

Addressing a potential multiple relationship violation



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It is somewhat likely, that at some point in your career that one of your patients may request that you write them a letter so that they can obtain a companion animal or an emotional support animal (ESA). ESA's often help people cope with anxiety, loneliness, or other health conditions. However, ESA's differ from support animals (SA), and it is essential to understand the difference between the two. This paper will address the matter of writing a letter to support an individual with having an ESA while considering the following vignette. You are a licensed psychologist, who is a single parent with two children: a 7-year-old and a 9-year-old. Your live-in caretaker informs you that her adolescent daughter has been having nightmares and that she believes a dog may help alleviate this matter. However, their apartment complex does not allow pets unless the individual is diagnosed with a disability enabling the use of an emotional support dog. Your live-in caretaker asks if you would be willing to write such a letter to the apartment management company. The question is if you agree, would you be causing any harm and it is ethical for you to do so?

In considering this request, several things must be considered. First, what are some of the pertinent ethical ramifications of treating your live-in caretaker's adolescent daughter? Are you functioning within your boundary of competence, what would be the basis for the assessment process, and would thus constitute a dual relationship? Second, would this be a conflict of interest, and would you be doing any harm to the individual? Last, are you fully aware of the distinctions between a service animal and an emotional support animal? This paper will strive to answer these questions while also offering concluding remarks about how this matter will affect psychologists.

First, it is imperative to consider the overall ethical implications of writing an ESA determination letter. Standard 2.01 reminds psychologists that they are to operate within the boundaries of their professional competence. According to Boness, Younggren, and Frumkin (2017), any appraisal envisioned to supply information for purposes other than that of clinical purposes fall under the guise of forensic psychology; therefore, forensics should have the primary role of writing ESA letters and disability determinations. Further, Younggren, Boisvert, and Boness (2016) point out a significant difference between the part of the clinical practitioner and a forensic practitioner has to do with the clinician's efforts to establish a therapeutic alliance while the forensic practitioner's primary goal is the review of data and assessment tools that inform "legal, contractual and administrative matters" (p. 256). In light of this, Younggren and partners (2016) concluded that justification letters written by therapists are generally "inadequate and do not meet the requirements of the law" (p. 217) asserting that most clinical psychologists are functioning outside their level of competence.

Next, it is vital to consider the guideline found in Standard 9.01: bases for assessments which states "psychologists base the opinions contained in their recommendations...on information and techniques sufficient to substantiate their findings" (Tien, Davis, Arnold & Benjamin, p. 409). ESA endorsements are official disability determinations, according to the federal law, which confirms that the person, as a result of their psychological condition, is disabled and needs the presence of an ESA to remain emotionally sound (Younggren et al., 2016). Further Standard 9.02b

implores psychologists to use evaluations that are well researched, legitimate, and dependable for the purpose at hand. When this is not feasible, the psychologist must report the merits and restrictions of their testing outcomes and clinical readings according to Standard 9.02b. As indicated, forensic duties involve administrative reviews of patient records, interviews, conferences, and specific psychological testing to determine if an individual meets the legal requirements for a disability determination. Given the complex nature of this process and the valid instrumentation needed to meet ethical obligations, it would appear wise for clinical psychologists to defer this task to their forensic counterparts lest they are called before a legal body to empirically justify their recommendation or be accused of insufficient findings (Boness et al., 2017; Younggren et al., 2016).

To meet the requirements of Standard 9.01, a psychologist would need to personally and adequately examine the patient and determine that the individual does indeed have a DSM-V diagnosis. Next, the animal would need to be observed with the patient demonstrating how it could help alleviate symptoms of the disorder by providing comfort or individual services, thus demonstrating individualized assessment and not mere patient self-reporting. The observation should be timed with the specific tasks it offers for the documented disability. It would also be wise to hypothesize on the negative consequences that would occur should the animal not be allowed to reside with the patient (Ensminger, & Thomas, 2013). Again, given these conditions and time requirements, it appears that the clinical psychologist may want to defer these evaluations and remain focused on their therapeutic relationships.

A further guideline that merits attention is that of Standard 3.06: conflicts of interest which stipulates that “ psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to impair their objectivity or competence” (Tien et al., p. 104). Forensic psychologists do not have any conflicts of interest because they are only seeing the patient for disability determination purposes. No other relations have been established; therefore, they can objectively employ the instrumentation and techniques needed to create this legal document. When considering the vignette of our unnamed psychologist, it appears rather apparent that he would be guilty of a conflict of interest should he write a letter for his live-in caretaker’s daughter since this would be for solely a personal favor that may well impair his objectivity and cause him to function outside his level of competence. It is also apparent that participating in this request would constitute a dual relationship which also could affect his objectivity and effectiveness as a psychologist according to Standard 3.05. Finally, taking part in this request could cause potential harm (Standard 3.04) to the live-in caretaker’s daughter should his recommendation be challenged, and his ruling overturned based on these ethical violations.

Finally, it is also vital that we fully understand the role of an ESA along with the difference between an ESA and a support animal (SA) since they are not the same (Boness et al., 2017). A service animal (SA) is viewed under the Americans with Disabilities Act (ADA) as a service animal, primarily dogs, that have been explicitly prepared to accomplish a task for someone with a disability, and that the work performed must be directly related to the

disability (Younggren et al., 2016). Whereas, an ESA provides camaraderie, relieves lonesomeness, and at times, helps with unhappiness, nervousness, or various phobias without specialized training (Brennan, 2014). Certain mental health disorders may qualify considering a dog or any animal as a SA. These rights are protected under the American Disabilities Act (ADA). Younggren, Boness, Bryant, and Koocher (2019) report that the ethical issues intrinsic with this matter fall into three areas: “ competence, assessment practices, and boundary problems” (p. 2). Positive recommendations for an ESA fall under the disability determination clause verifying that the patient is disabled due to their mental health condition that becomes part of their permanent record and such evaluations are forensic in nature according to Younggren et al., 2016.

In conclusion, providing a letter for your live-in caretaker would appear to be unethical for several reasons. First, Standard 2.01 clearly instructs psychologists to function within their boundary of competence. While the individual in this vignette is reported to be a licensed psychologist, it is silent about their training, supervised experience, and professional experience, leaving uncertainty about their expertise and general areas of competence. Due to this, it would behoove him to defer this case to a forensic psychologist since the majority of disability letters written by clinical psychologists are insufficient and lack the legal authority to demonstrate a disability determination (Younggren et al., 2016).

Second, the guidelines found in Standards 9.01 and 9.02b are rather clear about how the bases and use of assessments must be sufficient to support their conclusions. Psychological determinations need to be based on well
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researched, legitimate and dependable assessment tools and, when this is not feasible, the psychologist must report the merits and restrictions of their testing outcomes along with the clinical findings. Psychologists must keep in mind that the patient must have a demonstrated psychiatric condition, and due to this needs the presence of the ESA to remain psychologically stable (Younggren et al., 2016). Given the complex nature of this process and the psychological instrumentation needed, it would appear wise for clinical psychologists to defer this task to their forensic counterparts (Boness et al., 2017; Younggren et al., 2016). Through the process of informed consent (Standard 10. 01), this psychologist could easily have explained the limits of his role while teaching the complexities of disability assessments which are needed to have an ESA legally.

Finally, and perhaps the most compelling argument has to do with Standard 3. 06: conflict of interest. Writing a letter for your live-in caretaker's daughter is a conflict of interest. It is unethical to assist this individual regardless of the plausible merits for the teenager. Psychologists should never treat someone this close to their family since it would be considered a dual relationship and could be potentially harmful to the patient, her mother, and the psychologist (Standard 3. 04). In situations like these, it would be best to provide your live-in caretaker with a referral to a forensic colleague and remain free and clear from the matter. The forensic psychologist would not face these challenges because they are only seeing the patient for disability determination purposes; therefore, they could objectively evaluate the issue and create the needed legal documents if applicable. Situations like these, are precisely why the APA created their Standards of Care, to

ensure that decisions are objective, thought out and fit into the applicable laws.

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