

**Virginia Mason™**

**Boundaries and other Ethical Issues**  
**– not just for Psychometrists**  
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National Association of Psychometrists  
 November 14<sup>th</sup>, 2014

## Disclosures


**Credits:**

- 5 CE days
- funding still a work in progress ...

**Conflicts:**

- None

The human brain is a wonderful thing. It starts working the moment you are born, and never stops until you stand up to speak in public.



**All presented slides will be made available on the NAP website**

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## Objectives

Original presentation combined **Boundaries and Social Media**

- Code of Ethics sources
- What is Ethics
- Ethics vs. Law
- Ethical Violations
- Appropriate vs. Inappropriate
- Clarification of Boundary Issues
- Principles of Ethics
- Boundary Violations
- General Guidelines in Psychometric/Therapeutic Relationships
- What can help
- Boundary enhancers
- Strategies to improve competence in ethics
- Summary & Suggestions

**Vignettes will be part of the Social Media presentation on Saturday**

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## Sources of Codes of Ethics

- National Association of Psychometrists (NAP)\* - [http://napnet.org/wp-content/uploads/2013/05/CSP\\_Code\\_of\\_Ethics\\_4-15-10.pdf](http://napnet.org/wp-content/uploads/2013/05/CSP_Code_of_Ethics_4-15-10.pdf)
- Board of Certified Psychometrists (BCP) - <http://psychometristcertification.org/ethics>
- American Psychological Association (APA) - <http://www.apa.org/ethics/code/principles.pdf>
  - APA-Div40 - [http://www.div40.org/PIAC/PIAC\\_Ethics.htm](http://www.div40.org/PIAC/PIAC_Ethics.htm) - has a **Public Interest Advisory Committee (PIAC)** Ethics Subcommittee
- American Counseling Association (ACA) - <http://www.counseling.org/resources/aca-code-of-ethics.pdf>
- National Board of Certified Counselors (NBCC) - <http://www.nbcc.org/assets/ethics/nbcc-codeofethics.pdf>
- National Association of Social Workers (NASW) - <https://www.socialworkers.org/pubs/code/>
- \*\* National Academy of Neuropsychology (NAN) - [www.nanonline.org](http://www.nanonline.org)
- \*\* American Board of Professional Psychology (ABPP) - <http://www.abpp.org/>
- \*\* American Association of Clinical Neuropsychologists (AACN) - <https://www.theaacn.org/default.aspx>
- \*\* American College of Professional Neuropsychology (ACPN) - <http://acpn.myshopify.com/>
- \*\* American Board of Professional Neuropsychology (ABPN) - <http://acpn.myshopify.com>
- \*\* International Neuropsychological Society (INS) - <http://www.the-ins.org/>

**None of the primary texts (Lezak, Spreen & Strauss, Reitan, etc.) address ethics at all!**

\* - NAP adopted the BCP Code of Ethics  
 \*\* - No Code of Ethics found  
 Searches conducted 7/7/14

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## What is Ethics?

### What is ethics?

What does the WISC/WAIS-4 say about those who need to have a license to work in their profession?

Ethics is about protecting those served & the public.

Ethics rarely protects the professional, institution or the profession from others.



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## What is Ethics?

Unfortunately ethics presentations often raise more questions than they answer ...

Because ...

Ethics presentations attempt to make you more aware of possible problems to (hopefully) allow you to be better prepared to identify the potential ethical dilemma – before they happen.

**Requires critical thinking and a functional frontal lobe**


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## What is Ethics?

**“Ethical standards are never exhaustive and when conduct is not specifically addressed by an ethical standard it does not mean that the conduct is necessarily either ethical or unethical.”**

Ethics for Clinicians – Ethics & Boundary Issues, ce4less.com

*Ethics is neither solid nor liquid – it's more gelatinous*



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## What is Ethics?

Ethics is often anything but concrete ....




& sometimes involves > 1 view/perception ...




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## What is Ethics? – working definition

**A working definition of ethics can be boiled down to 7 words ...**

# The rules of conduct of my profession

Hmmm, future CSPs item???

Ethics for Clinicians – Ethics & Boundary Issues, ce4less.com

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## What is Ethics? – Ethics vs. Law

Ethical does not necessarily mean Lawful  
Unethical does not necessarily mean Illegal

Documenting a test was administered when in fact it was is *unethical* but is not illegal nor subject to prosecution.

**Laws and ethics are distinct but frequently interwoven.**

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## Ethics vs. Law

Laws are often developed based on ethical principles but does not prohibit many unethical behaviors.

Laws apply to the public and are mandatory  
vs.

Ethics set forth by regulations or credentialing bodies are often voluntary.

Licensure requirements straddle both ethics and law.

Ethics can be voluntary (NAP) or required (BCP/CSP) – failure to follow ethical codes may result in expulsion from the credential, sanctions, fines and possible judgment against the psychometrist.

CSP application/renewal: *“As a CSP you agree to act in accordance with the CSP Code of Ethics.”*

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## Ethics vs. Law

**As healthcare workers we do have some required reporting mandates**

**– required by law regardless of license, certification, credential**

Required reporting to authorities for:

1. Suspected abuse of a child or older/vulnerable adult
2. Imminent danger to self or identifiable other(s)
3. Protect PHI/HIPAA

**Do no harm**

Some states/provinces may have additional mandates

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## Ethics Applications

**Ethics apply to:**

- Professionals (Psychometrists)
- The Profession (Psychometry)
- Practice/Facility/Service
- Broader society
- Those served (Patient)



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## Ethical Violations

**National search of psychometrists named in filed legal cases:**

**0\***

\* - ~50 cases found in the past 40+ years where a "psychometrist" was mentioned in the case but the psychometrist was never the primary defendant. Cases included "school psychometrists" – most commonly in Alabama, Mississippi, & ?

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## Ethical Violations

**Violation Types (Social Work) – 894 reported ethical cases filed:**

1. **Boundary Violations** (inappropriate behaviors including sexual flirtation)
2. Poor Practice (improper Tx termination)
3. Competence (not being certified to provide service)
4. Record Keeping (not keeping records current)
5. Honesty (withholding potential conflicts of interest)
6. Confidentiality (divulging pt info to pt's family)
7. Informed Consent (failing to obtain written/signed ROI b/4 sharing info) [HIPAA allows for healthcare workers to exchange info w/o ROI]
8. **Collegial Inaction** (failing to report colleague's ethical violation)
9. Reimbursement (charging for unnecessary procedure)
10. Conflicts of Interest (exchanging svcs for personal svcs)

Strom-Gottfried (2000) – 1986-1997

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## Ethical Violations

**Violation Types (Social Work) – of the 894 reported cases filed:**

- 48% of cases resulted in hearings
- 62% determined there was a violation
- 26% were found to have violated only 1 ethics category
- 74% had violated more than 1 ethics category
- 55% involved boundary violations (sexual and dual relationships)

Strom-Gottfried (2000) – 1986-1997

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## Ethical Violations

**Types of rationalizations denying the violation**

**Specific Ignorance** = not illegal or unethical as long as you are unaware of the specific law or ethical code (E.g. stop sign)

**Specific Literalization** = if cannot find a specific mention on a particular incident in legal, ethical or professional standards, it must be ethical (E.g. Lh sex)

**Ignorance of ethics is NOT an acceptable excuse nor legitimate defense.**


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## What is Ethical Violation?

**Ethical violations is when something moves from being appropriate to something becoming inappropriate.**

*How do you know when this happens?*

Each of us has a threshold of when we feel something is unethical – the problem is that that threshold varies from person to person



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## What is Ethical Violation?

In 1964, United States Supreme Court Justice Potter Stewart was asked to describe his threshold test for obscenity and stated,  
*"I know it when I see it."*

Do you know it when you see it?

**More importantly** – Can you see it & prevent it from becoming an issue before someone else sees it? (b/4 the pt sees it)  
 This is the holy grail of ethics!

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## Appropriate or Inappropriate?

Let's assume you are working with another psychometrist in your location and the psychometrist walks in showing some cleavage.

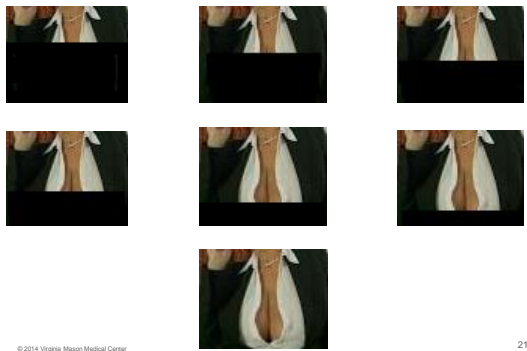
**Appropriate or Inappropriate?**

Please raise your hand when you feel the images move from appropriate to inappropriate

*My apologies in advance if any of this offends anyone*

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## Appropriate or Inappropriate?



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## What is Ethical Violation?

If something is *appropriate* does that make it *ethical*?

If something is *inappropriate* does that make it *unethical*?

Perception muddies the waters

**When does it become an ethical violation?**

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## What is Ethical Violation?

**Appropriate – Inappropriate?**

**Equitable or Inequitable?**

It is supposed to be but can it really be?


***Are all people the identical?***


Ethical guidelines assumes (or pretends) everyone is the same and attempts to apply a universal standard for everyone.

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## What is Ethical Violation?

*If a woman looks into a window at night and sees a man undressing he is accused of exposing himself.*





*If a man looks into a window at night and sees a woman undressing he is accused of being a voyeur.*

Was there a violation? – if yes, who/what is the violator/violation?

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## What is Ethical Violation?

**When does something become inappropriate?**

GROUP OF GIRLS CHASING AFTER AN INTERACTIVE GUY:  
 SOCIALLY ACCEPTABLE

GROUP OF GUYS CHASING AFTER AN INTERACTIVE GIRL:  
 GANG RAPE

<http://siamansa.com/uselesshumor-funny-cartoons-appropriate-vs-inappropriate.html>

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## What is Ethical Violation?

**Is tasteless the same as inappropriate?**

Kid Suicide Bomber

The Man-gina

<http://www.infixweirdest.com/2011/10/22/photos-check-out-5-inappropriate-costumes-for-halloween/>

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## What is Ethical Violation?

**If you are laughing and no one else is laughing does that make it inappropriate? ...**

When I Grow up...

I want to be like mommy!

I wish my mom should do less of this...

My dad is the best each ever!

<http://didafunny.com/14-hilarious-yet-seemingly-inappropriate-drawing-by-innocent-kids/>

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## What is Ethics

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GREY AREA AHEAD

Objects in mirror are closer than they appear

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## What is Ethics

**Ethics is rarely about concrete concepts of Right or Wrong**

**Ethics is more often than not "shades of grey"**

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## What is Ethics

**More than 50 shades ...**

Fifty Shades of Grey

E.L. James

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## What is Ethics

**Ethical decision-making is a complex process requiring not just looking at the immediate impact but also at the long-term and future consequences.**


SocialWork.EliteCME.com – Chapter 4: Professional Ethics, Boundaries and Law

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## Ethics & Boundaries

What can help avoid ethical violations?

**Boundaries are important protectors against ethics violations.**



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## Popular Perspectives

**“Good fences make good neighbors”**



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## Popular Perspectives

**Boundary issues are about relationships ... and absence of relationships**

Each of us is a product of our genes, culture & environment – this all makes its way into our professional interactions.

**Boundaries are for the purposes of avoiding ethical pitfalls**



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## Basic Definition(s)

**Bound·a·ry:**


- *n.*, something indicating a border or limit  
http://dictionary.reference.com/browse/boundary?sr=1
- **MH definition:**
  - The defined limit to a therapeutic relationship, established (in advance) to ensure maximal benefit from the proposed Tx
- The MH definition implies that the therapeutic Tx is “safe” and that it is “beneficial.”


**Does *my* interaction affect the safety and beneficence of the Patient/Psychometrist interaction?**

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## Basic Definition(s)

**Boundary issues involve circumstances where there are actual or potential conflicts between professional duties and social, sexual, religious or business relationships.**





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## Basic Definition(s)

### Inappropriate Boundary Violations:

Involve dual relationships that are exploitive, manipulative, deceptive, or coercive

#### Examples:

- Purchasing property below market value
- Falsely testifying to support fraudulent actions of the Patient
- Imposing religious beliefs on the Patient
- Suggesting the Patient alter their Will/Estate Plan to make you beneficiary &/or executor
- Referring the Patient to other types of business associates (e.g., broker)
- Friendship with Patient's spouse
- Dating the Patient so your own child can date the Patient's child
- Accepting information from the Patient that may provide financial gain

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## Q's to ask yourself

### 5 Questions to ask yourself if it is a possible Boundary Violation

1. Is this in the Patient's best interest or mine?
2. What are the possible negative outcomes?
3. Would I do this for every Patient?
4. Am I doing this because I am the one who feels uncomfortable saying "no"?
5. Will the Patient interpret my gesture negatively? – outside the scope of practice/professional relationship

Answering Yes to any of these is a red flag

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## Risk Management Advice

### Minimizing possible harm to the Patient, You, Profession, Employer, Public

- Be aware/alert to potential/actual conflicts of interest (... trust your instincts ... unless that's what got you into trouble!)
- Consult colleagues, professional organizations, regulations, ethical standards, etc. (E.g., Does NAP/BCP have an Ethics Committee?)

#### If it does happen:

- Draft a written action plan to address the issue(s) to protect the Patient and other parties
- Document all aspects
- Develop a strategy to monitor the action plan

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## Boundaries

### Who is responsible for establishing boundaries?

Mostly the Psychometrist's responsibility

... the Patient has a lesser responsibility ...

Ultimately, the responsibility falls on the Psychometrist/Professional

How does an ethics review Board view it?

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## Boundaries

### Boundaries for Psychometrists

It enters our work setting and how we interact with our Patients – for better or worse – regardless, WE have to be mindful of it and how it influences our professional behavior and interactions with others.



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## More Practical Definition(s)

A practical definition deals more with the relationship to others.

A boundary is where "one ends and the other begins":

- Personal – professional
- Physical – emotional

It is the recognition of one's unique existence that is a separate identity of another – which includes thoughts, feelings, and motivations.

It assumes we are separate while wanting the same thing in the interaction with our Patient.

Boundaries are like wanting to know what are the rules of the game.

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## What is a Boundary Violation?

A boundary violation is when:

“Any behavior that infringes upon the primary goal of providing care, and that might harm the patient, the **psychometrist**, or the **assessment/relationship** itself.”

Adapted from – Richard Epstein – Keeping Boundaries: Maintaining Safety and Integrity in the Psychotherapeutic Process, APA Press, 1994.

**Our failure to establish appropriate boundaries could compromise the relationship and even the neuropsychological outcome!**  
(E.g., pt's refusing to complete NPE)

**Avoid such compromises – sometimes that is easier said than done**

Have you ever been offered cookies or Thank You card, etc. for your care & svcs?

## Professional Purpose

- Boundaries help to **provide clear limits** on a specific relationship of the Psychometrist (with Patient/colleagues/staff/etc.)
- **Modeling healthy interactions** – including with co-workers
- To **provide a safe environment** to allow the Patient to interact
- To **maximize the psychometric assessment, interaction, alliance** and obtain the Patients' maximum performance

## Core Values & Ethical Principles

1. Service/Beneficence
2. Autonomy
3. Responsibility to patients
4. Responsibility to the profession
5. Responsibility to social justice
6. Responsibility to doing no harm
7. Dignity and worth of the person
8. Confidentiality
9. Importance of human relationships
10. Being proactive
11. Professional competence
12. Integrity
13. Engagement with appropriate informational activities
14. Treating people in accordance with their relevant differences
15. Responsibility to students and supervisees
16. Fidelity
17. Responsibility to research participants
18. Financial arrangements that conform to accepted professional practices

SocialWork.EliteCME.com – Chapter 4: Professional Ethics, Boundaries and Law, pg 88

## Principles of Ethics

### 1. Beneficence

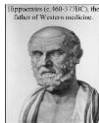
- Applying one's ability solely for the Patient's wellbeing – *being there just for them*
- It is the concept of – *Doing what is in the Patient's best interest*



## Principles of Ethics

### 2. Nonmaleficence

- Do no harm



## Principles of Ethics

### 3. Autonomy

- Respect the Patient's independence
- You want to foster the Patient to be independent and not dependent on you as the professional, the service, or the facility





## Principles of Ethics

### 4. Justice

- Avoid prejudicial bias based on the Patient's background, culture, race, behavior, SES, etc. – **what are your triggers?** (Training Psychometrists: "Do you like/dislike the PT?")
- Respecting/Accepting people's differences
- Avoid viewing others through your own *rose-colored* perceptions

Again – this requires frontal lobes! 😊



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## Principles of Ethics

### 5. Confidentiality

- Respecting privacy
- PHI/HIPAA

**Everything is confidential till there is a really good reason why it should not be.**



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## Principles of Ethics

### 6. Veracity

- Maintaining truthfulness in yourself and your Patient – *accuracy & accurately*
- This requires a degree of self-awareness

This is where your objective test administration and scoring really need to shine – *Are you doing all you can to obtain the Patient's maximum performance?*

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## Summary of Principles of Ethics

### Summary and insights of the principles:

- We need to be aware of our own biases, similarities and differences & how they affect the Patient's test performance.
- We all have them ... the question is how much does it affect your/our ability to interact with the Patient.
- Use boundaries to enhance the professional presentation/interaction for the benefit of the Patient
- Are you/we impartial enough to administer & score the measures objectively?
  - How do you know for sure? ...

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## What can help?

### A. Informed Consent / Disclosure Statement

- Informs Patient of what to expect/options – "what & how are our services offered," discussion of limitations, consequences, risks and benefits
- Offers transparency & consistency – *knowing the rules of the game*

### B. Avoid testing those you know personally

- Would you test a family member, friend, neighbor, church acquaintance, colleague, etc.?

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## What can help?

### C. Ensure a stable policy regarding "payment"

- Though you are focused on the Patient, who pays you?
- And is there insurance/funding to pay for the assessment – the business side of providing services
- What we perceive as separate (payments), the Patient may perceive as "part of the assessment" (E.g. – one appointment but two or more bills)
- *E.g., Costco eye exam*

### D. Provide consistent, private and professional setting using standardized time/durations

- Guard against potential of lack of consistency
- Do you test examinees in a "non-business" location?
- Sets the expectation and need to be consistent
- *E.g., Psychometrist audio recording all verbal measures*

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## What can help?

### E. Enforce Standard Procedures (e.g., limit physical contact with Patients and be aware of the “physical spacing” with your Patient.)

- When do you have physical contact with your Patient?
  - Welcome/Goodbye handshake
  - Any other times?
  - TPT, Sensory Perceptual Exam, any others?
  - *Professional Liability Insurance* - (If you are working as a contract psychometrist your professional liability insurance carrier wants to know when and why you have physical contact with your Patient – what do you tell them?)

*Tom's 3 most feared words in psychometry ...*

## What can help?

### F. Maintain personal anonymity & neutrality

- Who benefits if you disclose personal information about yourself?
  - you or the Patient?
  - Sometimes it actually can be extremely beneficial – what if you grew up in the same area, similar culture, etc.? / ability to relate
- **Balance professional rapport building with your humanness – limit self-disclosures (E.g., ESL/foreign, etc.)**
- There is no “we” – it's the Patient and you
- Questions about you, your life, your family, etc.
  - “Are you married?”
  - “Do you have kids?”
  - “Do you have pets?”
  - “Where did you go to school?”, etc.
    - More common with trainees/novices who are slower in test administration



“Thank, I just – it's either one or the other.”

## What can help?

### G. Isolation (of the Psychometrist)

1. Do you work alone or part of a team?
2. Do you have Psychometrist colleagues in your geographic area? – Do you have contact with them?
3. Do you use the NAP Discussion Board? – **Yes / why not?**
4. Early NAP comment: *“Wow, there is s-o else out there who does this too?”* – Psychometry tends to be a solitary/nomadic occupation
5. Other Psychometrists are a resource/sounding board
6. Isolation can change your Psychometrist behavior and affect your Patient's results (E.g., trained in isolated lab)

*Avoid the effects of isolation through networking!*

*In Seattle we have happy hour/dinner socials – sometimes in conjunction with local PNNS meetings*

## Boundary Enhancers

- Well worded and implemented Disclosure Statement/ICF identifying the assessment process
  - Clearly state what we (you) do
  - Deviation from this *standard* process can be harmful
- Clearly defined roles and responsibilities
  - You, the PhD and the Patient
  - *Our roles as Psychometrists are often more structured and may have less blurriness*
- Good clinical/administrative supervision – good leadership (E.g., copying test forms)

## Boundary Enhancers

- **Organizational/Community/Professional Enhancers**
  - Do not stoop to the lowest standard – e.g., you are not the examinee's BFF
  - Do not depend on the minimum – too close to faltering and in danger of stepping over that boundary violation line – *strive to be good, better, best*
  - We need to have better insight, awareness, and self-reflection in all aspects of our psychometric work
  - We need to have better common sense ...
  - We need sounding boards (to combat isolation) – our colleagues! **YOU! ... network, network, network ...**
  - Contact your organizational Ethics Board

## Boundary Enhancers

- **Balanced Life Activities (Yours)**
  - The life-work balance
  - Freud was wrong on much but spot on the minimum necessary for a happy life = love and work – *“Love and work are the cornerstones of our humanness.”*
- **Self-esteem/Self-confidence/Self-regard**
  - To be as healthy as we can be and then bring that into our professional arena
    - If you are having a bad day do you bring this into the testing room?
      - You probably do
      - Is that good or bad?
      - Who benefits from this?

*If you hate the work of psychometry chances are much greater you hate your Patient too! ... psychometry is not for everyone*

## Summary of Boundary Limits


- **Stick with your area of expertise** – what you are trained, educated, hired and certified to do
- **Perform standard work** (working w/i scope of practice & expertise) – “I know what I’m doing.”
  - Procedures
  - Documentation
  - Location (time and place)
  - During designated work hours
- **Be mindful and guard against potential harm from dual relationships**
- **Differentiate** the professional from the personal
- **Balanced rapport: neutral and objective**
- **Ensure consistency** across all Patients and professional relationships
- **Consult** with peers, supervisors, professional organizations

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## Strategies to Improve Ethics

### Strategies for Gaining and Maintaining Professional & Ethical Competence:

1. **Never stop learning**
2. **Stay informed about your profession through membership in national and local organizations**
3. **Adhere to credentialing codes of ethics (& laws)**



SocialWork.EliteCME.com – Chapter 4: Professional Ethics, Boundaries and Law

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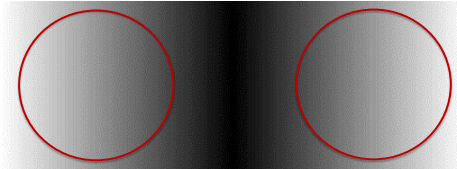
## Summary and Suggestions

- Ethical dilemmas are **multifaceted, complex**, and all too often common.
- Ethical decision-making can be **challenging and time-consuming** leaving the Psychometrist **confused, ambivalent and uncertain**.
- The power and benefit of **consultation from colleagues & professional organizations cannot be overstated**.
- **Institute and use ICF with all Patients/Families so that all parties know the rules.**
- Understand/be aware that **intentional and unintentional boundary violations is an integral part of ethical practice** as well as prudent protection of our profession – and the public.
- **Stay current on national and local regulations** and routinely review areas of codes of ethics as part of our membership, contributions and collaborations with our professional organizations – including electronic media formats.

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## Conclusion

We are here ... and here ...




**Exceptions:**

1. Suspected abuse of a child or older/vulnerable adult
2. Imminent danger to self or identifiable other(s)
3. Protect PHI/ HIPAA

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## Thank you

### Q & A



Future office ...?

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