EthxWeb Search Results

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Document 1
Kahr, Brett
Dr Paul Weston and the bloodstained couch.
The International journal of psycho-analysis 2011 Aug; 92(4): 1051-8
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Document 2
Imber-Black, Evan
Toward a contemporary social justice agenda in family therapy research and practice.
Family process 2011 Jun; 50(2): 129-31
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Document 3
Katz-Bearnot, Sherry
The family doctor: psychodynamic psychotherapy in tightly knit communities.
Abstract: Although unusual, psychodynamic psychiatrists engage in the practice of treating multiple members, and constellations of members, of families with psychodynamic psychotherapy as well as other treatment modalities. Such clinicians are considered the "Family Psychiatrist." Psychological characteristics of such families who cannot be referred to other clinicians are articulated. The literature on psychotherapy in small rural communities is reviewed as having relevance to define the ethical issues that arise in such treatments. These issues include: maintaining therapeutic neutrality; creating functional, flexible, and appropriate boundaries; maintaining confidentiality; promoting patient autonomy and growth; as well as managing conflicts of interest. Relevant countertransference issues are examined.
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Document 4
Roussos, Andrés J; Braun, Malena; Duarte, Adela Leibovich de
Ethical behaviors of Latin American psychotherapy researchers.
Abstract: The ethical practices of psychotherapy researchers in Latin America were surveyed online. Of the 114 psychotherapy researchers to whom the survey was sent, 76 responded (67% response rate). Seventy-seven percent of the respondents had not received formal training in research ethics, yet 84% indicated that formal training is useful for the prevention of scientific misbehavior. Researchers admitted to various ethically questionable practices, the most common of which were related to authorship. None reported having fabricated or falsified data. The need for adequate training and evaluation of research projects is addressed.
Document 5

Barnett, Jeffrey E.; Johnson, W. Brad
Integrating spirituality and religion into psychotherapy: persistent dilemmas, ethical issues, and a proposed decision-making process
Ethics & Behavior 2011 March-April; 21(2): 147-164
Georgetown users check Georgetown Journal Finder for access to full text

Document 6

Pope, Kenneth S. and Vasquez, Melba J.T.
ETHICS IN PSYCHOTHERAPY AND COUNSELING: A PRACTICAL GUIDE
Call number: BF636.67 .P67 2011

Document 7

Anderson, Warwick; Jenson, Deborah; and Keller, Richard C., eds.
UNCONSCIOUS DOMINIONS: PSYCHOANALYSIS, COLONIAL TRAUMA, AND GLOBAL SOVEREIGNTIES
Call number: RC455.4 .E8 U536 2011

Document 8

Biegler, Paul
THE ETHICAL TREATMENT OF DEPRESSION: AUTONOMY THROUGH PSYCHOTHERAPY
Call number: RC537 .B487 2011

Document 9

Corey, Gerald; Corey, Marianne Schneider; and Callanan, Patrick
ISSUES AND ETHICS IN THE HELPING PROFESSIONS
Call number: RC455.2.E8 C66 2011

Document 10

Westerink, Herman
Eternal hate and conscience: on the filiation between Freudian psychoanalysis and sixteenth and early seventeenth century Protestant thought.
Psychoanalysis and history 2011; 13(1): 5-24
Abstract: In his seminar on ethics Jacques Lacan suggests there exists a "filiation or cultural paternity" between Freudian psychoanalysis and a "new direction of thought" that starts with Luther's conceptualization of God's eternal hate of man, and is then further continued in Calvinism. In this article this thesis is explored. The author argues that there is not only a familiarity between the Protestant doctrines of predestination and Freud's reconstruction of prehistoric events and primal scenes, but also that Lacan's views on conscience formation and his elaborations of the complexity of moral decisions resembles Calvinist thought on civil and spiritual conscience, and the longing for
restoration of a lost image of God.

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Pollard, Rachel  
**Ethics in practice: a critical appreciation of Mikhail Bakhtin's concept of "outsideness" in relation to responsibility and the creation of meaning in psychotherapy.**  
**Abstract:** High standards of ethical practice are paramount in psychotherapy and involve the negotiation of complex issues in societies characterised by ethnic, cultural and religious diversity. Bakhtin's concept of "outsideness" offers a potential way of thinking about the ethical implications of therapist interventions that is transtheoretical and that pays particular attention to the use of language and the embodied nature of human interaction.

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Linton, John C  
**2020 foresight: practicing ethically while doing things that don't yet exist.**  
Journal of clinical psychology in medical settings 2010 Dec; 17(4): 278-84  
**Abstract:** The APA Ethical Code struggles to offer guidance in the rapidly changing field of clinical health psychology. Professional challenges anticipated in the next decade are described, and their implications for ethical practice examined. This paper is based in part on a presentation at the 2009 Conference at the Association of Psychologists in Academic Health Centers held in St. Louis, Missouri.

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Mendel, Rosmarie; Hamann, Johannes; Traut-Mattausch, Eva; Bühner, Markus; Kissling, Werner; Frey, Dieter  
**'What would you do if you were me, doctor?': randomised trial of psychiatrists' personal v. professional perspectives on treatment recommendations.**  
The British journal of psychiatry : the journal of mental science 2010 Dec; 197: 441-7  
**Abstract:** If patients are unsure whether a specific treatment is really good for them, they often pose the question, 'What would you do if you were me, doctor?' Patients want their psychiatrists to put themselves in their shoes and not to give a 'standard recommendation'.

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Lin, Yaw-Sheng  
**[Calamitous moments: rethinking the ethics of post disaster psychological reconstruction programs].**  
Hu li za zhi The journal of nursing 2010 Dec; 57(6): 24-30  
**Abstract:** This article points out firstly that disaster and traumatic events resulting from calamitous moments must be the focus of dedicated long term research and of ontological caring in practice. Ethical issues related to the post disaster psychological reconstruction program represent an important agenda. Therefore, in the execution of serial programs and nursing care, it should not be taken for granted that sufferers are destined to be pathological clients. Rather, each sufferer should be attended to in a humanistic manner. In other words, the elimination of symptoms cannot be our only focus. Secondly, the author discusses the ethical dimensions of post-disaster psychological intervention within a "Five T" framework (namely, tears, time, talk, transformation, and trauma). The author then explores the meaning of posttraumatic psychological growth, which is relevant to the resilience that coexists with suffering. Finally, it is important to practice ontological care from the context of being "within" the relationship, rather
from a rigid cognition regarding program efficiencies. 'Being' provides much greater depth than 'doing'.

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Document 15
Rummell, Christina M.; Joyce, Nicholas R.
"So wat do u want to wrk on 2day?": the ethical implications of online counseling
Ethics & Behavior 2010 November-December; 20(6): 482-496

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Document 16
Treloar, Hayley R.
Financial and ethical considerations for professionals in psychology
Ethics & Behavior 2010 November-December; 20(6): 454-465

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Document 17
Jones, Susan
A survivor's account of sexual exploitation by a Jungian analyst.
The Journal of analytical psychology 2010 Nov; 55(5): 650-60; discussion 661-71
Abstract: This essay explains the ramifications of sexual exploitation in the context of Jungian analysis. It argues that misuse of work specifically framed as Jungian can cause severe, deep, and long-lasting harm. It suggests that Jungian professionals strengthen and increase the scope of their actions to deter rogue colleagues from exploiting their analysands.

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Document 18
Cantin, Lucie
[Preliminary questions to a reflection on clinical impasses]. = Questions préalables à une réflexion sur les impasses cliniques.
Santé mentale au Québec 2010 Autumn; 35(2): 31-46
Abstract: The definition of 'clinical impasse' depends not only on the clinician who-as the proposed argument suggests-would be faced to his powerlessness in specific situations, but this definition is tributary to the clinical and theoretical field inscribed within this clinician's practice. Thus, for example, the practice of psychotherapy and the practice of psychoanalysis implies very different if not opposed positions of the clinician, bringing on the patient's side, very specific difficulties and impasses. In the field of psychoanalysis conceived essentially as a practice of the ethical, one cannot address this notion of 'clinical impasse' without first questioning the position of the analyst, not as much in his rapport with theory and technique used but mainly by questioning the point and the locus within himself from which he directs the treatment. Likewise, for the analysed, can what entails impasse in the treatment be indissociable to the ethical position of the subject?

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Document 19
Dever Fitzgerald, Theresa; Hunter, Paulette V; Hadjistavropoulos, Thomas; Koocher, Gerald P
Ethical and legal considerations for internet-based psychotherapy.
Cognitive behaviour therapy 2010 Sep; 39(3): 173-87

Abstract: The provision of mental health services over the Internet is becoming increasingly commonplace as new technologies continue to develop. Evidence in support of the efficacy of many such interventions is accumulating. Given the potential global reach of Internet-based psychological services, the authors examine ethical issues relating to this growing area of practice through the lens of the Universal Declaration of Ethical Principles for Psychologists (International Union of Psychological Science, 2008). They also raise issues relating to potential liability risks and offer recommendations intended to guide mental health practitioners who are considering involvement in the provision of Internet-based services.

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Gabbard, Glen; Wallace, Elizabeth

Collateral damage: grief and recovery after losing a training analyst due to an ethical violation.

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de Sousa, Avinash

Ethical issues in child and adolescent psychotherapy: a clinical review.
Indian journal of medical ethics 2010 Jul-Sep; 7(3): 157-61

Abstract: Child and adolescent psychotherapy has made great progress in recent years. With this progress, ethical issues have emerged that need to be addressed in the Indian setting. This article looks at various ethical issues in child and adolescent psychotherapy specific to Indian practitioners. The involvement of parents in psychotherapy often blurs therapeutic boundaries and issues related to confidentiality. Practitioners working in hospital and school settings are faced with similar problems. The advent of the internet and e-mail has resulted in new concerns for psychiatrists, related to communication via those media. Issues related to parenting, culture and development patterns, along with personal issues for the therapist, have been discussed.

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De Bont, Raf

History of psychiatry 2010 Jun; 21(82 Pt 2): 144-59

Abstract: In October 1964, Julian Huxley, Ernst Mayr, Humphrey Osmond and Abram Hoffer co-published a controversial paper in Nature, in which they tried to explain the persistence of schizophrenia from an evolutionary perspective. This article will elucidate how the reputed authors composed this paper to make it a strong argument for biological psychiatry. Through a close reading of their correspondence, it will furthermore clarify the elements which remained unspoken in the paper, but which were elementary in its genesis. The first was the dominance of psychoanalytical theory in (American) psychiatry—a dominance which the authors wanted to break. The second was the ongoing discussion on the boundaries of biological determinism and the desirability of a new kind of eugenics. As such, the Huxley et al. paper can be used to study the central issues of psychiatry in a pivotal era of its history.

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Skorczewski, Dawn

"You, I, we created the poet": Anne Sexton's recorded therapy, November 1963.
Abstract: In 1991, when it was revealed that the psychiatrist Martin Orne had released tapes of his therapy sessions with Anne Sexton to her biographer, mental health professionals expressed concern and outrage. Those who actually listen to the controversial tapes would be curious to find a debate between Sexton and Orne about mental illness, creativity, and therapeutic process. To what extent did Sexton's creative accomplishments point to aspects of her psychiatric progress that might otherwise have been overlooked? While Sexton asserted her achievements and sought affirmation from her psychiatrist, Orne persistently responded by stating that the poetry is not as important as the person. Their different ways of understanding the relationships between poetry and therapeutic process speak volumes about the power of the creative imagination to challenge existing structures of thought, even structures designed to define the psyche itself.

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Document 24

Fava, Giovanni A

Unmasking special interest groups: the key to addressing conflicts of interest in medicine.

Psychotherapy and psychosomatics 2010 Jun; 79(4): 203-7

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Document 25

Pinta, Emil R

Tarasoff duties in prisons: community standards with certain twists.

The Psychiatric quarterly 2010 Jun; 81(2): 177-82

Abstract: Because inmates' actions are restricted by incarceration, Tarasoff duties in prisons have certain unique aspects. There are two broad situations: (1) when the potential victim is located within the prison community; and (2) when the potential victim is located outside of prison. Although responsibilities vary widely from state to state, this paper discusses general principles of exercising Tarasoff duties in prison settings. In addition to duties to protect potential victims, correctional mental-health professionals have an ethical duty to protect patient confidentiality. Professionals should choose Tarasoff options that protect confidentiality to the fullest extent possible, and prisoners should be informed of situations where confidentiality does not exist. A caveat is that no Tarasoff statutes can be relied upon to offer tort protection to correctional clinicians until they have been tested in appellate courts.

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Document 26

Morstyn, Ron

How the philosophy of Merleau-Ponty can help us understand the gulf between clinical experience and the doctrine of evidence-based psychotherapy.

Australasian psychiatry : bulletin of Royal Australian and New Zealand College of Psychiatrists 2010 Jun; 18(3): 221-5

Abstract: OBJECTIVE: The aim of this paper is to examine the gulf between clinical experience and the doctrine of evidence-based psychotherapy from the perspective of the philosophy of Maurice Merleau-Ponty. CONCLUSIONS: Evidence-based psychotherapy, which requires that psychotherapists ignore their thoughts and feelings with individual patients in favour of following standardized manuals and guidelines, is being increasingly promoted as part of evidence-based medicine (EBM). However, this represents an inappropriate extension of logical empiricist philosophy and significance testing methodology, on which evidence-based medicine is founded, to psychotherapy. It sacrifices a search for truth in psychotherapy, for an illusory search for certainty. The inevitable consequence of this is that psychotherapy becomes a commoditised pseudorelationship. Merleau-Ponty provides an alternative ontology, based on the primacy of perception, that gives an epistemological foundation for the search for truth and integration as a basis for psychotherapy. The practice of evidence-based psychotherapy raises serious ethical concerns about pseudorelationships being passed off as authentic, which could lead to missed opportunities to engage mentally ill patients in treatment and to reinforcement of their damaging sense of alienation.
Document 27
Leach, Mark M.; Oakland, Thomas
Displaying ethical behaviors by psychologists when standards are unclear
Ethics and Behavior 2010 May-August; 20(3-4): 197-206

Document 28
Leach, Mark M.; Leong, Frederick T.L.
International dimensions of psychological ethics
Ethics and Behavior 2010 May-August; 20(3-4): 175-178

Document 29
Biegler, Paul
Autonomy and ethical treatment in depression.
Bioethics 2010 May; 24(4): 179-89
Abstract: Antidepressant medication and evidence-based psychotherapy have largely equivalent efficacy in the management of the common, less severe grades of depression. As a result, several national guidelines recommend that either can be used in the treatment of this disorder. Psychotherapy, however, differs in that it assists insight into how the depressed person appraises and manages the stressors that frequently trigger depressive episodes. I argue that the self-knowledge achieved through psychotherapy has moral value in that it promotes the autonomy of stressor-related decisions. I further argue that such an effect comprises a compelling moral reason for doctors to see evidence-based psychotherapy not as merely optional, but as a necessary treatment for their patients with depression.

Document 30
Sherratt, Sue; Hersh, Deborah
"You feel like family..." professional boundaries and social model aphasia groups.
International Journal of Speech-Language Pathology 2010 April; 12(2): 152-161
Abstract: In this theoretical paper, we argue that the adoption of the social model to aphasia rehabilitation within group settings changes the metaphorical location of the boundaries between clinicians and clients. Despite a growing literature on group work for aphasia and social model applications for people with chronic aphasia, there has been almost no attention paid to how professional boundaries are negotiated. This paper reviews how this issue is dealt with within professional codes of ethics and what is written more broadly on professional boundaries, and then uses a number of real case examples to encourage further discussion and awareness of this important issue in aphasia rehabilitation within group settings.
Keeping psychotherapy notes separate from the patient record.
Clinical psychology & psychotherapy 2010 Mar-Apr; 17(2): 160-3

Abstract: Doctoral level psychologists (N = 464) who were members of the American Psychological Association and who identified themselves as clinical practitioners were surveyed about their knowledge and utilization of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule that allows practitioners to keep their psychotherapy notes separate from their patients’ records if they involve electronic submissions. Although 79% of those surveyed said they were aware of the HIPAA privacy rule allowing for a separate set of notes, slightly less than half (46%) reported currently using such notes even though half (49%) felt that patients benefit most from the use of a separate set of psychotherapy notes. Surprisingly, 21% said they had never heard of the HIPAA provision allowing for a separate set of notes. Considering that when this provision was introduced it was heralded as a major benefit for mental health practitioners, its low utilization is surprising. Perhaps clinical practitioners would benefit from continuing education about the benefits of such notes.

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Document 32
DeLettre, Julie L; Sobell, Linda Carter

Keeping psychotherapy notes separate from the patient record.
Clinical psychology & psychotherapy 2010 Mar-Apr; 17(2): 160-3

Abstract: Doctoral level psychologists (N = 464) who were members of the American Psychological Association and who identified themselves as clinical practitioners were surveyed about their knowledge and utilization of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule that allows practitioners to keep their psychotherapy notes separate from their patients’ records if they involve electronic submissions. Although 79% of those surveyed said they were aware of the HIPAA privacy rule allowing for a separate set of notes, slightly less than half (46%) reported currently using such notes even though half (49%) felt that patients benefit most from the use of a separate set of psychotherapy notes. Surprisingly, 21% said they had never heard of the HIPAA provision allowing for a separate set of notes. Considering that when this provision was introduced it was heralded as a major benefit for mental health practitioners, its low utilization is surprising. Perhaps clinical practitioners would benefit from continuing education about the benefits of such notes.

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Document 33
Blass, Rachel B.

Affirming 'That's not psycho-analysis!' On the value of the politically incorrect act of attempting to define the limits of our field.

Abstract: This paper is concerned with the value of the act of defining the field of psychoanalysis. It examines the reasons why adopting and especially giving voice to a definition that excludes approaches considered by some analysts to be analytic is commonly regarded as unacceptable within psychoanalytic discourse. It then explains the value and advantages of putting forth exclusive definitions. The author argues that clarifying the pros and cons of such acts of definition contributes to the understanding of the nature of psychoanalysis and the possibility of dialogue between opposing understandings of it. It may also contribute to greater freedom of thought and expression which is essential to the development of psychoanalytic theory and practice.

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Document 34
Gann, Erik

On: A confusion of tongues between psychoanalysis and philosophy.

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Henretty, Jennifer R.; Levitt, Heidi M.
The role of therapist self-disclosure in psychotherapy: a qualitative review.
Clinical Psychology Review 2010 February; 30(1): 63-77
Abstract: Over 90% of therapists self-disclose to clients (Mathews, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987; Edwards & Murdock, 1994), however, the implications of therapist self-disclosure are unclear, with highly divergent results from one study to the next. The goal of this paper was to review the empirical literature relevant to therapist self-disclosure, and provide the reader with a comprehensive understanding of the factors that affect, and are affected by, therapist self-disclosure. Findings are organized into an integrated model examining the who, what, when, why, and how of therapist self-disclosure. In addition, training implications and suggestions for future research are provided.

Billow, Richard M
Modes of therapeutic engagement. Part I: diplomacy and integrity.
International journal of group psychotherapy 2010 Jan ; 60(1): 1-28
Abstract: Our topic concerns strategies of therapeutic discourse, four relational modes of speaking and listening, adopted with and without awareness: diplomacy, integrity, sincerity, and authenticity. The four modes are offered as conceptual tools to help the therapist build therapeutic relationships, respond to challenges and impasses, and advance group process and insight. They are navigated to cement bonding, build trust, allow troubled relationships to evolve and resolve, and strengthen the abilities to think and relate. Presented in two separate articles, in Part I the topic and its relationship to truth and falsity is introduced, and the modes of diplomacy and integrity are described. The discussion continues, in Part II, where the focus is on sincerity and authenticity, and the interrelationship among the four modes and their differing functions in the totality of the clinical situation is illustrated.

Billow, Richard M
Models of therapeutic engagement. Part II: sincerity and authenticity.
International journal of group psychotherapy 2010 Jan ; 60(1): 29-58
Abstract: Our topic concerns four relational modes of speaking and listening, and their relationship to truth and falsity. In a separate article, Part I introduced the topic and discussed the modes of diplomacy and integrity. The focus of Part II is on sincerity and authenticity, and on the interrelationship among all four modes and their differing functions in the totality of the clinical situation. Together the papers disentangle and address some of the technical issues that concern the relational group psychotherapist regarding topics of intersubjectivity, presentation of self, and self-disclosure. The four overlapping categories while nonexclusive are exhaustive; they supply conceptual references for the therapeutic stance one has adopted, allowing the therapist to be more aware of what he or she is doing and why.

Anthony, Kate; Nagel, DeeAnna Merz; and Goss, Stephen
THE USE OF TECHNOLOGY IN MENTAL HEALTH: APPLICATIONS, ETHICS AND PRACTICE
Document 39
Orange, Donna M.
THINKING FOR CLINICIANS: PHILOSOPHICAL RESOURCES FOR CONTEMPORARY PSYCHOANALYSIS AND THE HUMANISTIC PSYCHOTHERAPIES

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Walsh, Trish
THE SOLUTION-FOCUSED HELPER: ETHICS AND PRACTICE IN HEALTH AND SOCIAL CARE

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King, Lucy and Moutsou, Christina
RETHINKING AUDIT CULTURES: A CRITICAL LOOK AT EVIDENCE-BASED PRACTICE IN PSYCHOTHERAPY AND BEYOND

Document 42
Mambriani, Luisella
LACAN E IL FEMMINISMO CONTEMPORANEO

Document 43
Salberg, Jill, ed.
GOOD ENOUGH ENDINGS: BREAKS, INTERRUPTIONS, AND TERMINATIONS FROM CONTEMPORARY RELATIONAL PERSPECTIVES
Call number: RC480.8.G664 2010

Document 44
Harris, Adrienne and Botticelli, Steven, eds.
FIRST DO NO HARM: THE PARADOXICAL ENCOUNTERS OF PSYCHOANALYSIS, WARMAKING, AND RESISTANCE
Call number: RC550.F56 2010

Document 45
Selekman, Matthew D.
COLLABORATIVE BRIEF THERAPY WITH CHILDREN
**Document 46**

Ellerman, Carl P.

**ENCHANTMENTS OF THE CLINIC: POWER, EROTICISM, AND ILLUSION IN THE CLINICAL RELATIONSHIP**


Call number: RC480.8 .E45 2010

**Document 47**

Campbell, Linda; Vasquez, Melba; Behnke, Stephen; and Kinscherff, Robert

**APA ETHICS CODE COMMENTARY AND CASE ILLUSTRATIONS**


Call number: BF76.4 .A63 2010

**Document 48**

Anderson, Sharon K. and Handelsman, Mitchell M.

**ETHICS FOR PSYCHOTHERAPISTS AND COUNSELORS: A PROACTIVE APPROACH**


Call number: RC455.2 .E8 A53 2010

**Document 49**

Welfel, Elizabeth Reynolds

**ETHICS IN COUNSELING & PSYCHOTHERAPY: STANDARDS, RESEARCH, AND EMERGING ISSUES**


Call number: BF637 .C6 W42 2010

**Document 50**

Parker, Gordon

*Should a psychiatrist give the 'special patient' VIP treatment?*

Acta psychiatrica Scandinavica 2009 Dec; 120(6): 411-3

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**Document 51**

van Wynsberghe, Aimee; Gastmans, Chris

**Telepsychiatry and the meaning of in-person contact: a preliminary ethical appraisal.**

Medicine, Health Care, and Philosophy 2009 November; 12(4): 469-476

**Abstract:** Pioneering researchers claim that telepsychiatry presents the possibility of improving both the quality and quantity of patient care for populations in general as well as for those in rural and remote locations. The prevalence of, and literature on telepsychiatry has increased dramatically in the last decade, covering all aspects of research endeavors. However, little can be found on the topic of ethics in telepsychiatry. Using various clinical scenarios we may provide insight into the moral challenge in telepsychiatry-the lack of in-person contact. The difficulty is to articulate what the significance of in-person contact is and further, its meaning in the therapeutic relationship between the patient and the physician. Using the personalist perspective and related philosophical approaches we may sketch an idea of the patient as person, existentially considered as a relational and bodily human being. By applying Brennan's model for health technology assessment we may evaluate the morally troubling aspect of telepsychiatry-a lack of in-person contact-on this philosophical sketch of the person. This consideration is crucial when developing policies to guide the use of telepsychiatry in order to maintain the quality of care.
Document 52
Harris, Gardiner
Drug makers are advocacy groups biggest donors
http://www.nytimes.com (link may be outdated)

Document 53
Begley, Sharon
Ignoring the evidence: why do psychologists reject science?
Newsweek 2009 October 12; 154(15): 30
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Psychological group says gay clients can't change
New York Times 2009 August 6; p. A16
http://www.nytimes.com (link may be outdated)

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When is therapy therapy? [editorial]
Lancet 2009 April 18; 373(9672): 1312
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Document 56
Isaac, Rathna
Ethics in the practice of clinical psychology
Indian Journal of Medical Ethics 2009 April-June; 6(2): 69-74

Document 57
Shiles, Megan
Discriminatory referrals: uncovering a potential ethical dilemma facing practitioners
Ethics and Behavior 2009 March-April; 19(2): 142-155
Document 58
Wilmot, Stephen

**Psychotherapy and distributive justice: a Rawlsian analysis**

*Abstract:* In this paper I outline an approach to the distribution of resources between psychotherapy modalities in the context of the UK's health care system, using recent discussions of Cognitive Behavioural Psychotherapy as a way of highlighting resourcing issues. My main goal is to offer an approach that is just, and that accommodates the diversity of different schools of psychotherapy. In order to do this I draw extensively on the theories of Justice and of Political Liberalism developed by the late John Rawls, and adapt these to the particular requirements of psychotherapy resourcing. I explore some of the implications of this particular analysis, and consider how the principles of Rawlsian justice might translate into ground rules for deliberation and decision-making.

http://www.springerlink.com/content/102960/ (link may be outdated)

Document 59
Brabender, Virginia M.; Fallon, April

**Ethical hot spots of combined individual and group therapy: applying four ethical systems.**


Document 60
Schermer, Victor L.

**On the vicissitudes of combining individual and group psychotherapy.**


Document 61
Gabriel, Lynne and Casemore, Roger, eds.

RELATIONAL ETHICS IN PRACTICE: NARRATIVES FROM COUNSELLING AND PSYCHOTHERAPY


Call number: BF636.67 .R45 2009

Document 62
Fava, Giovanni A.

**The decline of pharmaceutical psychiatry and the increasing role of psychological medicine.**

Psychotherapy and Psychosomatics 2009; 78(4): 220-227
Document 63
Grodin, Michael A.
The Porous Border of Boundaries [review of Boundaries in Psychotherapy: Ethical and Clinical Explorations, by Ofer Zur]
Ethics and Behavior 2008 December; 18(4): 393-396
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http://www.informaworld.com/smpp/title?db=all&content=g906017633 (link may be outdated)

Document 64
Gilman, Sander L.
Freud and the making of psychoanalysis [review of Revolution in Mind: The Creation of Psychoanalysis, by George Makari]
Lancet 2008 November 22-28; 372(9652): 1799-1800
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Document 65
Crowden, Andrew
Professional boundaries and the ethics of dual and multiple overlapping relationships in psychotherapy
Monash Bioethics Review 2008 October; 27(4): 10-27
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Document 66
Credibility crisis in pediatric psychiatry.
Nature Neuroscience 2008 September; 11(9): 983
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http://www.nature.com/neuro/ (link may be outdated)

Document 67
Friedman, Richard A.
Take two Prozac and e-mail me in the morning
http://www.nytimes.com (link may be outdated)

Document 68
Konigsberg, Eric
Challenges of $600-a-session patients
*  Document 69
Goddard, Angela; Murray, Craig D.; Simpson, Jane
**Informed consent and psychotherapy: an interpretative phenomenological analysis of therapists' views.**
Psychology and Psychotherapy 2008 June; 81(Pt. 2): 177-191
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*  Document 70
Younggren, Jeffrey N.; Harris, Eric A.
*Can you keep a secret? Confidentiality in psychotherapy.*
Journal of Clinical Psychology 2008 May; 64(5): 589-600
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*  Document 71
Fisher, Celia B.; Oransky, Matthew
**Informed consent to psychotherapy: protecting the dignity and respecting the autonomy of patients.**
Journal of Clinical Psychology 2008 May; 64(5): 576-588
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Document 72
Barnett, Jeffrey E.
**The ethical practice of psychotherapy: easily within our reach.**
Journal of Clinical Psychology 2008 May; 64(5): 569-575
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Document 73
Wise, Erica H.
**Competence and scope of practice: ethics and professional development.**
Journal of Clinical Psychology 2008 May; 64(5): 626-637
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*  Document 74
Knapp, Samuel; Vandecreek, Leon
**The ethics of advertising, billing, and finances in psychotherapy.**
Journal of Clinical Psychology 2008 May; 64(5): 613-625
Georgetown users check Georgetown Journal Finder for access to full text
Document 81
Ascherman, Lee I.; Rubin, Samuel
Current ethical issues in child and adolescent psychotherapy
Georgetown users check Georgetown Journal Finder for access to full text

Document 82
Cramer, Robert J.; Golom, Frank D.; LoPresto, Charles T.; Kirkley, Shalene M.
Weighing the evidence: empirical assessment and ethical implications of conversion therapy
Ethics and Behavior 2008 January-March; 18(1): 93-114
Abstract: The American Psychological Association's (APA's) as well as other professional organizations' (e.g., American Psychiatric Association) removal of homosexuality as a mental disorder represented a paradigmatic shift in thinking about sexual orientation. Since then, APA (2000) disseminated guidelines for working with lesbian, gay, and bisexual (LGB) clients, and a variety of scholars and researchers alike have advocated affirmative therapeutic interventions with LGB individuals. Despite these efforts, the controversy over treating individuals with LGB orientations using nonaffirmative techniques continues. In this discussion, the limited evidence regarding the efficacy and effects of conversion therapy is surveyed, particularly in the context of empirically supported treatment criteria summarized by Division 12 (clinical psychology) of the APA. Authors then consider the resulting ethical considerations in performing conversion therapy and propose alternative uses of affirmative therapy on the basis of ethical standards defined by APA. Finally, options for treating LGB individuals who are coming to terms with their sexual orientations are discussed.
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**How psychotherapists address hypothetical multiple relationships dilemmas with Asian American clients: a national survey**

Ethics and Behavior 2007 April; 17(2): 137-162

**Abstract:** This study examined how psychotherapists address hypothetical nonsexual multiple relationships dilemmas with Asian American clients and identified predictors of conservative decisions and the use of culture-based rationales. This survey of 787 Asian American and non-Asian American psychotherapists revealed that clinicians rely on mostly their personal policies and seldom focus on the clients’ cultural backgrounds. Psychotherapists who consider their clients' Asian culture have more cultural knowledge and awareness, have been mental health providers longer, and are Asian American and female. Clinicians who avoid multiple relationships tend to cite formal policies as justification and are less likely to consider clients' cultural worldviews, the therapeutic relationship, or their own values. The results are discussed in terms of specific revisions needed in the American Psychological Association Ethics Code, the benefits of more frequent consultation with colleagues and supervisors about ethical dilemmas, and recommendations for psychotherapists.

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*Freud said -- or Simon says? Informed consent and the advancement of psychoanalysis as a science*

Medicine, Health Care and Philosophy 2006; 9(2): 227-241

**Abstract:** Is it ever permissible to publish a patient’s confidences without permission? I investigate this question for the field of psychoanalysis. Whereas most medical fields adopted a 1995 recommendation for consent requirements, psychoanalysis continues to defend the traditional practice of nonconsensual publication. Both the hermeneutic and the scientific branches of the field justify the practice, arguing that it provides data needed to help future patients, and both branches advance generalizations and causal claims. However the hermeneutic branch embraces methods tending to undermine the reliability of such claims, while the scientific branch aims to improve the field's empirical base - in their words, to advance psychoanalysis as a science. The scientific branch therefore has the stronger claim to the traditional practice, and it their claim that I consider. An immediate concern arises. We seem unable to answer the applied ethical question without first determining which ethical theory is correct; for defenders of the practice appeal variously to therapeutic privilege, principlism, and utilitarianism, while opponents wage autonomy-based arguments. The concern turns out to be unfounded, however, because all of these ethical approaches fail to justify the traditional practice. The more promising defenses fail partly because even the scientific branch of the field lacks empirically sound methods for establishing its causal claims and generalizations, often appealing to authority instead. I conclude that it is currently unethical for analysts to continue publishing their patients' confidences without permission, and I suggest that the field help future patients by attending to its methodological problems.

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Kaufmann, Paul M.
Protecting the objectivity, fairness, and integrity of neuropsychological evaluations in litigation
Psychotherapy ethics with violence victims
Popov, Hristo


Abstract: There are many special issues that therapists will face while providing psychotherapy services for victims of violence. The primary goal of such intervention must be to reempower the victim so that she perceives herself as the survivor she must become. To do this, she has to deal with the trauma, integrate it into her past, and then, get on with her life. Various problems could occur during custody evaluations, forensic consultations and media exposure. Monitoring confidentiality issues when working with this kind of victims may be crucial to prevent placing them in any further danger. Given the special vulnerability of violence victims, it is essential for the therapist to act in an ethical manner at all times.

Psychotherapy as civics: the patient and therapist as citizens
Simon, Laurence

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Karon, Bertram P.

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**Abstract**: The moral distress of psychologists working in psychiatric and mental health care settings was explored in an interdisciplinary, hermeneutic phenomenological study situated at the University of Alberta, Canada. Moral distress is the state experienced when moral choices and actions are thwarted by constraints. Psychologists described specific incidents in which they felt their integrity had been compromised by such factors as institutional and interinstitutional demands, team conflicts, and interdisciplinary disputes. They described dealing with the resulting moral distress by such means as silence, taking a stance, acting secretly, sustaining themselves through work with clients, seeking support from colleagues, and exiting. Recognizing moral distress can lead to a significant shift in the way we perceive moral choices and understand the moral context of practice.

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Austin, Wendy; Rankel, Marlene; Kagan, Leon; Bergum, Vangie; Lemermeyer, Gillian  
**To stay or to go, to speak or stay silent, to act or not to act: moral distress as experienced by psychologists**  
Ethics and Behavior 2005; 15(3): 197-212

**Abstract**: The moral distress of psychologists working in psychiatric and mental health care settings was explored in an interdisciplinary, hermeneutic phenomenological study situated at the University of Alberta, Canada. Moral distress is the state experienced when moral choices and actions are thwarted by constraints. Psychologists described specific incidents in which they felt their integrity had been compromised by such factors as institutional and interinstitutional demands, team conflicts, and interdisciplinary disputes. They described dealing with the resulting moral distress by such means as silence, taking a stance, acting secretly, sustaining themselves through work with clients, seeking support from colleagues, and exiting. Recognizing moral distress can lead to a significant shift in the way we perceive moral choices and understand the moral context of practice.

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Abstract: Court Decision: 193 Oregon Appellate 715; 2004 June 9 (date of decision). The Oregon Court of Appeals
reversed a decision by the Board of Psychologist Examiners reprimanding and fining a psychologist for continuing to treat two minor children after the children's divorced father requested she stop, because the father did not have authority to unilaterally terminate his children's treatment. Miller treated two minor children who were suspected of being sexually abused. After the children's parents divorced, the father sought to cease treatment even though the mother wished to continue it. The court held that therapists may only treat a minor child of divorced parents who have joint custody and mutual authority if the therapist has permission from a legally authorized person, and that the medical decision to terminate therapy is valid if it is a decision on which mother and father consulted and agreed. In this case, Miller obtained permission to treat the children from a legally authorized person, the children's mother, before the divorce. The decision to terminate was not a decision on which the children's mother and father consulted and agreed. Therefore, the father's decision to terminate therapy was a unilateral decision and legally ineffective. Because no authorized person withdrew the mother's original valid permission, the petitioner was allowed to continue therapy in compliance with the law. [KIE/SP]

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