

## **In Search of a Pedagogy for Character, Competence, and Fitness in Ethics Training for Graduate Psychology**

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### **Abstract**

Melba Vasquez (1992), educator, and ethicist, and the President Elect of the American Psychological Association wrote, “Professionals concerned with the problems of unethical behavior believe that the strongest weapon against professional misconduct may be the education of trainees” (p. 196). It is this statement, my professional experience as both a clinician and educator in a graduate psychology-training program, and my membership on a State Examining Board of Psychology that serves as the inspiration for this paper.

Every state in the Union and Province in Canada has an Examining Board of Psychology that regulates the practice of psychology. In addition clinicians are responsible to the codes of ethics as members of their respective professional organizations. These groups set the standards for ethical practice that are defined by the various governing laws and ethical standards. These may vary somewhat, but all are designed to define professional practice and safeguard the public.

Two of the criteria that define a profession are both the establishment of an ethics code and the capacity to work meaningfully within this code. Nowhere is this more important than in the delivery of mental health care in general and clinical psychology in particular. When problems arise resulting from an ethical violation in the course of treatment, the clinician may be faced with a disciplinary complaint to a licensing or regulatory board or the ethics committee of their professional organization. It is estimated that one in four psychologists will have a disciplinary complaint sometime in their career. In addition, certain specialties within psychology are at a higher risk due to the nature of their practice.

### **Character, Competence, and Fitness**

The majority of disciplinary complaints filed against psychologists are the result of problems with *character, competence, and fitness*. A study of the Association of State and Provincial Psychology Board’s Disciplinary Data System (Kirkland, Kirkland, & Reeves, 2004) revealed the most common reasons for disciplinary actions against psychologists between 1983 and 2001 could reasonably be related to both moral character and psychological fitness problems. They reported that the two largest categories with the largest number of entries were sexual/dual relationships and unprofessional conduct/negligent practice. There is discussion in the literature regarding who has primary responsibility to ensure that *character, competence, and fitness* are reflected in the behavior of trainees preparing for eventual clinical practice. For example Johnson, Elman, Forrest, Hersh, Robiner, Rodolfa, and Schaffer (2008) raised the question: “Who exactly is responsible for addressing professional competence problems among psychologists in training?” Is it the primary role of ethics committees, licensing and regulatory Boards, supervisors in practicum and internship experiences, and/or training institutions?

I will take the position that the primary responsibility for the professional development of *character, competence, and fitness* resides with the training programs in educational institutions

and secondarily with supervisors in practicum and internships. The central question is: Can the risks of possible future disciplinary complaints be reduced by appropriate instruction beginning with a formal course on ethics and the law and continued throughout those courses that are reflected in clinical practice? In addition, should evaluation/assessment of ethical knowledge and reasoning continue as part of these courses?

Regarding character, the important questions are: How do we define character? Should character be the subject of ethics courses in graduate training? How does one teach the notion of character? How do we define competence and what is ethical and legal competence and how should we teach it? Can we measure ethical and legal competence? And finally, how do we define fitness? What is meant by fitness and can it be taught?

It is important to clarify that professional competence (according to Kaslow, Campbell, Hatcher, Grus, Fauad, and Rodaolfa 2009) can be divided into foundational domains and functional domains. Foundational domains include among others, scientific knowledge and methods or what a professional *knows*. Functional domains include skills or what a professional *does*. The foundational and functional domains of ethical and legal standards and policy will be the focus of competency for this paper.

### **The American Psychological Association's Code of Conduct**

The American Psychological Association was founded in 1892 and it was over 60 years before they adopted a formal ethics code. In 1938 The Committee on Scientific and Professional Ethics was established and in 1947 they recommended APA adopt a formal ethics code. The first ethics code was adopted in 1953. Psychology was the first mental health profession to establish and publish an ethical code. It has been revised many times, with the last iteration in 2002 entitled "Ethical Principles of Psychologists and Code of Conduct" (APA, 2002).

The APA Ethics Code consists of two parts: General Principles and Ethical Standards. The five general principles are aspirational goals to guide decision making toward the highest ideal. An example is Beneficence (do good) and Nonmaleficence (avoid harm). Following the general principles, there are 89 ethical standards grouped into 10 categories. These are further divided into subsections with additional rules for psychologists to observe for a total of 151 ethical rules. In addition to the APA Ethics Code (2002), psychologists must adhere to applicable state laws that include psychology board regulations in the states where they are licensed and practice.

Examination of these important questions requires working definitions. According to Paton, 1964, ethics is a philosophical discipline, along with logic and physics, concerned with the morality of human behavior and what constitutes differences between right and wrong in behavior. The distinction has been between two ethical theories: a theory of value and a theory of obligation. The latter theory emphasizes that certain behaviors are morally wrong (unethical)

and other behaviors are right (Ford, 2006). Proponents of this theory would argue that certain behaviors are right and ought to be performed expressing a person's ethical duty or moral obligation. This is the basis of the APA code's general principles. There is a normative component specifying which behaviors represent specific ethical duties. A second component addresses why these behaviors constitute the legitimate ethical obligation of a psychologist. The APA Committee on Professional Practice and Standards (2003) has defined ethics as "the rules or standards governing the conduct of members of a profession." The laws established by legislative bodies regarding professional behavior are defined as the rules governing the affairs of professionals/psychologists within a community, state, province, or country.

### **Character: What do we Mean?**

Character has been variously defined with the general theme of honesty, integrity, and justice as values that guides how a person deals with others. It is a "sort of moral grid through which professional activities are screened" (Johnson, 2003). Those responsible for graduate training agree that graduates must possess more than ethical knowledge to practice ethically; they must also possess genuine virtues of character (Meara, Schmidt, & Day, 1996). A legal case from the Medical board of Ohio regarding what is good moral character opined "the term may be broadly defined to include the elements of simple honesty, fairness, respect for the rights of others and for the laws of state and nation."

### **Competence: What do we Mean?**

While there is no precise agreement on what defines or constitutes competence, it is generally accepted that competence can be defined as "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served" (Epstein & Hundert, 2002). Competence means that a professional is qualified through education and training and is able to understand and perform those tasks in an appropriate and effective manner in their capacity as a psychologist consistent with standards, ethical principles, and values of one's profession to both benefit and protect the welfare of the public. Thus, competence refers to an overall capacity to perform as a professional psychologist, competencies refer to components of performance . . . "(Kaslow et al., 2004). One author (Rodolfa, et al., 2005) has suggested the term "domain of competence" to delineate those domains of professional activity in which competency is developed. Domains of competency are understood as components of "foundational" competence as mentioned earlier. The Mutual Recognition Agreement MRA (2001) established five areas of competency. One of the five is "ethics and standards" as defined by "application of ethical concepts and awareness of legal issues regarding professional activities with individuals, groups, and organizations" (445).

### **Fitness: What do we Mean?**

The literature on fitness, sometimes referred to as impairment, is often subsumed under competency to include the “emotional and mental stability of a professional and is most relevant to psychological health and subsequent capacity to practice safely and effectively” (Johnson, Porter, Campbell, & Kupko 2005); in short, emotional competence. Elman and Forrest (2007) noted that impairment is the term most often used by professional associations and regulatory boards. They further have noted that impairment “is a condition that compromises the psychologist’s professional functioning to a degree that may harm the client or render services ineffective.” Given that character and fitness are significant components of competence and because they believe impairment is too broad a term, they propose using a different terminology. They propose *problematic professional competence* as it focuses attention on the professional element of competence. This suggests that full competency requires an underlying moral character and personal/psychological fitness. It was noted, “Although character and fitness cannot alone ensure competence, their absence significantly increases risk of both impairment and incompetence (Johnson & Campbell, 2004).

There is a strong link between impairment during training and diminished performance in clinical work. In their survey of graduate programs, Huprich and Rudd (2004) noted the basis for this concern is well founded in that 72% of training programs and 10% of internship sites reported current trainees with significant psychological impairment. In a previous study Forrest et al. (1999) found that almost every graduate training program in psychology has one or more trainees whose functioning does not meet acceptable standards. Vacha-Haase, Davenport, and Kerewsky, (2004) noted that training directors reported a wide range of problematic behaviors within their programs. The most common behaviors leading to possible termination were inadequate skills (65%), defensiveness in supervision (52%), and deficient interpersonal skills (42%).

The most common concerns related to character and fitness include personality disorders, depression, substance abuse, anxiety problems, adjustment disorders, sexual misconduct, and ethical violations in the conduct of research (Huprich & Rudd, 2004).

### **Assessment of Character, Competence, and Fitness**

These studies strongly support the need for appropriate assessment and instruction in our graduate psychology programs in the areas of *character, competence, and fitness*. If we are to reduce the number of disciplinary complaints against psychologists, improve the image of psychology and psychotherapy, and protect the public from immoral or psychologically impaired practitioners, we are mandated to insure appropriate assessment of our applicants for character and fitness. Character and fitness are considered foundational qualities required for performing the duties of our profession. In addition, assessment of these characteristics is required throughout the educational training programs in graduate psychology. Johnson and Campbell (2004) have noted that being fully competent requires an internal moral character structure and

personal psychological fitness. Their position, as noted earlier, emphasized that although character and fitness cannot alone ensure competence, their absence elevates the risk of impairment and incompetence.

While assessment of applicants to graduate training programs is not the primary focus of this paper, I would like to consider several recommendations based on my experience and surveys of graduate training programs. It has been noted by Johnson and Campbell (2004) that research in psychology that demonstrates the efficacy of a screening approach to character and fitness is almost nonexistent. With this in mind, character development has traditionally been defined by *behavior*, both appropriate and inappropriate. It is primarily assessed through formal background checks of state and national data bases that record involvement in the legal system. If character is about *behavior* then assessment of character is about how one conducts and represents themselves to others. The use of letters of recommendation, personal statements, and admission interviews are most frequently used to for this assessment. Given that general letters of recommendation are often overly inflated (Miller & Van Rybroek, 1988) training programs might consider focusing their questions specifically on character and fitness observations. These letters of recommendation from professionals involved with the student might address specific information related to an applicant's known values, any known breeches of behavior, the applicant's ability to be self-reflective, the capacity to receive feedback in a non-defensive manner, and to what degree is the applicant accountable for their behavior. These specific questions should also be part of any applicant interview process. In addition, all interviewers should ask the applicant to define character and how this might relate to both graduate training and eventual clinical practice. These questions might also stimulate a discussion of what constitutes appropriate behavior in graduate training. For those applicants accepted into training this dialogue could continue in future coursework continuing to emphasize the importance of behavior that defines one as becoming a professional.

The assessment of fitness, more often than not, has been assessed through the interview and to some extent in the applicant's personal statement. In a study of legal applicants for the bar, Baer and Corneille (1992) found that bar applicants who disclosed problems of character (legal problems) and fitness (evidence of treatment for psychological difficulties) were four times more likely to engage in unprofessional conduct than applicants whose prior record did not include these issues. Johnson and Campbell (2004) have said, "Problematically, there is no existing research bearing on the strategies programs use to evaluate character and fitness – either at application or during training." In their survey, the use of letters of recommendation, personal statements, and admission interviews were most frequently used to for this assessment. Today some programs are beginning to require preadmission psychological or personality test data. Hopefully data is being gathered and analyzed to establish the validity of preadmission testing for fitness screening much like in personnel selection. During the preadmission interview the concept of fitness ought to be introduced in terms of the requirements necessary for successful

completion of 5 years of graduate study. This could be a basis for later discussions regarding concepts of fitness as they become relevant to later training requirements.

### **The Search for Pedagogy**

The instruction required for students to develop the many competencies in graduate psychology and the assessment of whether these competencies have been acquired are beyond the scope of this paper. Rather I would like to focus on the foundational competency of knowledge and the functional competency of ethical and legal standards and policy (Kaslow et al. 2004) and ethical, legal, and public policy issues (Rodolfa et al., 2005). The question is how to meaningfully embed the teaching about *character, competence, and fitness* in a course on ethics and the laws that govern the noble profession of psychology. The concept has been attributed to the English philosopher Herbert Spencer that the true goal of education is the formation of character. That is, through education we hopefully teach behaviors that correspond to good character.

All courses on ethics, state laws, and public policy issues are at first glance a compilation of the *rules* that govern the professional behavior of healthcare providers. Laws governing conduct vary state by state and codes governing ethics vary across professional organizations. While it is relatively straightforward to go through ethics codes and applicable state laws (awareness), it is the ability to work within these regulations that informs appropriate clinical decision-making and professional behavior. Behaviors that add to the foundation of character in a graduate training program might include openness to learning, initiative, a sense of curiosity, and interpersonal thoughtfulness. These are taught initially through modeling by the faculty and discussions about what is character and what constitutes one's character structure? How does character develop? Can character change and what defines character disorder? Ethics and the laws are introduced in my course with a focus on character and the above questions. The codes and laws emphasize *thoughtfulness* both clinically and personally with a focus and appreciation for the effect of our actions on another. If moral character refers to the honesty and integrity with which a person deals with others (Johnson et al. 2005), then the distinction between an altruistic position and an egocentric one defines the distinction between what is in the best interest of patients and that of the clinician. What is in the best interest of the clinician promotes exploitation and violates the behavior of thoughtfulness, thus leading to inappropriate behavior.

Codes of ethics and laws are not *black and white* and involve developing both an understanding of clinical issues and the capacity to reason through the *shades of grey*. There are a number of models for focusing on moral behavior and moral reasoning. A four stage model of ethical decision making delineates (a) recognition of a moral dilemma and related emotional response, (b) cognitive understanding of the moral issues involved, (c) a moral course of action that is decided on, and (d) an appropriate ethical behavioral response that is carried out (Rest 1983, 1986). To make the model "alive" clinical material is presented in a disguised form to stimulate assessment of the clinical issues and the ethical or moral dilemma becomes the point of

discussion in light of the applicable ethics/laws. Learning to use the model with actual case material allows the student to develop reasoning capacity based on the case to determine the possible ethical issues. This informs them to consider what are the alternative ethical behaviors relative to the clinical case and to decide how to proceed based on the model. In addition, disciplinary cases are anonymously presented and the students are asked to determine the ethical or legal issues that instigated the report of a possible violation. The applicable codes, laws, and the model of ethical decision-making are used to assess the issues. This approach, involving deliberation of actual clinical case material, guided by an experienced clinician, is intended to facilitate the ethical development of graduate students as they learn how to reason through clinical material, learn how to avoid clinical and ethical transgressions, and adopt ethical behaviors. Role-playing an ethical dilemma can model an appropriate response on the part of the clinician followed by a discussion of the ethical decision making. Ethics codes and standards inform rather than determine our ethical reasoning. Ethical awareness is a continuous, active process that involves constant questioning and personal responsibility (Pope & Vasquez, 2007). This approach should continue throughout the doctoral program, postdoctoral training, and professional continuing education as it includes supervision and consultation with an emphasis on ethical behavior as well as clinical understanding. The supervisor role entails a teacher/mentor relationship that requires evaluation. To insure adequate supervision, a signed contract between the trainee and the supervisor defines the requirements of the supervisory process. The assessment should focus on both the clinical issues and the competency of the trainee with a focus on the ethical issues as they might arise. The supervisor functions as a *gatekeeper* before the student moves from their practicum to their internship. The supervisor on the internship serves as the final *gatekeeper* to assess competency and fitness issues before the trainee graduates from the program. This is an enormous responsibility as the supervisor is, in effect, certifying the foundational and functional competencies of the student, their clinical work, and their ability to engage in appropriate ethical reasoning prior to independent practice following the licensing requirements.

I have taken the position that good ethical decision-making and appropriate clinical decision-making are inseparable and constitute the double helix of clinical practice (Wall, 1991). This approach supports the functional domain of competence in ethics and the laws or what the psychologist does. It can be measured through the use of clinical vignettes to define the possible ethical issues and the reasoning behind the ethical decision-making used to determine what behaviors are appropriate and why. This means the student is required to know not only the ethical/legal regulations, but also how to think through the clinical material and apply ethical reasoning to the case. These are reviewed and form the basis for class discussions. Sometimes there is more than one possible course of action and there maybe disagreement as to which is correct. These discussions are important to assess the development of reasoning strategies and provide guidance in determining what actions might be taken.

There are related characteristics that support competence and especially fitness issues. Kaslow et al. (2007) proposed a series of recommendations for the assessment of competence. Principle 9 defines “self-reflection and self-assessment as key components of the assessment of competence that have to be taught and encouraged” (p. 445). This means the behavior of *openness* and self-reflection are crucial to assess one’s strengths, areas in need of improvement, and awareness of one’s own limits of expertise along with what to do when those limits are reached (Hoge et al., 2005). This is often referred to as the importance of developing a self-supervisory capacity involving self-reflection, self and other interpersonal monitoring, and the capacity for flexibility. In addition, reflection includes learning to apply theory to clinical data and ethical reasoning. Being open to personal change and the ways one represents themselves to others are necessary for self-assessment.

This self-assessment includes fitness notions of the capacity to relate and a willingness to deal with feelings, insights, and feedback that may be uncomfortable. Sometimes a failure in openness to discuss personal issues becomes important since this may interfere with fitness issues. All of these are subsumed under the willingness to be self-reflective. To promote the development of self-reflection, some graduate training programs require engagement in personal therapy as part of an emphasis on fitness. Other programs recommend utilizing a personal therapy for awareness, self-knowledge, and the experience of the therapy process itself. Allen, Szollos, and Williams (1986) conducted a survey of trainees and reported that about 25% of those surveyed engaged in their own personal therapy. In an earlier study, Norcross and Prochaska (1982) found that clinicians routinely considered their personal therapy experiences to have had a major positive impact on their clinical performance. Sometimes trainees are referred for therapy due to perceived impairment, however there is conflicting data as to the effectiveness of this approach. It is unclear whether self-reflection can be taught. However, the process of continual self-assessment within supervision and by the supervisor provides an opportunity to examine oneself and one’s behaviors in relation to professional conduct.

My paper started with the task of a search for pedagogy as it relates to character, competence, and fitness in teaching ethics and the law to graduate psychology students. It represents a beginning in that search to develop effective instruction in these areas. The development of character is behavioral and is most likely determined by one’s developmental history. I have proposed that appropriate behaviors reflecting honesty, integrity, and justice in dealing with others can be taught through exposure to clinical material and models of ethical reasoning. Competence comes through appropriate instruction, supervision, and eventual consultation. It requires self-reflection and honest self-assessment, which is a life long endeavor. Competency should never be taken for granted. Competency is to be continually strived for, but never fully realized. Fitness requires continual assessment of one’s emotional, physical, and spiritual well being. This includes the effects of eventual clinical practice and the risks of compassion fatigue or burnout.

Each of these three variables is interwoven and forms the basis of our work as psychologists.

If students can learn, through an awareness of who they are and the instruction we offer, to develop these capacities as discussed in this paper, they will be better able to engage the clinical process in an ethical manner. This includes an awareness of self and other and the relational variables that define the therapeutic relationship ethically with a growing competence clinically. Being continually informed and through reading the professional literature of the threats to character, competence, and fitness is the best safeguard for the future. Engaging in self-care strategies during graduate school and carrying these beyond graduation are important. Accomplishing these tasks may help reduce the number of disciplinary actions against psychologists in the next decade. For example during 1983-2005 there were 2858 disciplinary actions against psychologists (Pope & Vasquez, 2007). Our graduate training programs bear the primary responsibility to insure that our graduates avoid becoming part of this statistic in the future.

In clinical psychology it is important to remember that the primary instrument of our profession is who we are and how we represent ourselves as we engage the clinical world. We have a tremendous responsibility to engage with behaviors that reflect the highest standards of *character, competence, and fitness*. These are never to be assumed by virtue of one's status as a professional. As mentioned earlier, competency is to be continually strived for, but never fully realized. It is a lifelong learning process that commences the first day we enter graduate education in psychology.

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