

Scenario #1, Zen

Joyce wrote: “I’ve been seeing Lonnie, a 6th grade student, for individual counseling services as specified in his IEP, primarily for anxiety and mild depression. Lonnie made some progress with social skills training intended to increase assertiveness, improve friendship skills and increase socialization. However, he still reported high levels of anxiety prior to some school activities especially during tests and class presentations. I decided to help Lonnie learn to use progressive muscle relaxation and systematic desensitization techniques. He responded enthusiastically, practiced diligently at home, and reported decreasing levels of anxiety. Lonnie’s father, however, objected strenuously to the use of what he calls, ‘Zen Buddhism and other pagan practices’ with his child. He has told me to continue to provide counseling but forbids the use of these techniques with his child. My supervisor said the father is a ‘religious nut’ and I should do what I think is in the best interests of the student. What do you think?”

Ethical and Professional Decision-Making Model
1. Describe the problem situation.
2. Define the potential legal and ethical issues involved. Review guidelines. Consult others as needed
3. Evaluate the rights, responsibilities, and welfare of all affected parties.
4. Consider alternative actions and the consequences of each action.
5. Make the decision and take responsibility for it. Monitor outcomes.

Adapted from Koocher and Keith-Spiegel (1998)

Scenario #2, The Report

Norah evaluated Sam Johnson, a 1st grade student, who was reported to have learning problems as well as high levels of hyperactivity and impulsivity. She asked Sam’s mother to complete a school district background information form and then interviewed her to obtain additional details for her psychological report. On the background form and during the interview, Ms. Johnson disclosed that she used crack cocaine and smoked cigarettes while pregnant with Sam and received no prenatal care. She reported that Sam was six weeks premature, weighed just 3 pounds, and had a low Apgar score. Ms. Johnson also shared that she has continued to struggle with substance abuse and has been in two different in-patient treatment programs. Neither was successful for long. Ms. Johnson also disclosed that Sam’s older brother has been diagnosed with Oppositional-Defiant Disorder and an uncle has ADHD.

During the subsequent IEP Team meeting, Norah gave Ms. Johnson a copy of her psychological report. It included the preceding details of her and Sam’s background. Ms. Johnson objected and demanded that the report be changed. Norah explained that the information had been shared voluntarily and was important in understanding Sam’s condition. Ms. Johnson argued that she thought the interview was like talking to a doctor who wouldn’t tell anyone about it. She angrily protested Norah’s sharing the information with everyone in the room, saying “That’s not fair!” before storming out of the room.

What should Norah do? (Adapted from Armistead, Williams, & Jacob, in preparation)

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Scenario #3, The Teenager

Brian wrote: “A seventeen-year-old student I’ve known for several years, approached me regarding a situation with his mother. I’m aware that he comes from a dysfunctional family in which there is much yelling and arguing at home. I repeated my traditional confidentiality speech that discusses situations I need to report. He then told me that he does not want his situation reported to our child protective services unit but simply needs someone to talk to. He said his mother hit him with a bat the night before during an argument they had and he showed me the bruise. The situation is this: He will be 18 in a few months and has saved enough money to move out following graduation. He plans to attend a local trade school. He is well groomed, well fed, and does not want an investigation or to be removed from the home. This is the first time an argument has ended in such physical violence. His mother has pushed him around and spanked him when younger. I know that she has some mental health issues. The student stressed that he simply needed to ‘get it off his chest’ and that he would deny the situation if I reported it to anyone else. I’m not sure how to proceed. What should I do?”

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Scenario #4, The Server

Anonymous email: “Recently, a new school psychologist was hired in our district in rural Beegap County, SC. She was recently divorced and undergoing some financial challenges so she took a part-time evening job as a server in a bar. Word got around to male employees that the attractive school psychologist was working in the bar, and some began to frequent the place after work. The Director of Special Services, her supervisor, has become very uncomfortable with the situation. Questioning her judgment, he’s considered terminating her employment. I’m her mentor and I don’t know what to tell her to do.”

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Scenario #5, The Note

Mrs. French, an 8th grade English teacher, stops by to see you, the school psychologist. Mrs. French is upset about a love note she intercepted between two students in one of her classes. The note was written by a 14-year-old boy named Derek to another boy in the class. Derek knows that Mrs. French has read and kept the note, but she has not spoken with him about the matter. Mrs. French wants *you* to confront Derek with the note and talk with his parents so that they will get help to cure him of this “sick stuff” before it’s too late. How will you handle this situation? (Adapted from Armistead, Williams, & Jacob, in preparation).

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Scenario #6, OCR

Several districts in my area have been advised by the Office of Civil Rights that they have an overrepresentation of minority students in special education. The districts' response has been to require school psychologists to administer a "nonverbal" IQ test to any minority student who appears to be eligible for special education services as a student with a cognitive delay or disability. Many school psychologists use the Universal Nonverbal Intelligence Test for this purpose. Others, who say they are pressed for time, rely on the Comprehensive Test of Nonverbal Intelligence. If a nonverbal score falls above 70, it is regarded as evidence that the student is not mentally disabled and the student usually does not qualify. The results of the comprehensive test of general intelligence are then disregarded.

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Scenario #7, LD or Not LD?

I was asked to evaluate a third-grade student for a possible learning disability. The student was having major academic difficulties. The boy had been born in Mexico, but had attended school in the United States for several years. He received a low score on an acculturation scale and was attending English as a Second Language (ESL) and Reading Lab classes. Testing with the Universal Nonverbal Intelligence Test and the Woodcock-Johnson III confirmed that he had normal intelligence, but significant delays in reading and written language. The Peabody Picture Vocabulary Test-III and the Expressive Vocabulary Test were also administered to the student. A Spanish-speaking teacher administered the Test de Vocabulario en Imagenes Peabody (TVIP), a measure of Spanish vocabulary. The language testing showed that the boy had good Spanish language skills but very poor English language skills. When questioned, the boy stated that he wanted to go back to Mexico and was not happy in the United States. I believed that it would be inappropriate to put a LD label on this student because language could not be ruled out as the cause of his learning difficulties. The District’s lead ESL teacher supported this position. The third-grade teacher, reading lab teacher, and assistant principal applied pressure to identify the student as disabled so that he could get more help. After several long meetings, the student was not identified. There were some hard feelings toward me. If I had been a new practitioner, this would have been really hard to take and I don’t know if I could have been as assertive.

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