were you aware of the section in the ethics code that disallows ever accepting a client if a sexual relationship occurred previously?” asked Ted.

“I know we should keep current, but I don’t recall that when I took my licensing exam. I also noticed that sexual relationships can be ethically acceptable two years after the therapeutic relationship is over. It seems to me that the primary significance has been placed on a time factor, namely a period of two years. That should apply here, I should think.” Wendy folded her hands on the table. She had offered her defense.

The members glanced around into each other’s eyes, as if telepathically deciding who would react first to Wendy’s logic. Stella started opening her mouth, but Wolf beat her to it.

“That’s like comparing apples and Buicks,” Wolf said abruptly. “Look, sex changes a relationship forever. That’s just human. You can’t start all over once you’ve rolled around in the sack with somebody. Psychotherapy needs to start fresh without all that libidinous baggage.”

Wendy glanced down. She knew Wolf was right, of course. She only hoped now that they would consider brevity of the psychotherapy before she told him she could no longer see him.

“Mr. Hignaro claims you treated him disrespectfully. Can you respond to that?” asked Stella.

“I was firm with him. He is narcissistic and likes to try to manipulate people. He was bragging about his conquests and acting uppity. He may have interpreted my steady focus as disrespect. He is used to women falling all over him.” Again, Wendy felt her words leaking bitter droplets.

“So even though your previous relationship was unsatisfactory, you sincerely believe you did not exploit or disrespect Mr. Hignaro?” Stella pressed again.

“Yes, I sincerely believe that.” Wendy hoped her face did reveal the truth. Exploitation and disrespect were, in fact, quite thrilling at the time.

Victor asked, “Does anyone, including you Dr. Leon, have anything else to ask or say?”

After a short silence, Wendy Leon said softly, “I’m sorry it came to this.”
“We’ll be in touch within two weeks, Victor replied politely. “Charlotte, please show Dr. Leon out.”

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“Pretty woman,” said Ted as soon as the door closed.

“Someone had to say it first,” Wolf replied with a big grin.

“Business, people!” said Victor in his command voice.

“OK, she admitted she had the earlier affair. I do believe her when she said she was ignorant of the stipulation in the ethics code, but that does not defend poor judgment,” said Wolf.

“I’m not sure I believe she did not harbor resentment. She blames him for being contrary during the hour or so they spent together, but he didn’t show up for the purpose of causing her trouble. Neither one suggested his goal was to reestablish a personal relationship,” added Charlotte.

Sammy raised his hand to speak. “I thought her augment that the two year moratorium on sexual relationships with clients should also apply in the reverse was either a desperate attempt to get off the hook or a reflection of incredibly faulty reasoning. One can deliver competent therapy to someone with whom a sexual relationship may occur down the line. That relationship may go sour, but at least the therapy was presumably clean.”

“Yeah, remember that case where the psychotherapist terminated a new client after 10 minutes, saying he couldn’t accept her because he was so attracted to her? Then they got married three months later. And divorced three months after that? We questioned the guy’s wisdom for informing her as to why he could not accept her as a client, but technically he did not commit an ethical violation,” said Archie. “He should have put an alarm on his speedometer though.”

“Well, that one’s a little off track. But it’s not just sex. We had another case where the psychologist accepted his brother’s wife as a formal, paying client. That couple soon divorced, and the brother blamed his brother, the psychologist, for destroying his marriage. When we looked closer, it appears that his sister-in-law was helped with some serious issues, but at what a personal cost to the psychologist.”

“Let’s focus on Dr. Wendy Leon. She is guilty, by her own admission, of violating the ethics code by accepting a client with whom she had an affair. She wants credit for terminating him within two sessions. We also have no solid evidence regarding Zachary Hignaro’s claim that she treated him badly, although I suspect that what went on during those 80 minutes had little resemblance to skilled psychotherapy.”

“It’s kind of a crime of passion, maybe. Those are unlikely to reoccur,” said Ted, always looking for the most lenient outcome unless the psychologist inflicted considerable harm.

“I’d like to do two things short of expelling her,” said Stella. She was ignorant and then went with her ego instead of her white brain matter. She has no priors. So, first, a strong censure. Second, a mandated ethics course. This woman needs refreshing.”

“I do agree, said Ted.

“How does that sound?” asked Victor.

All heads nodded in the affirmative.

Disposition and Outcomes
A strongly worded censure letter was sent to Dr. Wendy Leon, explaining again why her decision was faulty and likely exploitative. She was also mandated to take a continuing education ethics course covering the complete array of issues and to supply completion confirmation within six months.

The LCP informed Zachary Hignaro that his case had been heard and that action was taken. He was given no further details.

Wendy experienced difficulties coping with the second chapter of interactions with Zach. She completed the ethics course and sought psychotherapy for herself to deal with depression and self-doubt.

A. Discussion Questions:

1. Is it possible to deliver competent and caring psychotherapy to any client with whom one has had a previous problematic relationship (not necessarily sexual)? Consider these individuals coming to see you as your psychotherapy or counseling client.
   - A real estate agent who took far longer than you felt reasonable to sell your home
   - One of your graduate school professors who gave you a lower grade than you felt you deserved.
   - An older cousin who used to torment you when you were both children.
   - The bully in high school who once stuffed you into your gym locker.
   - An ex-friend with whom you had angry and ultimately unresolved arguments about the existence of God.
   - The mother of a child who attempted to sexually assault your 13 year old daughter.
   - An individual you dated some time ago, but the relationship became contentious before ever involving sexual activity.
   - An acquaintance who borrowed $50 five years ago and promised, after your several inquires, to pay you back soon.

2. Although such eventual liaisons are not encouraged, the American Psychological Association and most other professional groups allow for a sexual relationship between psychotherapists and ex-s after a certain period of time has passed (2 years for APA). Do you think knowing about this eventual opportunity influences ongoing psychotherapy with that client? For example, the client or psychotherapist feels an attraction while therapy is ongoing.

B. Role Play: An ex-flame comes for counseling

Ask one student to play Psychotherapist and one the Prospective Client. Prospective Client and Psychotherapist had an affair that lasted for several months over 5 years ago. The prospective client left town and the relationship dissolved from lack of contact. Both are now married to other people. The prospective client is depressed about a failing marriage. The psychotherapist’s marriage is also a little shaky.
Prospective Client comes to Psychotherapist asking for help. The students play it out from there….

Follow-up class discussion. How well did the psychotherapist handle the situation? Was the prospective client’s dignity sufficiently respected? Did the psychotherapist disclose information about his/her own life inappropriately?

**BONUS STORY #2. The One-Woman Sweat Shop**

**Key issues:** Fostering client dependence, exploitation, bartering a service for a service

*Employing active clients is not deemed appropriate. Even after a natural termination, some believe clients are forever. Layering an additional role even after the therapeutic relationship has ended could prove incompatible should the client require additional counseling or some other service (e.g., appearance in court). Things could get sticky, especially if the post-therapy employment relationship went awry.*

*Here the fashion-conscious psychotherapist cannot resist an opportunity to employ a client to fulfill an extraneous desire while psychotherapy is ongoing. She has distorted her view of the client’s needs and, instead, is fostering a long-term dependency disguised as employment.*

***

“Hello, Dr. Zeller! Where did you ever get that marvelous outfit?” squealed an excited colleague in the beverage line at the annual convention of the League of California Psychologists. “Nordstrom’s. Right?”

Dr. Reba Zeller anticipated such outbursts. Her passion was a sense of style.

“Thanks,” she causally responded, turning around slowly to show off the pale pink silk pants and matching jacket with a collar edged in tiny crystals. “My clothes are handmade for me by a woman in town. Some I design myself.”

“You and I both live in Santa Monica. Could you give me the contact information of your dressmaker?” asked the admiring colleague.

“She isn’t taking any new private clients. But I will tell her she has a fan. Excuse me. I see someone I have to catch before the reception is over.”

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Serena Fultini’s angst was unrelenting ever since her 17 year old son simply disappeared a year ago. Leo Fultini told his mother he was going out with friends as he sprinted out the front door. Serena never saw him again. He had always been a restless boy, especially after his father died in an automobile accident when Leo was only seven. Being absorbed into a bad crowd at school added deceptiveness to Leo’s already anxious disposition. Still, Serena awaited any word, still stopping by the police station every week to inquire about any news about what became of her missing son.

Serena knew she needed help, not just more pills to partially calm her frazzled nerves but failed to touch her shattered heart. Her mental state interfered with focusing attention on her 3rd Grade Class at
St. Augustine’s Elementary School. She found herself wiping away tears with increasing frequency as her puzzled pupils looked on.

A friend recommended Dr. Reba Zeller based on a positive article in the local paper about the technique Zeller used to reduce anxiety. “It’s kind of a mixture of hypnosis, talking, and something about puppets,” the friend recalled. Serena was skeptical about the puppets, but agreed to give Dr. Zeller a call.

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When Serena walked through the office door for her first appointment, Dr. Zeller couldn’t help but remark on Serena’s striking coal black wool suit with its elegant lines, a look well above the reach of a school teacher’s salary.

“I make my own clothes,” Serena replied. “It’s my hobby. I sew almost every night. It takes the edge off to do something requiring my full attention.”

“Very impressive,” Reba replied, feeling a twinge of envy. “Well, let’s see what we can do together.”

During Serena’s first session, Reba explained how she worked. She would induce relaxation by having the client lean back in a recliner, followed by a gentle exploration of where the client was with whatever anxiety issues she brought to the table. Serena asked about the puppets. Reba explained how these were used primarily with children who were often able to speak with less apprehension by pretending they were the voice of a dog or a clown. Only sometimes did this technique work with adults. Reba did not reveal then to Serena that adults who could more openly express themselves through puppets were typically so consumed with guilt that they were unable to convey their pain in any other way.

Serena found the initial session helpful. Dr. Zeller seemed somewhat aloof, but appeared to listen intently to Serena’s perceived culpability as a bad parent and her intense fears about the nature of Leo’s fate.

“We have a lot more to talk about,” Reba said as she looked at her watch. “Same time next week?”

“Yes, I’ll be here,” Serena answered.

The following three sessions featured a similar pattern. Relaxation followed by an exploration of Serena’s feelings. Still feeling guilty, Serena was coming to understand that Leo also bore responsibility for his actions and that she deserved to have her own life even if Leo would never again be in it.

At the close of Serena’s fourth session, Dr. Zeller asked to speak about something else.

“Would you be interested in a part-time job? I so admire your outfits and workmanship. If I buy the pattern, cloth and any needed trimmings and pay you for your time, will you make me an outfit?”
“Sure. That might be fun,” Serena quickly replied, assuming this to be a one-time request by someone who was helping to ease her pain. But for every session following, twenty in all, Dr. Zeller pulled out a new bag containing the materials required to make another outfit.

At the end of the twenty-first session Serena swallowed hard before saying the words she had rehearsed several times that morning.

“Dr. Zeller, I appreciate everything you have done for me. I am feeling better, and, as you know, beginning to get out with friends and feeling myself again. I would like to quit therapy now, and since I also joined a Mah Jongg club and a gym I don’t have enough time to make more outfits for you.”

Dr. Zeller frowned. “I know you are doing better, but you have a ways to go yet. I remain concerned that your guilt will reoccur without more sessions. I want us to try some work with puppets. And I truly believe that sewing is your therapy away from me. You said so yourself during our first visit. I would like for you to commit to at least a few more sessions doing everything the same. OK?”

Serena felt trapped. She didn’t want to defy the person who released her from a year of despair.

“Dr. Zeller,” she timidly responded, “I guess I can come back a couple more times, but I need to get away from sewing for a while. That’s all I did when I was feeling so bad about Leo. It reminds me of that terrible period. I really need a break.”

The lines in Reba’s face deepened and her mouth turned hard. “Serena, I know how these things go. We have an arrangement that works well for both of us. Just five more sessions.”

Serena felt her inner strength collapse. “Alright, I guess I can do that.”

“Good,” chirped Reba, her dour face brightening some. “I have the pattern and material here, so let’s take a look at it.”

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Serena’s therapy now felt more like a prison sentence. She reluctantly opened this week’s intricate pattern from the bag Dr. Zeller handed her, a Chado Ralph Rucci evening dress with over 60 pieces. The cloth consisted of organza, handkerchief linen, organdy, and chiffon, all difficult to work with.

Once home, Serena crammed the pattern and cloth back into a big bag and threw it to the floor.

“I can’t do this anymore. I just can’t,” she bellowed. She was in tears by the time a friend from school dropped by to take her out to dinner. Instead they ordered in pizza and talked into the night.

Dear League of California Psychologists,

I need your advice and maybe your assistance. I am a widow whose teenage son vanished almost two years ago now. I was devastated and sought counseling last year. Somehow along the way my psychologist, Dr. Reba Zeller, asked if I would make her clothes. She would pay for all of the materials and patterns and labor for each outfit. We had a fitting after most sessions that sometimes lasted almost an hour.
I do like to sew. I make all of my own clothes. At first I enjoyed making a few outfits for Dr. Zeller. She provided everything and paid me well enough for my time. But it became too much, especially as I began to come to terms with my son’s disappearance and wanted to do more than go to work and sit at home sewing. It was taking me 15 or more hours a week just to make the outfits she wanted. When I told her I didn’t think I needed more therapy, she told me I was wrong. She seemed annoyed. She thought I still had too much guilt. I am so tired of sewing, but she still has a new pattern and material ready for me every week. I am a one woman sweat shop. But I am feeling a lot of pressure from her telling me I am not anywhere near ready to be terminated and that sewing for her is part of the therapeutic process.

I want to stop therapy. My friend at school suggested that I ask your office for an opinion because she thinks Dr. Zeller is taking advantage of me. Am I wrong in feeling too much pressure? Or, as Dr. Zeller is suggesting, am I trying to avoid facing deeper issues and guilt about losing my son?

Thank you for your advice,

(Mrs.) Serena Fultini

The LPC Ethics Committee Chair called Serena Fultini to inform her that that her concerns would be taken up at the next meeting. He also sent her the form for her signature to secure her consent for communicating about the matter with Dr. Zeller.

Dear Dr. Zeller,

We received a letter of complaint from Serena Fultini, one of your clients. The content raises questions about exploitation. Therefore we are opening an inquiry.

Ms. Fultini alleges feeling pressure to remain in therapy even though she wishes to terminate your services. She also feels pressure to keep working as your seamstress. If true, these allegations suggest possible exploitation and encouragement of dependency. We would like to hear your version of your treatment plan.

You must make an appointment with the LCP administrator, Ms. Peggy Aldridge, to appear before the Ethics Committee at its March meeting unless there is a highly compelling reason to request a postponement. We expect you will be able to respond to Ms. Fultini’s allegations. She has signed a confidentiality waiver allowing us to discuss the matter. Failure to contact us within 10 days of the receipt of this letter will constitute an act of noncompliance, which is itself an ethics violation.

Sincerely,

Victor Graham, Ph.D.
Chair, Ethics Committee
League of California Psychologists

“I can’t believe this is happening to me,” Reba Zeller gasped as she read the letter. “I helped her and paid good money for her to do what she loves doing. She is 100% improved and she writes to an ethics committee?” She marched to the phone and called the LPC office.
“Mrs. Aldridge? This is Dr. Reba Zeller. I most certainly will show up to tell my side of the story.” She then went to her closet, bundled up every piece of clothing that Serena had crafted for her, and drove it to the local clothing collection bank.

Two sleepless night later, Reba called her close friend and colleague, Claire Shomer, asking for what she described as a “crisis of character.” Three hours into their analysis of what went wrong and why, Reba felt her life had reached a turning point. She, with conviction, would turn a corner.

Ethics Committee Deliberations: Reba Zeller, PhD

“This is an intriguing one,” announced Victor Graham while pulling a letter from his files. After reading Serena Fultini’s letter aloud he added, “I am especially interested in what our two members of the fair sex have to say.”

Stella Sarkosky frowned. “This case isn’t a woman issue, Victor. It’s about taking advantage of a vulnerable person. It’s not about any gender issues.”

“Agreed,” added Charlotte Burroughs. “Many clients have skills and connections that could entice a psychotherapist to hang on for as long as possible. I see a fellow from Mexico who does the most beautiful tile work you could imagine. He shows me photos. He could make my kitchen into a room no one would ever want to leave.”

Victor contritely responded, “Fair enough. I just thought the fashion angle was worthy of note.”

“We have had parallel cases before,” said Wolf Levin. “But the complainant usually accuses one of our colleagues of just wanting to extract more money by keeping them stuck in therapy, forcing new issues whenever they get a whiff that the client is bored or done.”

“I recall that case where the client had been in therapy for 12 years. He finally asked us why he wasn’t any better,” said Archie Wittig.

“How did that psychotherapist respond to that?” asked Sammy Halsey.

“Something like, ‘If I wasn’t treating him he would be much worse off.’”

“Well, let’s call in Dr. Reba Zeller” said Victor. Would you please bring her in, Archie? She’s already out there.

“Is she dressed to kill?” asked Archie as he got up to leave the room.

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Reba Zeller was, indeed, a commanding presence as she walked thought the door. Her tall stature was draped in a deep purple dress that cascaded almost to her ankles. Complementing the outfit were a large pendant featuring amethyst stones and purple sandals. Her curly black hair in an elegant updo completed the vision of a classy middle-aged lady.

“You know why we have asked you here,” said Victor, expecting a barrage of excuses and explanation as to why her approach to her client was appropriate. Could you give us your take on why Mrs. Fultini felt it necessary to seek our counsel?
“I have no excuses,” Reba said in a soft voice. “I lost sight of my calling. My own needs got in the way for a while. Truly, I was blinded and insensitive to my client’s needs. I am willing to take full responsibility for my selfishness. I am exploring all of this by consulting a psychotherapist myself.”

Wolf Levin and Stella Sarkosky looked at each other, waiting for the other to say something. But Reba Zeller had taken a totally unexpected turn—full responsibility with no caveats. No excuses.

Reba continued without being prompted. “I would like to inform you all of what steps I have taken and will continue to take to ensure that such poor judgment will not recur. First, and obviously, I will never again engage in an employment-like arrangement or any dual role with any client. I now see how that can get too complicated, too invasive into the sanctity of the therapeutic process. But there’s more to it—much more. I am looking deeply into my own values. I am reevaluating them. I went into this business to help people, not myself, and I am getting back into that original space. I liked myself as a young psychologist. I will like myself again. I do like to keep up a good appearance, but I want more to be a good person. I know you may be thinking that I am saying this to get out of a tough spot, but I also expect to be penalized.

Victor looked around the table. Everyone was quiet. “If there are no more questions, we will excuse you, Dr. Zeller. You will hear from us within two weeks.”

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“That was interesting,” said Charlotte scratching her forehead. “I expected to get a lecture on how we were harassing her.”

“She has a formidable appearance. Goes to show you can’t always read a book by its cover,” added Sammy.

Wolf lifted up both arms, as if to the heavens. “She’s seen the light.”

“Well, I think she really has changed,” said Ted. “I believe her.”

“This was a brief and refreshing experience,” said Victor. “But she did make mistakes. She’s right. She needs to be held accountable.”

Decision and Disposition

Despite the Committee’s agreement that Dr. Zeller had undergone a positive transformation, the a censure into Dr. Zeller’s file was issued with a warning that any future complaints would, if substantiated, result in possible expulsion and referral to the California Board of Psychology. The letter did add that they trusted that her insights and subsequent counseling would preclude further complaints.

Dr. Zeller sent a card to the Ethics Committee affirming that its members would never again hear her name in the context of an ethics violation. She expressed feeling calmer and more confident and that her work had personal meaning more than ever before. She sent along news clipping reporting on her outside work as an unpaid counselor to teens in trouble.

Several months later Serena Fultini informed the LCP Ethics Committee that she had found a new psychotherapist after receiving the dreaded news that her son’s body had been found in a shallow grave in the hills above Pacoima in the San Fernando Valley. The murder from a gunshot wound likely
took place the evening he left home and was believed to be gang related. No suspects have been identified. She indicated that she was finally putting her ordeal in perspective after putting her son to rest.

Discussion questions:

1. Do you believe that Dr. Zeller sincerely and successfully rehabilitated herself? How often do you think psychotherapists who have strayed can turn themselves around all by themselves? Is an ethics committee hearing a good wakeup call or just a reminder to be more careful next time?

2. Your car is often in the shop. When you arrived late once because the car would not start, your client, a talented mechanic, said he would love to barter working on your car for therapy sessions. You gave two free sessions for each time he was called in, both satisfied that it was an equitable deal. How would you handle your client now saying he was tired of working on your car? You realize that from now on it will cost a lot every time something goes wrong, and something goes wrong often.

3. Has a client ever said he or she wants to quit psychotherapy, but you sincerely do not feel the time is right? How do you deal with that?

BONUS STORY # 3: Dead in Bed

Key issues: Peer monitoring of colleagues’ competence, distressed or impaired psychotherapists.

Those in the best position to assess the physical and mental well-being are one’s own colleagues. But often we do not want to see what we don’t want to see, and red flags are missed. This story outlines how observations can remain unstated and ignored until someone breaks the silence. It is unclear whether the psychologist in the story could have been fully salvaged in time, but if his friends had acted sooner he might have been spared a full collapse.

“Starvin’ Marvin,” as he was known, thanks to a nickname foisted upon him in the 6th grade, had an appetite to behold. Once a skinny but perpetually hungry kid, Dr. Marvin Miles grew to six feet five inches and weighed in at 327 pounds. His imposing size and reserved demeanor left him often misunderstood as being arrogant and detached. He stayed to himself much of the time, venturing out only to see his own clients and those at the local facility for emotionally disturbed kids and to attend the “Shrinks Lunch Bunch” meeting every Wednesday at Paolo’s Mexican Hideaway on West Main Street. Marvin, the only psychologist in the sleepy desert town of Barstow, routinely and enthusiastically devoured three crab burritos, two deluxe shredded beef tacos with extra guacamole, two chorizos, and a Margarita.

Lash Otts, the only substance abuse counselor in town, looked down at his watch. “It looks like Marvin isn’t going to show again this week. It’s not like him.”

“You know, when I inquired as to his well-being the last time he was here, his answer was a flat, ‘Fine, thank you,’” said Shelia Gomez, a nurse in the small psychiatric unit at the local general hospital. He usually says at least a little more and at least smiles.
“I didn’t say anything with him sitting right here,” Wilma Moreno chimed in, “but I’ve been worried about Marvin for a while now. I tried calling his office and home a couple of times, but no one answered. He also wasn’t showing up to for his two days a week at the Children’s Clinic. Even though he volunteers his time, it’s not like him to just fail to show. I did hear that his mother wasn’t feeling well and assumed he was taking care of her.”

Wilma, a marriage and family psychotherapist, knew Marvin better than the other local mental health professionals. Some townsfolk suspected that Wilma and Marvin had something going on the side when her husband was driving a long haul, but no one ever claimed to notice anything irregular.

“He’s up to something,” said Robert Sackett, the psychiatrist who split his week between the local hospital and a clinic in Victorville 33 miles to the southwest. “He’s so damn closed up about himself. But when the topic is psychotherapy we can’t shut him up. He only stops to drink or chew.”

“But the last two times he was ordering half his usual fare and a double Margarita,” added Lash. The first time I kidded him about the food, but he said he wasn’t hungry. A first for him.”

With that, concerns that others had been privately harboring spilled out like a ruptured pipeline.

“Did you sense that Marvin had an odd odor about him last time?” asked Shelia, wrinkling her nose.

“No, but I wasn’t sitting close by and he was on the end with you on one side,” said Lash. “But I did notice that he was not as well groomed as usual, and his hands seemed a bit wobbly. He almost dropped a taco into his lap.”

“I didn’t smell anything, but I thought he’s been looking tired and maybe a little scared,” said Wilma.

“He hasn’t said much of anything for a while, and we have wondered why he doesn’t show up on Tuesdays and Thursdays,” said Leila Trevor, a counseling psychology intern at the Barstow Children’s Clinic. “The kids really miss him. Despite being so shy with adults, he’s so good with the kids. I thought it could be because the rest of us were having a slew of client issues, like the girl I am trying to help get over her fear of washing machines. Maybe he couldn’t get a word in edgewise.”

“Marvin could always get more than a word in edgewise if he wanted to,” said Shelia with a wily smile.

“He had kind of a faraway look in his eyes, like he was somewhere else,” chimed in Lash, “and he was drinking more than usual. The rest of us never order a double at lunch.”

Robert looked chagrined. “Here we are, a bunch of mental health professionals. Did something get lost while we were playing our own games?”

We’d better check in on him, added Wilma, now looking concerned. “I’ll drive out to his place after my last client.”

No one in the Shrinkers for Lunch Bunch was quite prepared for what Wilma Moreno reported back to each of them later that night.
The early evening sky was still awash in red and orange when Wilma Moreno started driving towards Melvin’s house on the sandy outskirts of town. She could not shake a haunting premonition that something not right was waiting to be revealed at her destination.

She tried to shake her fears by tracing what she did know about Marvin. She knew that his practice of almost 30 years was always sporadic but sufficient to maintain the small ranch-style home he shared with his 88 year-old mother. He was married in 1992 to Sarah Finley, a waitress at the local Denny’s, but that lasted only eleven weeks. Sarah abruptly left town never to return. Marvin never offered any particulars of what went wrong. Wilma’s gentle questioning resulted in, “She’s gone and I don’t want to talk about it.” If Marvin was up to anything else, no one knew about it or they weren’t talking.

Wilma always looked forward to Marvin’s contributions at the weekly lunch discussion. That was the venue in which Marvin shined. The agenda routinely included friendly arguments about therapeutic techniques and give-and-take advice about current clients. Attempts were always made to protect actual identities despite the occasional obvious recognition. It was difficult to disguise Jebb Armitage, Lash Ott’s client who, despite being legally blind, stumbled around town often veering off into the street. He refused both a cane and a dog. He refused to forego whisky. The townsfolk knew to watch out for Jebb, but drivers zipping through town on their way to Las Vegas posed a constant threat.

Wilma and the others appreciated Marvin for his valuable insights. His advice to Lash regarding Jebb was a case in point. Marvin hypothesized that Jebb refused accommodations because they would make him feel totally useless and remove his last fiber of dignity. At least now he was on his own, a small measure of independence despite the danger he posed to himself and others. Marvin suggested a behavioral reward program that would reinforce Jebb’s perception that the use of aids would actually make him feel more powerful and in more control, not less. A few weeks later Jebb was still wandering about town drunk, but he was using a cane. Except for accidentally poking Emma Smeltzer’s Chihuahua in its forehead, Jebb no longer bumped into anything or unintentionally wandered into the street.

With just a few turns until she would be at Marvin’s house, another strange interaction between Marvin and Robert Sackett also came to mind. Robert asked Marvin, “Didn’t you intern at the VA Brentwood Neuropsychiatric Hospital? You ran into guys like my late client. Isn’t there some sort of psychological test I can administer to help figure out if he has brain tissue trauma only or something else more elusive? He’s back from Afghanistan for three months now and we’re taking pot shots with different meds and getting nowhere.”

“I’m not sure. It’s been a long time,” Marvin had almost whispered.

Yet, as Wilma distinctly recalled, it was only a few weeks earlier that Marvin was expressing disdain for overmedicating combat vets without taking the time to administer psychological assessments that could yield important clues as to the role emotional distress in their condition ---signs brain scans don’t pick up. Marvin told Robert in a voice of conviction, “Psychotherapy may do far more for some of these guys than loading them on Venlafaxine and sticking them into some corner.”

Where had that Dr. Marvin Miles gone? Wilma wondered, as she turned on to Crooks Road where Marvin’s house could be seen in the distance.
When Wilma pulled up to the Miles’ home, it appeared to be locked up tight with shades drawn. Marvin’s Toyota Tacoma pickup was in the driveway. When she climbed the stairs and walked towards the front door she was struck with a repugnant stench emanating from inside the house. She furiously knocked on the door, holding her sleeve over her mouth and nose. No one answered. She tried to open it, but the door was securely locked. She walked around to the side and back. All closed up tight. She went back to her car, fumbled for her cell phone, and called 911.

Two patrol cars and an ambulance arrived ten minutes later to find Wilma frantically pacing across the front porch, still trying to peek into windows. Four officers rammed through the front door and scurried into the house, two of them with guns drawn just in case. The overpowering odor caused one officer to gag and rush outside to gulp fresh air. Another emerged close behind with his hand over his mouth, stumbled down the front stairs and vomited on to a prickly pear cactus.

Marvin was discovered sitting prim and upright on the living room sofa, staring at the wall. He did not speak except to occasionally repeat a question that the paramedics asked him. His mother lay stiff in her bed, covered in a goose down comforter as if sleeping. It appeared that she had been dead for at least three weeks.

The Ethics Committee Hearing

“This is a strange story we learned about in a roundabout way. I will explain in a minute. It’s both weird and sad,” said Victor Graham. “Let’s listen up Wolf and Myron.”

The two men were tapping and shaking Myron Wittig’s watch. “It stopped,” said Wolf Levin.

“Let’s focus on a fallen colleague, please gentlemen,” Victor continued. “Let me read you a letter sent by one of Dr. Miles’ friends.”

Dear Dr. Graham,

I’m sending this letter as a close friend of Marvin Miles, our colleague in Barstow and a member of your organization. Marvin has suffered a complete breakdown. He has been diagnosed with catatonic schizophrenia and has been hospitalized for the last three months.

We are aware that his license to practice is in jeopardy on the grounds of being incapable of delivering competent psychotherapy. His colleagues and I hope that he will return to good health, but in the meantime we wanted to alert you to his plight. We believe his break was brought on by an emotional shock and malnutrition.

It is my understanding that membership in the LCP is automatically terminated when a member loses his or her license. I am pleading for leniency by your Ethics Committee. Dr. Miles is a good man and a credit to our community.

Thank you for your consideration,

Wilma Moreno
Licensed Marriage and Family Therapist
“That’s a shame, said Wolf. I think I met him once at a conference in Las Vegas. Really enormous guy. He could eat a couch”

Victor sighed. “I called Ms. Moreno to get more detail about his condition. His friends report that about two months ago he was beginning to act strange…well strange for him anyway. Apparently he is an extremely reserved fellow, and that hides a lot of what is happening on the inside. So the other mental health professionals didn’t catch the full impact of his deteriorating mental status until he was MIA at their weekly gathering. The extent of his condition was discovered under unusual circumstances. A concerned friend called the police. He was immobile in the front room and his mother was in her bed, apparently dead for a few weeks.”

“Did he kill her?” asked Sammy Halsey.

“No, no,” answered Victor. “She had been ill. Congestive heart failure. Natural causes.”

“Where is Dr. Miles now, Victor?” Charlotte Burroughs asked. “Is he here? Do we get to talk to him?”

“No. He’s at VA Central California Health Care System in Fresno. He was an Army staff psychologist during Desert Storm, although he apparently never talked about it.”

“So what are we doing with this, Victor?” asked Ted Bates.

“Well, even though he isn’t practicing, and the California State Board has suspended his license and his case is under investigation, he is a member of LCP. We have the option of deleting his name from our membership roster until his license is restored, if he loses it that is.”

“Victor, how did the licensing board find out?” asked Stella Sarkosky.

“Someone at the hospital where they took him made the report, probably because it was a while before the autopsy report was available. The licensing rules mandate reporting if the potential for elder abuse is present. Ms. Moreno sent the letter to us as a professional courtesy figuring that we would learn of it one way or another. Were she a psychologist she would be mandated to report Dr. Miles’ condition herself.”

“This is what I don’t understand, Victor” said Sammy. “How can we banish someone for being sick? Isn’t that just adding insult to injury? Mental illness isn’t anything a person can contract on purpose, or even by accident.”

“It’s not unethical to be crazy per se, Victor answered. “But it is unethical to be incapable of delivering competent services for any reason. Dr. Miles is in a persistent catatonic state. Has been for three months.”

Sammy Halsey had thoughts of his first friend in California, Alvin Lettman the now deceased psychiatrist from pancreatic cancer. He now realized that Al should have stopped seeing his patients months before he did, and yet Alvin thought he was being compassionate for hanging in there despite frequent missed appointments.
‘None of his clients have ever complained. Doesn’t that count for something? Do we have to drop him, Victor?’ asked Sammy in a distressed voice, as if it were up to him to salvage this man’s reputation.

“I know we all feel sorry for this guy,” answered Victor. Dr. Miles isn’t giving anyone a hard time. His clients didn’t complain. He’s one we call the ‘noble sick.’ We feel for them. Same as for those who are physically ill. They always evoke compassion and leniency. But let’s not forget why that incapacity clause is in the ethics code and licensing law. It says, ‘Psychologists refrain from performing professional services if physical, mental health, stressors, or other personal problems interfere substantially with their ability to do competent work.’ There are cases where you would thank God on bended knees that the clause is in there.”

“Here’s a contrast for you, Sammy” said Stella in her most professorial manner. “A psychologist who was both paranoid and delusional actually frightened us. A female client had complained that he accused her of being the Wicked Witch of Nagastan and insisted that she not return to his office until she brought back the Chalice of Zord, or something like that.”

“It was the Chalice of Nord,” said Wolf.

“Whatever,” replied Stella, rolling her eyes. “We had no idea what to think, so we brought him in. He threatened in this very room to have a Mafia hit contract taken out on Wolf. We couldn’t reason with him. Fortunately he stormed out in a huff, but not without intimidating us. We called the police, and because he threatened to kill someone his rights to confidentiality were forfeited. His membership and license to practice were suspended, and he faced additional legal problems.”

“Yeah, and I think Victor smiled when he made that threat,” said Wolf in a kidding tone.

“I most certainly did not!” Victor snorted, apparently taking Wolf’s jesting seriously.

“A female psychologist with serious rage management problems also concerned us,” Stella continued. “She was very angry and incoherent during her hearing. Several clients had complained to us, all at about the same time. They said she yelled at them and ordered them out of the office after only ten minutes into their sessions because, as one client put it and I quote, ‘She didn’t approve of what I was wearing.’ She ordered another client out of her office because she could smell tobacco on his clothing. As he was leaving she got up and gave him a swift kick his rear end. We notified the licensing board. We also suspended her membership in LCP and mandated psychotherapy. I think her client sued her for inflicting deep bruises on his buttocks. She’s lucky she wasn’t charged with assault.”

“So it looks like we are going to treat Dr. Miles differently because he isn’t acting out or hurting anyone now?” Sammy asked, seeking clarification.

“That’s kind of how it always goes no matter the judgment venue, Sammy” Victor answered. “We always go easier on people we like or for whom we have compassion, even in our private lives.”

“And we really cannot charge him with any ethical infraction regardless, only because he is not in a position to do any professional work right now,” added Ted. “Now, if he is released but still highly troubled and begins to see clients, that would be something we would have to deal with.”
Victor tapped lightly on the table with his pencil. “Let’s make a decision about what to do with this information.”

Decisions and Disposition

The Committee decided to take no action with regards to Dr. Melvin Miles’ membership in the League of California Psychologists. The matter was tabled for six months at which time his status would be reviewed.

Wilma Moreno received a note of appreciation for bringing the matter to the Committee’s attention, and added its sympathies for her friend. She was also informed that no action would be taken at this time, but that the Committee would check on his status in six months.

A week later Ms. Moreno sent a thank you card noting that Dr. Melvin Miles’ condition was steadily improving. Enclosed was a photograph of the Shrink for Lunch Bunch taken during better times in front of Paolo’s Mexican Hideaway. There was no question as to the identity of the man whose image took up almost a third of the shot.

Discussion questions

10. How would you approach a colleague who you believe to be showing signs of mental illness? Assume this individual is someone you know fairly well, though not a close friend, and run into on a fairly regular basis.

11. In some ways it seems unfair to say it is unethical to keep working if you are physically or mentally ill to the point where our decision-making and competence may be suspect. How do you reconcile compassion for the psychotherapist with the requirement for client welfare?

12. Conducting psychotherapy is a stressful career. What do (or will) you do to keep mentally and physically fit?