COUNSELING PSYCHOLOGISTS' PERCEPTIONS OF COLLEGIAL IMPAIRMENT AND WILLINGNESS TO INTERVENE

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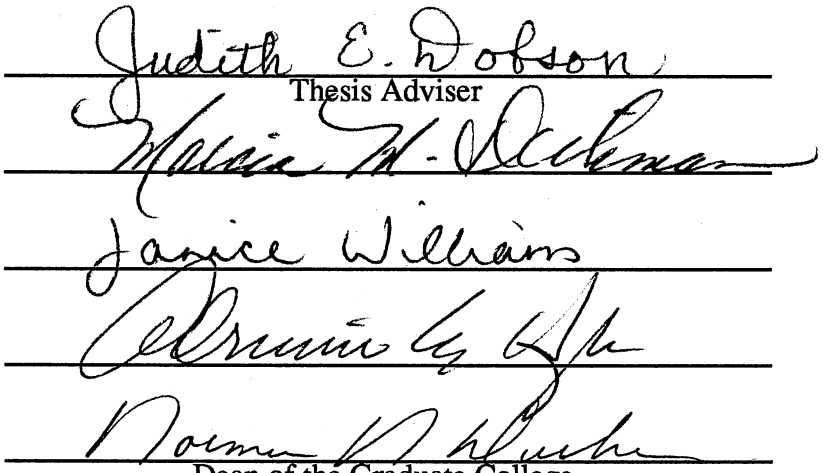

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DEDICATION

I dedicate this work to my husband, Coy Jenkins, whose patience and sacrifices helped make my dream a reality. I also dedicate this work to my parents, Gene and Camilla Satterfield, who from the time I was born told me "you can do anything and be anything". Your love has empowered me and given me the strength to chase my own rainbows.

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CHAPTER I

INTRODUCTION

Increasingly, professionals have become aware of the prevalence and incidence of "impaired colleagues". Laliotis and Grayson (1985) define impairment as ". . . interference in professional functioning due to chemical dependency, mental illness, or personal conflict" (p. 85). Nathan (1986) defines an impaired professional as a ". . . professionally trained person whose professional work is impaired - interfered with - by something in the professional's behavior or environment" (p. 27). Both of these definitions emphasize that impairment leads to interference in the delivery of services.

Several professional groups have begun the task of addressing and researching the issue of impairment. The American Medical Association (AMA) led the initiative in defining and identifying impaired physicians. Much of what is known about impairment, therefore, is based on the AMA's findings (Stadler, Willing, Eberhage, & Ward, 1988). The American Psychological Association (APA) began working on the issue of impaired professionals in 1980 (Kilburg, 1986). Based on recommendations generated at a conference in 1981, the APA Steering Committee on Distressed Psychologists was established. The steering committee was the first organized group designed specifically to address the issue of impaired psychologists (Kilburg, 1986).

Kilburg (1986) reported that the steering committee discovered the paucity of information available concerning impaired professionals. Research that was available was frequently fragmented and plagued with methodological problems. Despite the acknowledgment of the problem and the development of a special committee by APA, the information relative to impaired colleagues still remains sparse. Overwhelmingly, psychologists agree that impaired professionals pose a serious problem and that there is a

significant proportion of psychologists who are impaired (Wood, Klein, Cross, Lammers, & Elliott, 1985).

Though there has been agreement that impaired psychologists do exist and pose a serious problem, the question that remains to be answered is why are psychologists still continuing to ignore impaired colleagues? This question may be addressed from two perspectives: (a) Why do psychologists not confront colleagues who are impaired and (b) why do impaired psychologists choose not to seek assistance when they do become impaired?

Skorina (1982) suggested that the field of psychology has developed an air of invulnerability which leads to an unwillingness to seek help when confronted with problems. Skorina further asserted that this sense of invulnerability leads to the misconception that colleagues rarely experience episodes of distress or impairment. The denial of the existence of impairment/distress perpetuates a myth that suggests psychologists are in a constant state of good mental health. Mental health professionals then may accept the myth of constant mental health and neglect research on impairment. In addition to the lack of research, there remains a controversy as to what constitutes a definition of impairment. Yet, once impairment is defined, the literature is unclear as to whether professionals are obligated to intervene with colleagues who fit the definition of impairment.

Theoretical Foundation

Rogers (1959) postulated that the core tendency of humans is to actualize all the potential that they possess. Through this actualization, one becomes a fully functioning person. Rogers (1961) further explained that the goal an individual wishes to achieve is to become himself/herself. Becoming himself/herself, according to Rogers, involves the exploration of known and unknown elements of the self. Through the process of exploration, an individual learns to accept himself/herself. The acceptance of self leads to the actualization of human potential, which leads the

individual down the path of becoming a fully functioning person.

Rogers (1959) assumed that the actualizing tendency is not only directed toward self but also involves facilitating the actualization of other people. The nature of humans then is to produce constructive acts. At the opposite end of the continuum are destructive acts. Defensiveness emerges when an individual is not willing to experience what is going on with himself/herself and when there is an attempt to shut life experiences out of awareness (Rogers, 1961). Defensiveness leads to psychological maladjustment. The psychological maladjustment leads to destructive behavior toward oneself which, according to Maddi (1989), occurs with behavior that is destructive to others. The end result of psychological maladjustment is an impairment that cripples people and leaves them unable to actualize their potential.

An intervention would be necessary to help the maladjusted person discontinue the destructive behavior. According to Rogers (1961), the maladjusted person experiences a discrepancy between the self the person is, and the self the person would like to be. The intervention process would be the opportunity to identify the discrepancy. The goal of the intervention would be to provide unconditional positive regard in an effort to support the maladjusted person so that he/she may once again become a fully functioning person. According to Rogers (1961), being a fully functioning person is a process and a direction of life. The characteristics of the process of becoming a fully functioning person involves an openness to fully experience life; to be open to feelings of fear and discouragement; to be open to feelings of courage and tenderness; and freedom to experience feelings subjectively.

Rogers' (1959, 1961) ideas about basic human nature can be applied one step further when examining therapists' mental health. Clients often seek help from psychologists in becoming fully functioning people. Psychologists, in order to be maximally effective, must be without impairment. In other words, the mental health of psychologists is a crucial factor in their ability to help clients (Deutsch, 1985; Kottler,

1986; Rogers, 1957; Sandler, Holder, & Dare, 1970; Whitfield, 1980).

Psychologists are vulnerable to the pain and suffering of their clients which may affect the psychologist's mental health. According to Kottler (1986), therapists attempt to insulate themselves from internally experiencing the pain and suffering of their clients. At times, however, psychologists are unable to insulate themselves and the internal structure of the therapist is altered. Despite defensive maneuvering, therapists are vulnerable and affected by their work (Kottler, 1986). To be vulnerable is not the sin, but rather the denial of vulnerability.

Kottler (1986) believes that life events "...can not be fully shelved by the person experiencing them even for forty-five minutes while someone is talking" (p. 27). These life events and crises affect psychologists' mental health which in turn may affect services provided to clients. Psychologists are taught that there is an ethical obligation to protect the welfare of clients (Kottler, 1986). Are psychologists who are currently experiencing personal crises themselves providing quality services and protecting the welfare of clients? The Ethical Principles of Psychologists APA (1989) in Principle 2F address this question:

> Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance, harm to a client, colleague, student, or research participant. If engaged in such an activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities (p. 391).

In summary, impairment according to Rogers (1959, 1961), is not true to human

nature. Impairment results from psychological maladjustment. From Rogers viewpoint, there is a force within humans to attempt to become a fully functioning person and impairment disrupts the process. Clients often seek help from a psychologist to become a fully functioning person. The mental health of the psychologist is critical not only for their own personal benefit, but for the benefit of clients as well. Thus, the mental health of psychologists is critical to help ensure the protection of clients' welfare. Not only have theorists argued this point, but ethical guidelines surrounding mental health have been established. Impairment itself, may not be an ethical violation, but rather a harsh reminder of the humanness and vulnerability of psychologists. The avoidance by the impaired psychologist to seek help is an ethical violation, as is the avoidance of colleagues to intervene with impaired psychologists (Bernard & Jara, 1986).

Statement of the Problem

Significant proportions of psychologists have been judged to be impaired with a majority of psychologists believing that impaired practitioners pose a serious problem (Boyer, 1984; Wood, et.al., 1985). Few psychologists, however, are willing to refer impaired psychologists to a therapist or report them to an ethics committee (Wood, et.al., 1985). Thus, psychologists have witnessed the continued emergence of impaired colleagues with a continued unwillingness to intervene.

The purpose of this study was to examine whether the variables of (a) diminishment of functioning (impairment) and (b) violation of APA ethical standards influence psychologists' willingness to rate a colleague as impaired and a psychologists' willingness to intervene with the colleague. The following research questions address the specific variables.

1. Will there be an interaction between diminishment of functioning and violation of APA ethical principles with willingness to rate a colleague as impaired and

willingness to intervene with a colleague?

2. Will psychologists be willing to rate a colleague as impaired and intervene with the colleague if the colleague is judged to exhibit a diminishment of functioning?

3. Will psychologists be willing to rate a colleague as impaired and intervene with the colleague if the colleague is judged to be in violation of APA ethical principles?

Significance of the Study

The limited research that has been conducted on impaired psychologists has focused on the prevalence of impairment. Studies have suggested that the incidence of impairment and distress seem to be at the level of impairment of the general public (Boyer, 1984; Laliotis & Grayson, 1985; Thoreson, Nathan, Skorina, & Kilburg, 1983). This research directly confronts the myth that psychologists are in constant good mental health.

The major benefit in identifying impaired psychologists would be to develop specialized treatment programs which would enable impaired psychologists to receive psychological help. For example, to date, there has been limited research focused on treatment programs designed specifically to treat alcoholic psychologists (Nathan, 1986), while other impairments such as emotional illness have been left untouched (Boyer, 1984). Nathan (1986) suggested three reasons for developing specific treatment programs:

> (a) to enable impaired professionals to return to productive and useful work; (b) to protect an innocent public from exploitation or other harm at the hands of impaired professionals, and (c) to lessen or prevent damage to the reputation of the profession of which the distressed professional is a member (p. 29).

The results of this study may have implications, not only for professional psychology, but for other professions that are in the process of addressing impaired

professionals. The provision of opportunities for professionals to clarify their judgements and opinions about reporting impaired psychologists may allow for the development of educational programs to dispel myths that hinder intervention.

Definition of Terms

The following terms are pertinent to this study.

Colleague.

A colleague is a psychologist with whom there is or has been a working relationship.

DSM III-R.

The DSM III-R refers to the Diagnostic and Statistical Manual of Mental Disorders, Third Edition Revised (American Psychiatric Association, 1987).

Impaired Psychologist.

Impaired psychologist refers to a professionally trained psychologist whose professional work with clients has been interfered with because of a psychological difficulty. The impairment leads to a diminishment of functioning and is diagnosable under a DSM III-R (American Psychiatric Association, 1987) category. The current study was limited to impaired psychologists who exhibited symptoms of depression.

Practitioner.

Practitioners are those professional psychologists using psychological theories and methods in an attempt to help resolve client difficulties.

Intervention.

An intervention is any strategy which is intended to reduce the psychologist's impairment.

Ethical Violation.

An ethical violation is any behavior demonstrated by a psychologist that violates that Ethical Principles for Psychologists (1989) under the American Psychological Association's guidelines.

Limitations

The following limitations were inherent in this study.

1. The researcher presumes data gathered from the self-report questionnaire (vignettes) reflects honest perceptions and opinions of the participants.
2. The subjects for this study were psychologists drawn from an APA membership roster who identified themselves as counseling psychologists and practitioners. The results of this study, therefore, can be generalized to the population of individuals who possess similar characteristics and are in similar situations.
3. Case vignettes depict psychologists within a specific diagnosable category or with specific symptoms of impairment. The current study limits the category to symptoms of depression. Other diagnosable categories may have produced differing results.

Organization of the Study

This chapter introduced the topic of professional impairment. Also included was the theoretical foundation, the statement of the problem, significance of the studies, definition of the terms, and limitations. Chapter II, Review of Literature, contains a review of pertinent literature and research. Chapter III, Methodology, includes a discussion of the subjects, research design, variables, instrument, pilot studies, procedure, and statistical analysis of the data. The results of the study are presented in Chapter IV. The summary, conclusions and recommendations are included in Chapter V.

CHAPTER II

REVIEW OF LITERATURE

This chapter contains a review of the pertinent literature relative to the definition and prevalence of impaired psychologists. This chapter also examines ethical questions concerning impairment, stressors within the psychology profession, and syndromes commonly reported when identifying impaired psychologists.

Impaired Physicians: A Brief Overview

Much of what is known about impairment has been derived from the literature on impaired physicians. The medical profession was one of the first to define impairment and acknowledge that impaired physicians posed a serious threat (Stadler, et.al., 1988). The purpose of this section is to provide a brief overview of the literature concerning physician impairment as an introduction to the literature on impaired psychologists. Scheiber (1975) reviewed research on the prevalence of impaired physicians and estimated that three to five percent of practicing physicians were impaired to varying degrees by alcoholism, drug dependence, mental, physical, and aging problems. However, Steindler (1975) refuted Scheiber's (1975) estimate and contended that three to five percent underestimated the number of impaired physicians. Rather, Steindler (1975) reported that an estimated 17,000 physicians experience some form of impairment because of alcoholism, drug addiction, and mental illness. While there is a lack of consensus about the exact number of impaired physicians, both Scheiber (1975) and Steindler (1975) agree that there seems to be a problem with impaired physicians within the medical profession.

Hall, Stickney, and Popkin (1978) surveyed all Boards of Examiners in the 50 United States and 100 professional physicians concerning physician drug abuse. The

researchers reported the following conclusions: (a) Physician drug abuse was a significant but under-reported problem in the United States; (b) colleagues reported experiencing significant difficulty in dealing with physicians who were drug abusers; (c) physician drug abuse is often known by colleagues for several years prior to a request for treatment; and (d) few physician drug abusers sought treatment.

Several studies also have suggested that there is a prevalence of physicians experiencing impairment due to psychiatric disorders (Pearson, 1982; Scheiber, 1977; Smith & Steindler, 1982). Psychiatric disorders identified by the studies included depression, suicide, drug and alcohol abuse, personality disorders, and schizophrenia. Smith and Steindler (1982) contended that the concern need not be just for the large number of physicians suffering from psychiatric disorders, but also, there needed to be a concern for the large number of physicians who were not receiving help.

In summary, the medical community identified impairment among physicians as a professional problem. Specific syndromes reported included alcoholism, drug abuse, and psychiatric disorders. The research on impaired physicians influenced the field of psychology to research impairment in psychologists (Boyer, 1984). The findings within the medical and psychology professions have yielded similar results concerning the prevalence of impaired professionals.

The Impaired Psychologist: Definitions

The literature to date has been sparse concerning impaired psychologists. Developing a well accepted and standard definition of impairment, along with criteria for impairment, has contributed to the lack of research. Nathan (1986) defined an impaired professional as a "...professionally trained person whose professional work is impaired - interfered with - by something in the professional's behavior or environment" (p. 27). Another problem contributing to the difficulty of defining impairment is the substitution and confusion with distress. Nathan asserted that distress and impairment are not interchangeable. The distressed professional, according to Nathan, is one

"...who feels distressed - who experiences the subjective sense that something is wrong whether or not that feeling is associated with actual impairment in any area of life functioning including the professional" (p. 27).

Laliotis and Grayson (1985) united their search for a definition of impairment as it related to psychologists. They found that there were few definitions in the literature which addressed impairment among psychologists and that only specific problem areas for impaired psychologists had been identified. Laliotis and Grayson reported that there is some agreement in defining impairment due to chemical abuse and psychotic disturbance, however, difficulty arises when encountering areas such as incompetence and poor judgement without extreme or well defined impairments. For the purpose of their research, Laliotis and Grayson defined impairment as "...interference in professional functioning due to chemical dependency, mental illness, or personal conflict" (p. 85).

Kutz (1986) argued that the current definitions of impairment have not clarified substantive issues and that this lack of clarification has continued to obscure important distinctions. Specifically, Kutz believed that the definitions of impairment which have been established ignore two critical elements. Kutz stated that the definition of impairment should imply (a) a diminishment of functioning and (b) differentiate impairment from incompetence which may or may not be the result of impairment. Thus, there is a need for key concepts to be defined and important distinctions to be made. Though Kutz criticized current definitions of impairment, he failed to provide an alternative.

Boyer (1984) addressed the issue of distressed psychologists and defined these psychologists as "...suffering from psychological difficulty of sufficient duration and intensity to fall within some DSM III category" (p. 71). Boyer's definition introduced a new element, that of psychiatric classifications, which had not yet been addressed. This definition, however, does not differentiate distress and impairment, nor does it

clarify whether the psychologist's ability to function diminishes.

Knox-Harbour, Steward, and Jenkins (1989) surveyed 24 counselors from APA approved counseling centers in an attempt to further clarify the definition of impairment. The results of the study indicated three dimensions of impairment. The first dimension, violation of rights directed at self versus others, concerned impairment directed at the person (i.e. obesity, overload of client hours, etc.) and impairment directed at others (i.e. inappropriate intervention with suicidal client, boundary issues, displacement of anger toward clients, etc.). Dimension two represented interpersonal problems experienced outside the professional setting (such as marital problems) and incidents of personal conduct (such as missed appointments and/or avoiding colleagues). The final dimension reflected a conflict in values. On one end of the dimension, are incidents of clearly diagnosable psychological distress (such as depression and/or alcoholism) and on the other end, value judgements on the part of the colleague surrounding inappropriate collegial actions (such as having a child out of wedlock and/or defensiveness). The authors concluded that limiting the definition to specific syndromes may not identify all behaviors representative of impairment.

In summary, the definitions of impairment remain diverse. The current study proposes a definition of impaired psychologists that reflects the researcher's definition and does not attempt to clearly identify how the psychology profession defines and identifies impaired psychologists.

Prevalence, Characteristics, Interventions

Little information about incidence of impairment among psychologists is available. Research that is available offers conservative estimates, limited information, and generally focuses only on incidence of alcoholism or drug abuse (Boyer, 1984).

Thoreson, Miller, and Krauskopf (1989) designed a study to provide descriptive data about prevalence and types of distress among psychologists and to identify factors predictive of distress. The subjects were 379 members of a midwestern state

psychological association. Subjects were given the Psychologist Health Questionnaire, a 76 item, self-report inventory. The inventory contained six scales; demographics, general emotional/physical health status, therapy seeking behaviors, family history of alcoholism, history of sexual and/or physical abuse, and alcohol and drug use patterns.

The authors reported that overall the sample of psychologists were healthy. However, 10% of the sample reported incidences of distress in one or more of the following categories; depression, marriage/relationship dissatisfaction, recurrent physical illness, problems with alcohol use and feelings of loneliness.

The authors found that when a psychologist reports a problem with a marriage or significant relationship, it is likely that feelings of loneliness, depression, and problems with alcohol use also will be reported. Feelings of depression and loneliness often occurred together. Also, the authors found that problems with depression were more likely to occur with increased feelings of anxiety, loneliness, and unpredictable mood swings. Problems with alcohol consumption were more likely to occur with increased smoking levels, changes in eating patterns, and with complaints of physical illness or physical symptoms. Thoreson, et.al. (1989), concluded that, in their sample, distress was multifaceted and that a small group of subjects were struggling with more serious distress issues such as major anxiety or endogenous depression.

Wood, et.al., (1985) investigated psychologists' opinions toward impaired practitioners. Subjects included 167 academicians and practitioners answering questions about incidence, attitudes, and experiences about the subjects' and their colleagues' excessive use of drugs or alcohol, sexual overtures toward clients, and symptoms of depression or burnout. Subjects were asked, using a likert scale, to rank the seriousness of the three problems. Percentages indicated that 52% of the respondents regarded drug and alcohol abuse to be a serious problem, and 56% of those surveyed said the same about sexual overtures toward clients. Regarding burnout or depression, 75% of the subjects believed burnout or depression was a serious problem

for impaired practitioners. The researchers concluded that the majority of the respondents believed that impaired practitioners were becoming a serious problem.

Subjects also were asked about their knowledge of colleagues who had been affected by the three problems. Approximately 40% of the subjects were aware of colleagues whose work had been affected by the use of alcohol or drugs or sexual overtures. Also, 63% of the respondents stated the same for depression or burnout. Subjects estimated that a total of 27.5% of their colleagues were affected in their work by one or more of these problems.

Wood et.al. (1985) also asked subjects if they had ever experienced problems similar to their impaired colleagues. Approximately 4% of the subjects reported drug or alcohol problems, .6% of the subjects reported making sexual overtures, while 32.3% of the subjects reported experiencing problems with depression or burnout. A total of 55% of the subjects who reported personally experiencing problems sought help.

In terms of intervention with impaired practitioners, Wood et.al. (1985) reported that "...42% had offered help or referred impaired practitioners to a therapist, but only 7.9% had reported such a colleague to a regulatory agency. Many psychologists were willing to help or refer, but only a minority will risk reporting a colleague" (p. 846). Also, 40.2% of the subjects were aware of situations where they believed no interventions were made with impaired practitioners.

Haas and Hall (1991) addressed the options that colleagues of impaired psychologists may utilize. Though Haas and Hall concluded that psychologists' options for interventions with impaired psychologists are limited, they reported that there are still options available. According to Hass and Hall, psychologists may ignore the impairment (which is a violation of Principle 7 of the APA ethical standards), may support a consumer in the filing of a complaint; may report the specific ethical violation to a regulatory body such as a state licensing board; may discuss the problem with other colleagues; or the psychologist may confront the impaired psychologist directly. Haas

and Hall support the last option, but, they note that direct confrontation of a colleague may be difficult for many psychologists.

Boyer (1984) explored the prevalence and types of mental disorders among psychologists and characteristics of distressed psychologists. Her sample included 181 psychologists, 38 state licensing boards, and 30 state psychological associations. Sixty of the psychologists reported 87 cases of distressed psychologists with no known ethical violations, and 23 cases of distressed psychologists with ethical violations. The licensing boards and state associations reported only two cases of distressed psychologists with no ethical violations and 24 cases of distressed psychologists with ethical violations. Boyer concluded, however, that accurate numbers of distressed psychologists handled by board and agencies could not be determined because most agencies and boards handle cases primarily on the existence of ethical and/or legal violations and many have no procedures to distinguish between distressed and non-distressed psychologists.

Boyer (1984) further described two variables that distinguished non-distressed psychologists from distressed psychologists. The two variables, age and knowledge of distressed psychologists, classified 72.4% of distressed psychologists and 68% of the non-distressed psychologists. A total of 76% of the distressed psychologists knew more distressed colleagues than did the non-distressed psychologists. The mean age of the distressed psychologists was lower (41.4 years) when compared to non-distressed psychologists (47.16 years). Though not significant, the mean number of hours worked per week was higher, 45.33 hours, for distressed psychologists as compared to 40.54 work hours for non-distressed psychologists.

The data on the prevalence of diagnostic categories was based on "...combined data from psychologists reporting on distressed colleagues and psychologists reporting their own personal distress" (Boyer, 1984, p. 85). The diagnostic category reported most for distressed psychologists with no ethical violations was depression followed by

alcohol abuse/dependence and personality disorder. For distressed psychologists with ethical violations, the most prevalent diagnostic category was personality disorder followed by depression and alcohol abuse/dependence.

Boyer (1984) stated that 75% of the self-identified distressed psychologists with no ethical violations reported that colleagues made no interventions. Only 33% of the distressed psychologists with ethical violations reported no intervention by colleagues. Regarding specific interventions taken, Boyer reported:

> When psychologists did intervene with distressed colleagues, supportive interventions were made in a higher percentage of cases than nonsupportive ones, such as reporting the psychologist to the licensing boards. This was in contrast to actions taken toward nondistressed colleagues in violation, for whom reporting to the state licensing board was the most frequently taken action (p. 89).

Another study by Hasty-Grant (1990), also examined interventions with impaired colleagues. Hasty-Grant surveyed 154 licensed psychologists from Arkansas, Oklahoma, and Texas. The subjects were given three scenarios and asked (a) if they would intervene if the person was a friend/superior/colleague? (b) if they would intervene, how? and (c) if they considered the action ethical/unethical/questionable, legal/ illegal, or impaired/distressed? Hasty-Grant concluded that the decision to intervene or not to intervene is affected by factors such as ethics, legality, and perceptions of the colleague as impaired/distressed. The respondents views of ethics/legality, and perceptions of impairment/distress were fairly consistent. However, intervention did not correlate with perceptions. Hasty-Grant concluded that "...determining whether there is a problem is not as difficult for psychologists, as is determining whether or not to intervene".

Deutsch (1985) conducted a study examining personal problems of therapists and the extent to which they sought and received professional treatment. Subjects included

264 professional psychotherapists in the state of Iowa. A total of 82% of the subjects reported experiencing relationship problems, 57% of the subjects reported experiencing depression at some point during their professional career, while 11% of the subjects had abused substances and 2% of the respondents had attempted suicide. Deutsch concluded that therapists appeared willing to disclose personal problems when anonymity was assured and therapists frequently used therapy particularly when depression or relationship issues were identified as the problem. However, a significant proportion of the subjects were "...hesitant to seek therapy because of professional complications, that is, they cannot find a therapist nearby whom they do not already know in another context, or they mistakenly believe, as many patients do, that seeking therapy is a sign of failure" (Deutsch, 1985, p. 313).

In summary, studies investigating impaired professionals report findings that suggest impaired professionals can be identified and that they pose a problem to themselves and their professional positions. Findings regarding the specific disorders common to impaired professionals have been sketchy, but several diagnostic categories have been consistently identified. The categories identified include depression, burn-out, alcohol/drug abuse, and personality disorders. Despite the increased awareness among psychologists concerning impairment, research suggests that psychologists continue to avoid taking action with impaired psychologists.

Burn-Out

Freudenberger and Robbins (1979) stated that the hazards of being involved in psychotherapeutic work are serious. It is important, according to Freudenberger and Robbins, that all psychotherapists be aware of the existence of the hazards. One hazard identified by Freudenberger (1974), is that of burn-out.

Freudenberger (1974) introduced the term burn-out to describe the physical and emotional exhaustion felt by mental health workers. The symptoms of burn-out include physical signs such as feelings of exhaustion and fatigue, and behavioral signs

such as quick irritation and frustration, difficulty with the holding in of feelings, and ease of anger. Freudenberger also stated that the burned-out person often looks, acts, and seems depressed.

The following studies argue that the burned-out therapist may not provide adequate services to clients. The literature reveals that the burned-out therapist may demonstrate a diminishment of functioning which directly leads to the inadequate provision of client services. The identified diminishment of functioning demonstrates the possibility of including burn-out as an identified syndrome that could be associated with impaired psychologists.

Ackerley, Burnell, Holder, and Kurdek (1988) surveyed 562 psychologists in California. Using the Masloch Burnout Inventory, Ackerley, et.al. determined that more than one third of the sample reported experiencing high levels of emotional exhaustion and depersonalization, which are two identified dimensions of burn-out. On the basis of their analyses, the authors found several variables that correlated with burn-out: Younger psychologists experienced more emotional exhaustion than their older colleagues; a lower income increased the chance of experiencing burn-out; experiencing feelings of lack of control and feeling over-committed to clients also increased the likelihood of burn-out.

The quality of services delivered by a burned-out therapist is likely to be diminished. Hellman, Morrison, and Abramowitz (1986) stated that "...the burned-out therapist is unlikely to be enthused, alert, or effective" (p. 197). The authors also stated that these specific traits may exert a subtle but corrosive influence on the outcome of therapy. Due to the possible negative repercussions of burn-out, Hellman et.al. studied the specific stressors in psychotherapeutic work in an effort to identify stressors that may lead to burn-out. Psychologists (n = 227) from the state of California responded to the study. Factor analysis of the data yielded five factors that produced stress in therapeutic work. The five factors included (a) maintaining the therapeutic relationship, (b)

scheduling difficulties, (c) professional doubt, (d) work overinvolvement, and (e) feeling personally depleted. The psychotherapists' ratings of stressful client behaviors also clustered into five categories; expressions of negative affect, resistances, psychopathological symptoms, suicidal threats, and passive-aggressive behaviors. The authors concluded that "...psychotherapeutic work exposes therapists to various professional and personal difficulties" (p. 203). The authors suggested future research to determine if and how the factors influenced burn-out.

Farber and Heifetz (1982) interviewed 60 therapists about their experiences of work and their perceptions regarding the effects of the psychotherapeutic role. The results of the study indicated that the majority (57.4%) of the therapists attributed the occurrence of burn-out to nonreciprocated attentiveness, giving, and responsibility demanded by the therapeutic relationship. Other factors associated with burn-out included overwork, general difficulty of dealing with patient problems, discouragement due to slow or erratic therapeutic progress, personal issues of the psychotherapist raised as a result of therapy with clients, and the isolation involved in psychotherapeutic work. The authors also reported, "Therapists felt that they were especially prone to feelings of burn-out when stresses at home lowered their threshold for coping with daily therapeutic frustration and impaired their ability to attend effectively to the needs of their patients" (p. 297). Farber and Heifetz concluded that therapists expect their work to be stressful, however, therapists also expect their efforts to be rewarded. Furthermore, according to the authors, when therapeutic work is particularly frustrating and only minimally successful, therapists may be more vulnerable to disillusionment and burn-out.

Therapeutic work requires an emotional commitment on the part of the therapist. As Farber and Heifetz (1982) reported, maintaining a therapeutic relationship is often viewed by therapists as stressful. Maslach (1978) examined the roles that clients play in therapist burn-out. Masloch reported that important client factors include the type of severity of the client's problems, the prognosis of change or cure, the degree of personal

relevance to the therapist of the client's problems, the rules governing the therapist-client interaction, and the client's reactions to the therapist himself/herself. Maslach concluded that the intense involvement with clients includes a great deal of emotional stress, and "...failure to cope successfully with such stress can result in the emotional exhaustion syndrome of burn-out, in which staff lose all feeling and concern for their clients and treat them in detached or dehumanized ways" (p. 111).

In summary, the literature has identified burn-out as a problem therapists may experience. Burn-out was described by Freudenberger (1974) as a feeling of emotional and physical exhaustion. The burned-out professional may also exhibit symptoms of depression. Studies such as Hellman et.al. (1986) and Farber and Heifetz (1982) suggested that burn-out may lead to a diminishment of functioning, an independent variable in this study. The diminishment of functioning in return may lead to a decrease in the quality of client services and/or the rendering of ineffective client services. Based on the literature, burn-out may be a syndrome that can be associated with impaired psychologists.

Alcoholism

Few reliable studies exist on the incidence of alcoholism among psychologists (Boyer, 1984; Laliotis & Grayson, 1985; Thoreson, et.al., 1983; Thoreson, Budd, & Krauskopf, 1986). Thoreson, et.al. (1983) estimate that 6,000 doctoral level psychologists suffer from alcoholism. This estimate may represent a rather conservative number. Nathan, Thoreson, and Kilburg (1983) listed several factors that add to the neglect of alcoholic psychologists. The factors included the lack of (a) symptoms of alcoholism except in the later stages, (b) performance evaluations for psychologists, (c) supervision of psychologists, and (d) the tendency for subordinates to protect rather than confront high status superiors with alcohol problems.

Thoreson, et.al. (1986) conducted a study to add to the limited data on alcoholic psychologists. The researchers' goal was to obtain better data on the incidence of

alcohol misuse among psychologists and how misuse affects their work. A total of 507 subjects, all members of APA, were given the Needs Assessment Survey which requested information on knowledge of APA efforts to help distressed psychologists, knowledge of psychologists with alcohol problems, and knowledge of psychologists with major mental health and personal problems. The researchers believed that the most important finding of their study was that 33% of the total sample reported knowing colleagues who had alcohol problems. A majority of the 33% who responded also reported that they had seen the colleagues intoxicated at inappropriate times. The subjects that were aware of other psychologists' alcohol abuse also reported that their colleagues with alcohol problems had done nothing to change the situation. Subjects also reported modifications in job performance that often included a decrease in the quality of work and incomplete job assignments. Thoreson, et.al. (1986) also noted an ambivalence on the part of the subjects to confront colleagues with alcohol problems. Of those respondents who did confront colleagues, 95% also directed their colleagues to treatment resources. Thoreson, et.al. (1986) concluded that alcoholism among psychologists is of considerable magnitude and poses a serious dilemma for the profession.

Though few studies exist on the incidence of alcoholism among psychologists, theorists agree that alcoholism among psychologists does exist and does warrant further attention (Boyer, 1984; Laliotis & Grayson, 1985; Thoreson, et.al., 1983; Thoreson, et.al., 1986). Thoreson, et.al. (1983) reported that respondents in their study knew about alcoholic colleagues and that the alcoholic colleagues exhibited a decrease in the quality of their work. The decrease in the quality of work suggests that colleagues with alcohol problems exhibit a diminishment of functioning, one characteristic of impairment. In summary, it seems then that alcoholism may be a specific syndrome exhibited by impaired psychologists.

Mental Disorders

Boyer (1984) stated that "...though there is little data, psychologists are clearly

vulnerable to psychiatric disturbance" (p. 18). Boyer found general categories of mental disorders reported among distressed psychologists. The most prevalent diagnostic categories were depression and personality disorders. Clearly, though there are no specific references to psychologists concerning major psychiatric impairment, Nathan, et.al., (1983), suggested that there is a need for further research not only on prevalence, but, specific effects of mental illness on psychologists' job performance.

Norcross, Strausser-Kirtland, and Missar (1988) surveyed 234 psychologists, 104 psychiatrists, and 171 clinical social workers about their personal therapy experiences. From their sample, 71% reported at least one episode of personal therapy. The most frequent problems reported by the subjects were marital conflict, depression, and anxiety. The majority of the respondents reported positive outcomes as a result of their personal therapy experience. This study not only confirmed that psychologists report feelings of depression and anxiety but also suggested that there is a willingness to seek help which is contradictory of other studies (Boyer, 1984; Deutsch, 1985; Thoreson, et.al., 1986; Wood, et.al., 1985) which suggested a hesitancy of psychologists to seek professional help.

Bermak (1977), in a study with 75 psychiatrists residing in the San Francisco Bay area, found that the majority of subjects believed that psychiatric professionals had special emotional problems. The majority believed the emotional problems stemmed from the job of psychiatry, though some identified problems within individuals who enter the field of psychiatry. Common problems leading to emotional disturbances included isolation, unmet intimacy needs, the need to control emotions, and the emotional drain of being constantly empathic. Though Bermack's sample was small and only included psychiatrists, it might be possible to generalize the findings to psychologists. Client work in psychology, as in psychiatry, is often an emphasized specialty area. The treatment of clients can be as

demanding for psychologists as it is for psychiatrists. Therefore, it would not be surprising for psychologists to report similar feelings and experiences as those described in Bermack's research.

Though not addressed abundantly in the literature, psychologists are vulnerable to mental health problems (Boyer, 1984; Norcross, et.al., 1988). Frequently identified mental health concerns include depression, anxiety, marital conflict and personality disorders. These type of mental health concerns can be addressed in therapy. However, studies suggest therapists are often hesitant to seek professional help (Boyer, 1984; Deutsch, 1985; Thoreson, et.al., 1986; Wood, et.al., 1985). Future research needs to explore specific effects of mental illness on psychologists job performance to determine whether clients are being inadvertently harmed by their psychologists' mental illness. If it is determined clients are harmed by their psychologists' mental illness, the psychologists would need to cease clinical activity and seek therapeutic help. The failure to do so would result in a violation of APA ethical principles for psychologists.

Sexual Intimacy With Clients

Sexual intimacy with clients is generally not described as a specific impairment, however, several studies have identified this as an area of concern for psychotherapists (Bouhoutsos, Holroyd, Lerman, Forer, & Greenburg, 1983; Holroyd & Brodsky, 1977). Though not abundant, research is available concerning psychologists and sexual contact with clients. Boyer (1984) stated "...sexual contact with clients is expressly forbidden in the ethical standards of psychologists and could be considered a symptom of emotional distress on the part of the psychologist" (p. 24).

Hasty-Grant (1990) in her survey of psychologists, found that subjects rated a psychologist who was sexually intimate with a former client as impaired. The subjects also reported that the psychologist was behaving unethically, though the behavior was not determined illegal. The majority of the respondents reported that they would intervene with the psychologist.

Holroyd and Brodsky (1977) surveyed 666 licensed psychologists and found that the majority of respondents (78%) believed that erotic contact with clients was never beneficial. However, 5.5% of the men and 0.6% of the women subjects reported having had intercourse with clients during therapy; 2.6% of males and 0.3% of females reported having had intercourse with clients within three months after termination of therapy. Of the respondents who provided the number of clients with whom they had sexual intercourse, 80% reported that they had done so with more than one client. The authors found that erotic contact and sexual intercourse almost always occurred between male therapists and female clients. Their conclusion was that "...there is an obvious need for encouraging therapists who have had erotic contact with patients to seek professional consultation or perhaps even supervision" (p. 848).

The outcome of psychologists and clients establishing sexual relationships has generally been reported as negative (Bouhoutsos, et.al., 1983; Taylor & Wagner, 1976). Bouhoutsos et.al. (1983) concluded that sexual intimacy within the therapeutic relationship is harmful for nine out of ten clients, with 90% of the patients in their study suffering some ill effects directly traceable to the sexual relationship between therapist and client.

Grunebaum (1986) interviewed 47 psychotherapists in Massachusetts who had been patients in a harmful psychotherapy experience. Eight psychotherapists reported that their personal therapists had fostered intimate and intense relationships. All eight subjects felt that their therapists blamed them for the intimate relationships, and none of the subjects felt the therapists helped them work on their feelings which had been aroused. Three subjects reported a sexual relationship with their therapists, with all three experiencing ill effects as a result of the experience. This research confirms other reports of negative consequences when therapists engage in sexual relationships with clients.

In summary, research suggests that sexual intimacy with clients is an area of

concern for psychologists. Sexual intimacy with clients is generally not described as impairment, but rather, as a syndrome that is consistently identified as a problem for therapists. APA has made specific statements concerning the establishment of sexually intimate relationships with clients. According to the APA ethical principles for psychologists (1989), psychologists are instructed that the establishment of sexually intimate relationships with clients is a specific and unacceptable ethical violation.

Impairment: Ethical Considerations

Hare-Mustin, Marecek, Kaplan and Liss-Levinson (1979) stated that ethical codes have been established to protect both the psychology profession and the welfare of the general public. Specifically, the ethical principles address responsibilities of psychologists and the rights of clients. Hare-Mustin et.al. stated further that the ethical principles "...place the responsibility for clients' rights on therapists" (p. 4). As previously stated, impaired psychologists experience difficulties that may impede their work with clients. When personal effectiveness is diminished, clients are not receiving the quality of therapeutic services they are expecting to receive. The following APA ethical principles are examined to identify ethical responsibilities for impaired psychologists and colleagues of impaired psychologists: Principle 2, Competence; Principle 6, Welfare of the Consumer; and Principle 7, Professional Relationships.

Principle 2, Competence, concerns recognizing boundaries of competence and personal limitations (APA, 1989). Specifically, principle 2F states that psychologists recognize that "...personal problems and conflicts may interfere with professional effectiveness" (p. 391) and that when psychologists become aware of personal problems "...they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities" (p. 391).

According to this principle, impaired psychologists are obligated to seek assistance for their personal problems. Research however, demonstrates that few

psychologists actually seek professional help (Boyer, 1984; Thoreson, et.al., 1986; Wood, et.al., 1985). What seems to occur is that impaired psychologists have difficulty assessing the impact of their problems on clients (Boyer, 1984) and combined with psychologists' reluctance to admit vulnerability (Thoreson, et.al., 1986), impaired psychologists deny that they are in violation of ethical codes and choose to do nothing about their problem.

Principle 6, Welfare of the Consumer, provides that psychologists work to protect the welfare of clients (APA, 1989). The principle describes the protection of clients as including an awareness on the part of psychologists of their own needs and of their potential influential position. Though impaired psychologists report few ill effects as a result of their impairment, colleagues of impaired psychologists notice a decline in work performance as a result of the impairment (Thoreson, et.al., 1986). Boyer (1984) reported that clients can not be expected to monitor their own therapist for dysfunction and that few clients are capable of recognizing dysfunction. Boyer concluded that it is imperative for psychologists to fulfill their ethical obligation in this area.

Principle 7, Professional Relationships, specifically addresses the issue of psychologists' responsibility to intervene with psychologists who are in violation of ethical codes (APA, 1989).

Principle 7g states:

> When psychologists know of an ethical violation by another psychologist, and it seems appropriate, they informally attempt to resolve the issue bringing the behavior to the attention of the psychologist. If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity or knowledge, or experience, such an informal solution is usually appropriate (p. 394).

This principle outlines the need for psychologists to intervene with impaired psychologists and, that to ignore ethical violations is a violation in itself (Bernard & Jara, 1986). Hass, Malouf, and Mayerson (1986) presented 10 vignettes to 294 psychologists.

The vignettes represented potential problems of professional ethics. The results suggested that the degree of consensus on the appropriate response to the ten vignettes differed considerably. The highest degree of consensus was obtained on issues involving client confidentiality, mandatory reporting of threatened violence, conflict of interest, and a supervisor's order to refer a client to someone who was considered to be incompetent. The lowest consensus of responses was on vignettes that requested the subjects to judge their own and their colleagues competence. Hass, et.al. concluded that psychologists had difficulty assessing "...their own and their colleagues competence and propriety" (p. 316) and that this issue was one of the most troubling areas for the subjects. The findings of Haas, et.al. supported the conclusions of Hare-Mustin, et.al. (1979) that few psychologists are adequately prepared by their training to carry out the ethical principles for psychologists in practice.

Bernard & Jara (1986) surveyed 170 graduate students from APA approved clinical training programs, finding that the majority of the students understood that they should intervene with colleagues who are violating ethical codes, but only half of the subjects reported they would actually intervene. The researchers concluded that simply teaching the content of ethical principles may not be enough and that training programs should communicate the importance of the implementation of ethical codes. Though only students were surveyed, Bernard & Jara suggested that it seemed reasonable to generalize the results to psychologists.

In summary, intervention with impaired psychologists is a necessary step to ensure adequate protection for clients, the psychology profession, and protection for the impaired psychologist as well. Boyer (1984) stated that psychologists' "...competence and adherence to ethical standards can be adversely affected by impairment in psychological functioning" (p. 2). The psychology profession needs to identify symptoms of impairment and appropriate interventions and responses to impaired psychologists.

Summary

The review of the literature focused on the definition of impairment and prevalence, and on the types of impairment identified for psychologists. Two main objectives of the chapter were to summarize the available literature concerning impaired psychologists and emphasize the need for continued research within this area. The review first emphasized the disparity among definitions of impaired psychologists (Boyer, 1984; Kutz, 1986; Laliotis & Grayson, 1985). Despite the disagreement of what defines impaired psychologists, several behaviors were consistently associated with impaired psychologists. The behaviors most frequently identified were alcoholism, emotional problems such as burn-out, depression, personality disorders, and sexual intimacy with clients (Boyer, 1984; Deutsch, 1985; Laliotis & Grayson, 1985; Thoreson, et.al., 1983; Thoreson, et.al., 1986; Wood, et.al., 1985). Several research studies indicated that psychologists who were impaired may experience a diminishment of functioning which adversely affects the therapeutic process (Ackerley, et.al., 1988; Boyer, 1984; Hellman, et.al., 1986; Maslach, 1978).

Relative to the issue of impairment is the lack of intervention among colleagues of impaired psychologists. Several studies reported colleagues choosing not to intervene with impaired psychologists (Boyer, 1984; Deutsch, 1985; Thoreson, et.al., 1986). The lack of intervention and the issue of impairment as ethical violations also was discussed. Several APA principles of psychologists (1989) were examined citing ethical support for addressing the issue of impairment and the need for intervention with impaired psychologists.

The studies summarized suggested the need for continued research in the area of impaired psychologists. Additional data regarding specific disorders and willingness to intervene with impaired psychologists is necessary. The present study examined diminishment of functioning and violation of ethical principles as they related to perceived collegial impairment and willingness to intervene.

CHAPTER III

METHOD

The purpose of this study was to investigate perceptions of collegial impairment and willingness to intervene. Specifically, do the two variables of violation of APA ethical principles of psychologists and diminishment of functioning influence a psychologist's willingness to intervene with a colleague or influence the psychologist's willingness to rate the colleague as impaired? Discussed in this chapter are procedures for selection of subjects and a description of the subjects who returned a questionnaire. A description of instrumentation and procedures is followed by the statistical analyses utilized.

Subjects

The population identified for this study were psychologists who hold APA membership and identified themselves as counseling psychologists and practitioners. APA was contacted and asked to randomly select 900 psychologists who met the above characteristics from their national data base. Cohen & Cohen (1983) recommended that researchers consider using a power of .80 and a medium effect size of .5. According to Cohen & Cohen's power table, a total of 180 subjects are needed to meet the criterion for .80 power with a medium effect size. This study utilized two groups with two levels, for a total of four cells. The minimum number of subjects per cell needed to meet the criterion for .80 power and .5 effect size was 45 subjects per cell. A large sample was selected to help ensure Cohen & Cohen's recommendations.

The psychologists were asked to voluntarily complete the questionnaire that was mailed to them. They were informed that (a) confidentiality of their responses would be carefully observed, (b) participation in the study was voluntary, and (c) feedback concerning the results of the study would be available if requested.

Out of the original sample size of 900, a total of 372 psychologists (41%) returned the questionnaire. Of the 372 subjects who returned the questionnaire, two subjects' responses were not used due to incomplete data. Therefore, data analysis included responses from 370 psychologists. The demographic data (Appendix A) gathered for each subject was utilized only for the description of the subjects who responded to the survey since none of the demographic variables (age, gender, current setting of employment, or years of post doctoral experience) were reported in the literature to significantly effect the dependent variables in the current study.

Psychologists who responded to the questionnaire had a mean age of 46 years and a mean of 12 years of post doctoral experience (see Table 1). Of the 370 subjects who responded 60% were male and 38% were female (see Table 2). Analysis of the demographic data further revealed that 19% were employed at a college or university, 55% were in private practice, while 21% were employed in one of the other settings listed. Table 3 provides a summary of the demographic data concerning setting of employment.

Table 1

Mean and Standard Deviation for Age and Years of Post Doctoral Experience

Source	Mean	Standard Deviation
Age	45.6	8.6
Years of Post Doctoral Experience	11.7	6.9

Table 2

Frequency and Percentage for Current Setting of Employment

Source	Frequency	Percentage
Male	220	60%
Female	140	38%
Missing Data	12	2%

Table 3

Frequency and Percentage for Current Setting of Employment

Source	Frequency	Percentage
College or University	68	19%
Hospital	26	7%
Private Practice	208	55%
State or Federally Funded Agency	13	4%
Retired	3	1%
Private Consultant	4	1%
Other	23	6%
Missing Data	27	7%

Research Design

The design used for this study was a Between Subjects 2 x 2 Multivariate Analysis of Variance (MANOVA). This particular design was used primarily due to multiple dependent variables. This design also was selected so that the two independent variables, diminishment of functioning (impairment) and violation of ethical principles could be manipulated. This type of design allowed for main effects and interaction

effects to be examined. With this particular design, four vignettes were used to present the different levels of the independent variables.

Variables

The two independent variables for this study were diminishment of functioning and violation of APA ethical principles. Diminishment of functioning (impairment) was selected as a variable based on literature defining impaired psychologists (Kutz, 1986; Laliotis & Grayson, 1985; Nathan, 1986). The specific psychological difficulty of depression that leads to a diminishment of functioning in the depicted psychologist, was selected based on studies (Boyer, 1984; Deutsch, 1985, Wood, et. al., 1985) that reported depression as a problem psychologists frequently identified as impairment/and or experienced themselves. The characteristics of depression were presented in Vignettes One and Two, so that symptoms of the depicted psychologist could be diagnosable under the DSM III-R category of Major Depression (see Appendix B). The variable, violation of APA ethical principles presented in Vignettes One and Three, was chosen due to the requirement that psychologists not ignore ethical violations committed by other psychologists. The APA ethical principles address responsibilities of psychologists and failure to abide by the ethical principles is an ethical violation in itself. The ethical violation, breach of client confidentiality (see Appendix C) was chosen as the specific ethical violation depicted in two of the vignettes. The dependent variables in this study were willingness to rate a colleague as impaired and willingness to intervene with a colleague.

Instrument

The instrument, developed by this researcher, consisted of four vignettes (see Appendix D). Vignette One depicted an impaired psychologist who exhibited a diminishment of functioning and was in violation of APA ethical principles. Vignette Two depicted an impaired psychologist who exhibited a diminishment of functioning but was not in violation of APA ethical principles. Vignette Three depicted a

psychologist who did not exhibit a diminishment of functioning but was in violation of APA ethical principles. Vignette Four, the control vignette, depicted a psychologist who was not demonstrating a diminishment of functioning and was not in violation of APA ethical principles.

Diminishment of functioning in Vignette One and Two, utilized symptoms of Major Depression, a diagnostic category of the DSM III-R (American Psychiatric Association, 1987, see Appendix B). The ethical violation in Vignettes One and Three utilized the breach of client confidentiality, a violation of Principle 5 of the APA ethical principles for psychologists (see Appendix C).

Following each vignette, subjects were asked to respond to four questions utilizing a five point Likert type response. The four questions were presented in counterbalanced order, with the Likert reverse scored on some of the questions. One question asked respondents to decide if the psychologist depicted in the vignette was demonstrating a diminishment of functioning. One question asked subjects if they believed that the depicted psychologist was in violation of APA ethical principles for psychologists. A third question asked subjects if they believed the depicted psychologist was impaired. A fourth question asked subjects if they would intervene with the depicted psychologist.

Pilot Study

Tucker, Weaver, and Berryman-Fink (1981) recommended that researchers conduct a pilot study prior to an actual experiment. A pilot study was completed to ascertain problems that could have threatened the study's validity.

To determine content validity for each vignette, 24 psychologists and counseling psychology students in Texas and Oklahoma were asked to complete a modified version of the instrument (see Appendix E). Pilot subjects were given a demographic sheet (see Appendix F) and randomly given one vignette each and asked to answer three questions using a five point Likert type response. The subjects were asked to decide if the depicted psychologist was demonstrating a diminishment of functioning (independent variable).

Secondly, subjects were asked if the depicted psychologist was in violation of APA ethical principles for psychologists (independent variable). The third question asked subjects whether the depicted psychologist could be diagnosed in a DSM III-R category. For the purposes of the current study, a DSM III-R diagnosis was a necessary component for the operational definition of an impaired psychologist. Responses for each question were analyzed calculating a mean for each question. All pilot subjects returned the questionnaire. Each vignette had six respondents. The next section provides a summary of the scoring used for the vignettes.

Scoring Procedure

Many of the Likert responses for the questions were reverse scored. Each question in Vignettes One, Two, Three and Four are presented below with a description of the scoring procedure.

For Vignette One, all three questions were scored with a 1 meaning definitely no and a 5 meaning definitely yes. The three questions concerned diminishment of functioning, ethical violation, and diagnosis using a DSM III-R category.

The questions concerning a violation of ethical principles and diagnosis using a DSM III-R category in Vignette Two were scored with a 1 meaning definitely no and a 5 meaning definitely yes. The question concerning a diminishment of functioning was reverse scored with a 1 meaning definitely yes and a 5 meaning definitely no.

In Vignette Three, the question concerning violation of ethical principles was scored with a 1 meaning definitely yes and a 5 meaning definitely no. The questions concerning diminishment of functioning and diagnosis using a DSM III-R category was reverse scored with a 1 meaning definitely no and a 5 meaning definitely yes.

For Vignette Four, questions concerning violation of ethical principles and diagnosis using a DSM III-R category were scored with a 1 meaning definitely no and a 5 meaning definitely yes. The question regarding diminishment of functioning was reversed scored with a 1 meaning definitely yes and a 5 meaning definitely no.

The next section provides a summary of the content analysis for each vignette. Included also, is a summary as to whether content validity was achieved for each question in all four vignettes.

Vignette One

Vignette One depicted an impaired psychologist who exhibited a diminishment of functioning and was in violation of APA ethical principles. For the question concerning diminishment of functioning, this researcher determined that a mean score of 3.5 or higher, was necessary to demonstrate the presence of diminishment of functioning. The author determined that a mean below 3.5 suggested a degree of uncertainty and that diminishment of functioning was not detected. The mean score for subjects concerning diminishment of functioning was 4.5, indicating the presence of a diminishment of functioning.

For the question of violation of APA ethical principles, a mean score of 3.5 or higher was necessary. A mean below 3.5 was considered to indicate an absence of ethical violation. The mean score of subjects concerning violation of APA ethical principles was 4.3 indicating a presence of violation of APA ethical principles.

Question three asked subjects if the depicted psychologist could be diagnosed under a DSM III-R category. The author decided that a mean score of 3.5 or higher would indicate that the depicted psychologist could be diagnosed under a DSM III-R category. The mean for question three was 3.8 indicating that the psychologist could be diagnosed, therefore validating the assumption that the psychologist depicted was impaired.

Vignette Two

This vignette depicted a psychologist who exhibited a diminishment of functioning but no ethical violation. A mean score of 2.5 or lower was necessary to indicate a presence of diminishment. The mean for subjects was 1.8 indicating the presence of diminishment of functioning.

For the question concerning violation of APA ethical principles, a mean score of 2.5 or lower was necessary to indicate there was an absence of an ethical violation. A mean higher than 2.5 suggested the presence of an ethical violation. The mean for this question was 4.0 indicating the subjects perceived an ethical violation. Therefore, content validity was not achieved for this question in Vignette Two.

For the component of impairment, a mean of 3.5 or higher was necessary to indicate that the depicted psychologist could be diagnosed under a DSM III-R category. The mean for subjects concerning the presence of impairment was 4.0 indicating that the depicted psychologist could be diagnosed under a DSM III-R category. Content Validity, therefore, was achieved for this particular question.

Vignette Three

This vignette depicted a psychologist who was in violation of APA ethical principles but did not exhibit a diminishment of functioning. In order to validate the question of ethical violation, the author determined that a mean score of 2.5 or lower was necessary to indicate the presence of this variable. A mean higher than 2.5 was considered to indicate the absence of an ethical violation. The mean score for subjects concerning ethical violation was 1.8 indicating the presence of an ethical violation.

For the variable of diminishment of functioning, a mean score of 2.5 or lower was necessary to demonstrate the absence of a diminishment in functioning. A mean higher than 2.5 would indicate the presence of diminishment of functioning. The mean score of subjects for this variable was 4.1 indicating that subjects detected the presence of a diminishment of functioning. Content validity therefore was not achieved for this particular question.

The final consideration of impairment as evidenced by a diagnosis under a DSM III-R category needed a mean score of 2.5 or lower to indicate the absence of a diagnosis. Mean scores for subjects was 2.5 indicating the absence of a diagnosis. Content validity was achieved for this question.

Vignette Four

Vignette Four, the control vignette, depicted a psychologist who did not exhibit an ethical violation and who did not exhibit a diminishment of functioning. For the variable violation of APA ethical principles, a mean of 2.5 or lower was necessary to indicate the absence of an ethical violation. A mean score higher than 2.5 would indicate the presence of an ethical violation. The mean score for subjects concerning ethical violation was 2.1 indicating the absence of an ethical violation. Content validity was therefore achieved for this question.

For diminishment of functioning, a mean score of 4.5 or higher was necessary to indicate no diminishment. A mean score lower than 4.5 would indicate the presence of diminishment of functioning. For this variable, a mean score of 2.8 was obtained indicating that subjects detected the presence of diminishment. Content Validity was not achieved for this question.

The question concerning a diagnosis under a DSM III-R category needed a mean score of 2.5 or lower to indicate that the depicted psychologist could not be diagnosed under a DSM III-R category. The mean obtained for this question was 2.8 indicating that subjects felt they could diagnose the depicted psychologist under a DSM III-R category. Content validity therefore, was not achieved.

In summary, a pilot study was conducted to determine content validity for the two independent variable levels for each vignette. It was also necessary to determine whether the psychologist depicted in Vignettes One and Two could be diagnosed under a DSM III-R category, a necessary component for the operational definition of impaired psychologist utilized in this study. Vignette One was the only vignette in which content validity was achieved for all three questions. The other three vignettes had one or more questions in which content validity was not determined. Table 4 presents a summary of the pilot study and Table 5 presents a summary of the demographic information gathered from the pilot subjects.

Table 4

Summary of Means and Decision Regarding Content Validity for Vignettes One, Two, Three, and Four

Vignette No.	Question	Minimum Mean	Mean	Content Validity Achieved
One				
	Diminishment of functioning	> 3.5	4.5	Yes
	Violation of APA ethical principles	> 3.5	4.3	Yes
	Diagnosis using DSM 111-R category	> 3.5	3.8	Yes
Two				
	Diminishment of functioning	< 2.5	1.8	Yes
	Violation of APA ethical principles	< 2.5	4.0	No
	Diagnosis using DSM 111-R category	> 3.5	4.0	Yes
Three				
	Diminishment of functioning	< 2.5	4.1	No
	Violation of APA ethical principles	< 2.5	1.8	Yes
	Diagnosis using DSM 111-R category	< 2.5	2.5	Yes
Four				
	Diminishment of functioning	> 3.5	2.8	No
	Violation of APA ethical principles	< 2.5	2.1	Yes
	Diagnosis using DSM 111-R category	< 2.5	2.8	No

Table 5

Summary of Demographic Data for Pilot Subjects

Source	Mean	Frequency	Percentage
Age	39.2	24	--
Male	--	11	45%
Female	--	13	55%
Employment: College or University	--	24	100%
Years Post Doctoral Experince	3.8*	24	--

*Note: The overall mean of years of Post Doctoral Experience was heavily influenced by six graduate students who had 0 years of Post Doctoral Experience and by five subjects who left years of Post Doctoral Experience blank.

Follow-up Pilot Study

Due to the content validity being rejected in Vignettes Two, Three, and Four, the vignettes were re-written and mailed to 60 counseling psychologists and counseling psychology students employed at two university counseling centers in the State of Texas. According to Keppel (1982) a minimum of 10 subjects per cell was needed to complete the validity study. A total of 50 subjects returned the questionnaire and each cell contained at least 10 subjects. The section below describes changes made in each vignette and the results of the follow-up pilot study. Vignettes also were relabeled to A, B, C, and D to reflect changes for the follow-up pilot study. Questions again were placed in counterbalanced order with counterbalanced Likert responses (see Appendix G). Vignette One was re-piloted due to changes in the description of major depression in Vignette Two. The description of the ethical violation in Vignettes One and Three remained the same in both the first pilot study and the follow-up pilot study.

Scoring Procedure

The following section contains a summary of how each question was scored for each Vignette in the follow-up pilot study. As in the initial pilot study, many of the questions are reversed scored.

In Vignette A, all questions are scored the same. For all questions, a score of 1 indicates definitely no and a score of 5 indicates definitely yes.

For vignette B, the questions concerning violation of ethical principles and diagnosis using a DSM III-R category were scored with a 1 meaning definitely no and a 5 meaning definitely yes. The question concerning a diminishment of functioning was reversed scored with a 1 meaning definitely yes and a 5 meaning definitely no.

The questions concerning a diminishment of functioning and violation of ethical principles for Vignette C, were scored with a 1 meaning definitely no and a 5 meaning a definitely yes. The question about diagnosis using a DSM III-R category was reverse scored with a 1 meaning definitely yes and a 5 meaning definitely no.

In Vignette D, questions concerning diminishment of functioning and violation of ethical principles were scored with a 1 meaning definitely no and a 5 meaning definitely yes. The question about diagnosis using a DSM III-R category, was reversed scored with a 1 indicating definitely yes and a 5 indicating definitely no.

Vignette A (One)

Though all questions in Vignette One were validated, the author determined that the description of diminishment of functioning in Vignette A needed to be the same as the description of diminishment of functioning in Vignette B. This was done in order to maintain the stability in the use of the presence of diminishment of functioning as one level of the independent variable. Vignette A was therefore re-piloted to ensure the changes did not threaten the already established content validity. Mean scores remained similar. A summary of the mean scores for vignette A are presented in Table 6 with the summary of all other vignettes.

Vignette B (Two)

In the original pilot, Vignette Two was designed to reflect a diminishment of functioning but no ethical violation. The first pilot subjects' mean score however, reflected the presence of an ethical violation. The author determined that the diminishment of functioning may have been too severe and that subjects associated the diminishment of functioning with an APA ethical violation. The author, therefore, lessened the duration of the symptoms of depression to two weeks as compared to the initial month. Also the description of incomplete work changed from projects "taking days and possibly weeks" to projects that may "now take several hours" to complete.

For the variable diminishment of functioning, a mean score of 2.5 or lower was needed to detect the presence of this variable. The author determined a mean score higher than 2.5 would reflect either indecision about the variable or the absence of diminishment of functioning. The mean score for diminishment of functioning was 1.7 which indicated the presence of a diminishment of functioning. Content validity was

therefore verified.

The question of violation of ethical principles, needed a mean score of 2.5 or lower to detect the absence of the violation. The mean score was 2.5 indicating the absence of an ethical violation. Content validity for this question was assumed to be present.

Diagnosis under a DSM III-R category needed a mean score of 3.5 or higher to indicate the fact that a diagnosis could be made. The mean score for this question was 3.6 indicating subjects felt that the depicted psychologist could be diagnosed using a DSM III-R category.

Vignette C (Three)

Vignette C was designed to depict a psychologist who exhibited an ethical violation but no diminishment of functioning. In the original pilot study, subjects detected a diminishment of functioning and ethical violation. The author assumed that the use of the emotion, frustration, may have indicated an emotional change for the depicted psychologist. The subjects, presented with the emotion of frustration, may have equated frustration (an emotional change) with a diminishment of functioning. The author deleted the word frustration which left the vignette without any content reflecting an emotional state of the depicted psychologist.

For the question of ethical violation, a mean of 3.5 or higher was needed to detect the presence of the ethical violation. A mean lower than 3.5 would indicate indecisiveness or the absence of an ethical violation. The mean for this question was 4.5 indicating subjects detected the presence of an ethical violation. Content Validity was therefore determined.

For diminishment of functioning, a mean score of 2.5 or lower was needed to detect the absence of diminishment. The author assumed a mean higher than 2.5 reflected indecisiveness or the presence of diminishment. The mean for this question was 2.3 reflecting the absence of diminishment of functioning. Content Validity was determined.

The question of diagnosis using a DSM III-R category needed a mean of 3.5 or higher to reflect no diagnosis. The mean for this question was 3.9. Content validity was therefore determined.

Vignette D (Four)

This vignette, the control vignette, was designed to depict a psychologist who did not exhibit an ethical violation and did not exhibit a diminishment of functioning. In the original pilot study, subjects detected a diminishment of functioning and felt that the depicted psychologist could be diagnosed using a DSM III-R category. The author assumed that too many words describing the emotional state of the psychologist had been used. The psychologist was depicted as "having the blues" which is often used as a description for a mild depression. The phrase "having the blues" was therefore deleted.

The author determined that a mean of 2.5 or lower was necessary to reflect content validity for the absence of a violation of ethical principles. The mean was 2.5 indicating subjects detecting the absence of a violation of ethical principles.

For the question concerning diminishment of functioning, the author determined that a mean of 2.5 or lower was needed to demonstrate the absence of diminishment of functioning. A mean higher than 2.5 was assumed to reflect indecisiveness or the presence of diminishment of functioning. The mean for this question was 2.5 reflecting the absence of diminishment of functioning. Therefore, content validity was assumed to be present.

For the question concerning the use of a DSM III-R diagnosis the author determined a mean of 3.5 or higher was needed to reflect the absence of a diagnosis. The mean for this question was 3.7 reflecting the absence of a diagnosis using a DSM III-R category.

In summary, the follow-up pilot study was completed in an attempt to ascertain content validity for questions on all vignettes. The results of the follow-up pilot study led to the assumption of content validity for all four vignettes. Table 6 presents a

Table 6

Follow-Up Pilot Study Summary of Means and Decision Regarding Content Validity for Vignettes A, B, C, and D

Vignette No.	Frequency	Question	Minimum Mean	Mean	Content Validity Achieved
A (formerly one)	12	Diminishment of functioning	> 3.5	4.0	Yes
		Violation of APA ethical principles	> 3.5	4.0	Yes
		Diagnosis using DSM 111-R category	> 3.5	4.0	Yes
B (formerly two)	13	Diminishment of functioning	< 2.5	1.7	Yes
		Violation of APA ethical principles	< 2.5	2.5	Yes
		Diagnosis using DSM 111-R category	> 3.5	3.6	Yes
C (formerly three)	13	Diminishment of functioning	< 2.5	2.3	Yes
		Violation of APA ethical principles	> 3.5	4.5	Yes
		Diagnosis using DSM 111-R category	> 3.5	3.9	Yes
D (formerly four)	12	Diminishment of functioning	< 2.5	2.5	Yes
		Violation of APA ethical principles	< 2.5	2.5	Yes
		Diagnosis using DSM 111-R category	> 3.5	3.7	Yes

summary of the follow-up pilot study results. Table 7 includes a summary of the demographic data gathered for the follow-up pilot study subjects.

Table 7

Summary of Demographic Data for Follow-up Pilot Subjects

Source	Mean	Frequency	Percentage
Age	38	50	--
Male	--	31	60%
Female	--	29	40%
Employment: College or University	--	50	100%
Years Post Doctoral Experince	4.5*	50	--

*Note: Mean of years of Post Doctoral Experience was heavily influenced by seven graduate students who had 0 years of Post Doctoral Experience and by four subjects who left years of Post Doctoral Experience blank.

Procedure

A total of 900 psychologists who held APA membership and identified themselves as counseling psychologists and practitioners were mailed questionnaires. Included was a brief cover letter (see Appendix H) describing the study, assuring confidentiality, and instructions for returning the questionnaire via the enclosed, self-addressed, stamped envelope, and a consent for participation in the research study (see Appendix I). Subjects were asked to complete the demographic information first, then asked to read the vignette and answer the four questions. Questions appeared in counterbalanced order. Subjects were randomly assigned one vignette. A reminder letter was sent to all 900 subjects two weeks after the initial due date (see Appendix J). The letter asked

subjects to return the questionnaire if they had not already done so.

A response rate of 20% with at least 45 subjects per cell was necessary to maintain a power of .80 with a medium effect size of .5. The final response rate for this study was approximately 41% with a final subject number of 370.

Once the data collection was completed, subjects were placed into groups based on their response to the two independent variables of diminishment of functioning and violation of APA ethical principles for psychologists. The author assumed subject responses on the two independent variables were comparable to the data collected from the follow-up pilot subjects. The levels of the independent variables were:

Diminishment of functioning with two levels:

1. No Diminishment of functioning, and
2. Diminishment of functioning

Violation of APA Ethical Principles for Psychologists with two levels:

1. No Violation of Ethical principles, and
2. Violation of Ethical principles.

Following this procedure, two subjects were omitted because of missing data for either the independent variables or the dependent variables. The deletion of the two subjects produced 370 remaining subjects. Table 8 identifies the four groups into which the subjects were divided relative to their response on the two independent variables.

Table 8

Summary of Research Design

Diminishment of functioning	Violation of Ethical Principles	Number of Subjects
No Diminishment of Functioning	No Violation	73
Diminishment of functioning	No Violation	95
No Diminishment of Functioning	Violation	47
Diminishment of functioning	Violation	155

SAS MANOVA (1985) utilizing the Proc GLM procedure was used to analyze the data. Proc GLM is useful when the number of subjects in each group is not equal. Clarification of interaction effects as well as main effects was done with appropriate comparisons of the means, and strength of association utilizing η^2 for the multivariate analyses and eta squared for the post-hoc univariate analyses. Following a significant univariate interaction, t-tests were performed to test significance of the simple main effects.

Analysis of the Data

The independent variables in this study were diminishment of functioning (impairment) and violation of ethical principles for psychologists while the dependent variables were willingness to rate a colleague as impaired and willingness to intervene with a colleague. A Between Subjects Multivariate Analysis of Variance (MANOVA) was used in order to determine statistical significance between the groups. More specifically, a 2 X 2 MANOVA was used to test research questions 1, 2, and 3. An experimentwise error rate of $p < .05$ was utilized. Following statistically significant multivariate analyses, post hoc comparisons of the univariate tests were completed.

Summary

Chapter III included a summary of the subjects, instrument, pilot studies, and nature of the study relative to perceptions of collegial impairment and willingness to intervene with a colleague. This chapter also provided the procedure for determining if significant differences between the groups existed. A total of 370 counseling psychologists participated in this study. Each subject completed a demographic questionnaire and answered four questions relative to one vignette.

CHAPTER IV

RESULTS

The purpose of this chapter is to present the results of the statistical analysis of data which were collected for this study. Specifically, the results for the three research questions are presented along with post hoc statistical procedures.

Statistical Procedure

According to Stevens (1986) Factorial Multivariate Analysis of Variance and Univariate Analysis of Variance allows researchers to examine the effect of two or more independent variables on two or more dependent variables (as in the case of MANOVA) or on one dependent variable (as in the case of ANOVA). The present study examined the effect of two independent variables (diminishment of functioning and violation of APA ethical principles for psychologists) on two dependent variables (willingness to rate a colleague as impaired and willingness to intervene with a colleague). Multivariate procedures are preferred when two or more dependent variables are correlated (Tabachnick & Fidell, 1983). Initially, to determine whether multivariate procedures were preferable over analysis of variance procedures for this study, the correlation between the two dependent variables was calculated. The two dependent variables were found to be significantly correlated ($r = .326$; $p < .0001$).

Statistical Analysis

A 2 x 2 between subjects Multivariate Analysis of Variance was performed on the two dependent variables. SAS MANOVA was used for the analyses. SAS MANOVA requires that subjects have no missing values on either the independent or dependent variables.

Multivariate Analysis Results

The following section provides a summary of the MANOVA used to assess the three research questions in the present study.

Research Question 1: Will there be an interaction between diminishment of functioning and violation of APA ethical principles with willingness to rate a colleague as impaired and willingness to intervene with a colleague?

With the use of Wilks' criterion, the combined dependent variables were significantly affected by the interaction of the two independent variables, diminishment of functioning and violation of APA ethical principles, $F(2,365) = 9.71$, $p < .0001$. Following the significant interaction, a strength of association for the interaction was calculated using the following formula from Tabachnick and Fidell (1983); $\eta^2 = 1 - \Lambda$. This formula was used to calculate the variance accounted for in the linear combination of the two dependent variables, willingness to rate a colleague as impaired and willingness to intervene with a colleague. The result suggested a medium association (Cohen, 1977) between the interaction of diminishment of functioning and violation of APA principles with the two dependent variables, $\eta^2 = .05$.

Research Question 2: Will psychologists be willing to rate a colleague as impaired and intervene with the colleague if the colleague is judged to exhibit a diminishment of functioning?

Wilks' criterion suggested that the dependent variables were significantly affected by the independent variable, diminishment of functioning, $F(2,365) = 54.06$, $p < .0001$. The strength of association for this main effect reflected a large association (Cohen, 1977), $\eta^2 = .23$.

Research Question 3: Will psychologists be willing to rate a colleague as impaired and intervene with the colleague if the colleague is judged to be in violation of APA ethical principles?

The result of the MANOVA utilizing Wilks' criterion indicated that willingness to rate a colleague as impaired and willingness to intervene with a colleague was significantly affected by violation of APA ethical principles, $F(2,365) = 23.18$, $p < .0001$. The strength of association was $\eta^2 = .11$, a medium association (Cohen, 1977).

In summary, there existed a significant interaction between diminishment of functioning and violation of APA ethical principles which accounted for 5% of the total variance in the linear combination of willingness to rate a colleague as impaired and willingness to intervene with a colleague. When considered separately, diminishment of functioning and violation of APA ethical principles also influenced the dependent variables. The total variance accounted for by diminishment of functioning and violation of APA ethical principles in the linear combination of the dependent variables was 23% and 11% respectively. Table 9 contains a summary of the Multivariate Analysis of Variance.

Table 9

Summary of Multivariate Analysis of Variance

Source	Test Name	D. F.	F	Sig. of F	Λ	η^2
Diminshment of functioning	Wilks Lambda	2,365	54.06	.0001*	.771	.229
Violation of Ethical Principles	Wilks Lambda	2,365	23.18	.0001*	.887	.113
Dim. * Eth.	Wilks Lambda	2,365	9.71	.0001*	.949	.051

*$p < .05$

Post Hoc Procedures

Steven's (1986) recommended utilizing univariate tests following significant multivariate tests. Stevens reported that utilizing univariate tests has greater power for detecting differences compared to other post hoc procedures. Tabachnick & Fidell (1983) also recommended univariate tests following significant multivariate tests. Tabachnick & Fidell also suggested that if there are significant differences between

groups it may be important to know which of the dependent variables are being changed and which are basically unaffected by action of the independent variables. Based on these authors' recommendations, the effect of the independent variables (diminishment of functioning and violation of APA ethical principles) was calculated separating the dependent variables, willingness to rate a colleague as impaired and willingness to intervene with a colleague.

Results of Univariate Tests

As recommended by Stevens (1989) and Tabachnick & Fidell (1983) univariate tests were calculated to investigate the effects of each main effect and interaction on the individual dependent variables. The first univariate test performed analyzed the dependent variable willingness to rate a colleague as impaired as a function of diminishment of functioning (diminishment vs no diminishment) and violation of APA ethical principles (violation vs no violation). The summary of the analysis is presented in Table 10 and the relevant mean scores in Table 11. The only statistically significant effect was the main effect for diminishment of functioning ($F = 103.68$, $df = 1, 366$, $p < .05$). On the average, those psychologists who perceived a diminishment of functioning were more willing to rate a colleague as impaired ($Y = 3.89$) than those who did not perceive a diminishment of functioning ($Y = 2.81$). The strength of this effect,

Table 10

Summary Table of Willingness To Rate a Colleague as Impaired

Source	df	Value of F	Sig. of F
Ethical Violation	1, 366	2.49	0.115
Diminishment of Functioning	1, 366	103.68	0.0001*
Eth * Dim	1, 366	2.48	0.1158

*p < .05

Table 11

Mean Willingness to Rate a Colleague as Impaired as a Function of Diminishment of Functioning and Ethical Violation

Independent Variable	Mean	S. D.
No Ethical Violation No Diminishment of functioning	2.81	.72
No Ethical Violation Diminishment of functioning	3.60	.61
Ethical Violation No Diminishment of functioning	2.81	.69
Ethical Violation Diminishment of functioning	3.89	.75

as indexed by eta squared, was .21. Ethical violation had no impact on ratings of impairment.

The second univariate test performed analyzed the dependent variable willingness to intervene with a colleague as a function of diminishment of functioning (diminishment vs no diminishment) and violation of APA ethical principles (violation vs no violation). The summary of the analysis is presented in Table 12 and the relevant mean scores in Table 13. Both main effects and the interaction effect reached statistical significance.

Table 12

Summary Table of Willingness to Intervene with a Colleague

	df	Value of F	Sig. of F
Ethical Violation	1	46.48	0.0001*
Diminishment of Functioning	1	19.00	0.0001*
Eth * Dim	1	13.50	0.0003*

*$p < .05$

Table 13

Mean Willingness to Intervene with a Colleague as a Functioning of Diminishment fo Functioning and Ethical Violation

Independent Variable	Mean	S. D.
No Ethical Violation No Diminishment of functioning	3.21	.65
No Ethical Violation Diminishment of functioning	3.94	.70
Ethical Violation No Diminishment of functioning	4.17	.73
Ethical Violation Diminishment of functioning	4.23	.71

The main effect for ethical violation ($F = 46.48$, $df = 1, 366$, $p < .05$) indicated that those psychologists who perceived an ethical violation were more willing to intervene with a colleague than those who did not perceive an ethical violation. The strength of this effect, as indexed by eta squared, was .10. The main effect of diminishment of functioning also was statistically significant ($F = 19.0$, $df = 1, 366$, $p < .05$). However, the strength of association for this effect, as indexed by eta squared was only .04.

The significant interaction effect ($F = 13.5$, $df = 1, 366$, $p < .05$) was analyzed further using a t-test to determine which groups were significantly different (see Figure 1). The t-test indicated that those psychologists who perceived a diminishment of functioning but no ethical violation were significantly more willing to intervene than those who did not perceive a diminishment of functioning nor an ethical violation ($t = 5.88$, $df = 366$, $p < .05$). Those psychologists who perceived an ethical violation but no diminishment of functioning were significantly more willing to intervene with a colleague than those who perceived no ethical violation and no diminishment of functioning ($t = 6.39$. $df = 366$, $p < .05$). The strength of association for the interaction

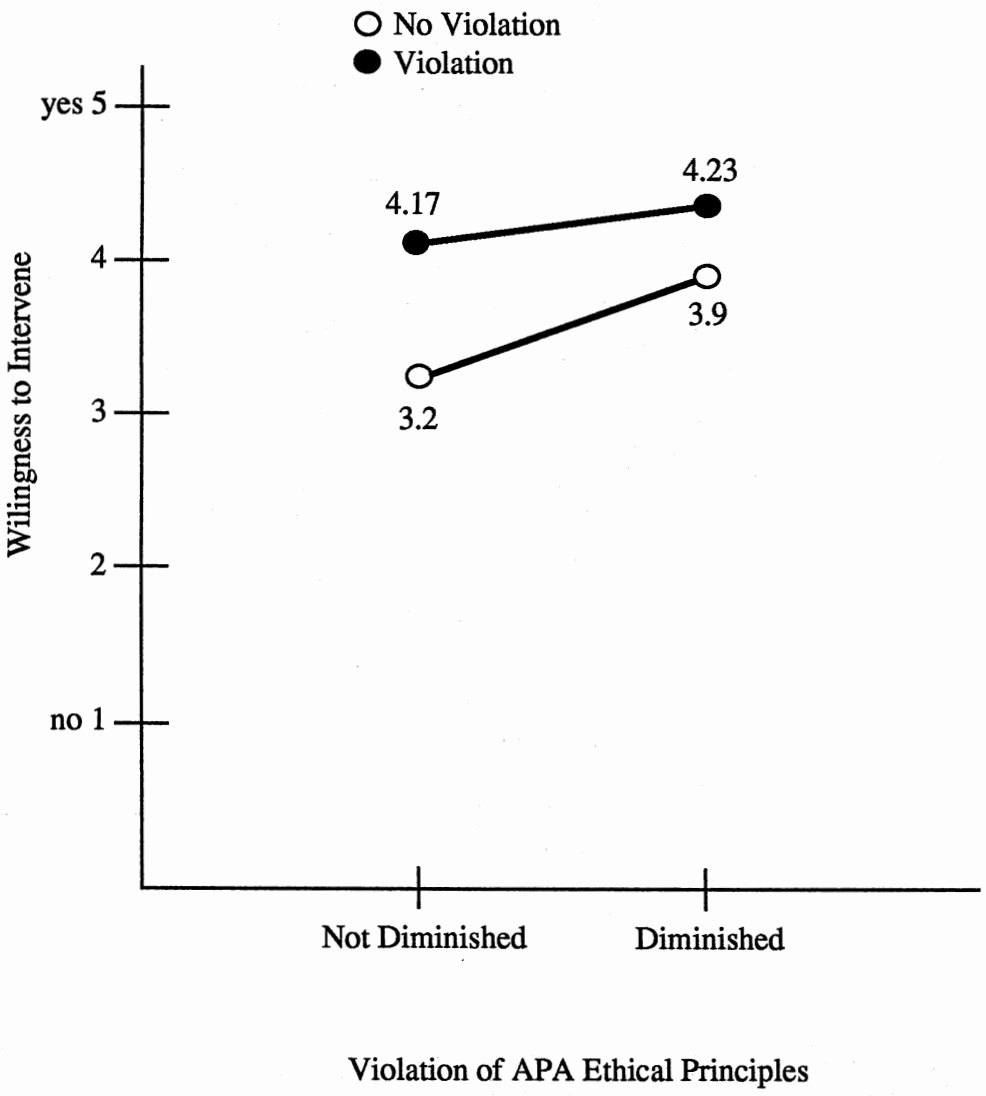

Figure 1. Willingness to Intervene as Related to Violation of APA Ethical Principles and Diminishment of Functioning

effect, as evidence by eta squared, was only .03.

Summary

Presented in this chapter were the results of this study, which included the statistical analyses and interpretation of those analyses. A 2 x 2 between subjects multivariate analyses of variance was utilized as well as post hoc comparisons utilizing univariate analyses for each dependent variable.

For subjects overall, each research question produced significant results with the multivariate analysis and univariate analyses. Both diminishment of functioning and violation of APA ethical principles interacted with the linear combination of the dependent variables, willingness to rate a colleague as impaired and willingness to intervene with a colleague. Though statistically significant, the interaction accounted for only 5% of the variance. Both the main effects of diminishment of functioning and violation of APA ethical principles were statistically significant accounting for 23% and 11% of the total variance, respectively.

Following the significant multivariate results, separate univariate tests for each dependent variable were examined. The only effect significant for the dependent variable of willingness to rate a colleague as impaired was the main effect for diminishment of functioning. The univariate test for the dependent variable of willingness to intervene with a colleague produced significant main effects as well as a significant interaction effect. The t-tests to determine significant differences between groups were calculated. Through graphing of the interaction, it was demonstrated that varying the levels of the independent variables significantly impacted subjects' willingness to intervene. The perception of an ethical violation significantly led to willingness to intervene with a colleague. Further comparisons of the cell means indicated that those who perceived both an ethical violation and diminishment of functioning were significantly more willing to intervene with a colleague than those who perceived no ethical violation and a diminishment of functioning.

Finally, through the univariate tests, it was demonstrated that the significant MANOVA interaction was primarily due to the dependent variable willingness to intervene with a colleague. Table 14 demonstrates this finding. As the table indicates, the dependent variable willingness to rate a colleague as impaired did not provide a significant interaction with ethical violation and diminishment of functioning. However, willingness to intervene with a colleague produced a significant interaction identifying this dependent variable as the variable contributing most to the MANOVA interaction.

Table 14

Summary of Univariate Tests following Significant MANOVA Demonstrating Contribution of Dependent Variables

Dependent Variable	Source	F	Sig. of F
Willingness to Rate a Colleague as Impaired	Ethic	2.49	0.1151
	Diminish	103.68	0.0001*
	Eth*Dim	2.48	0.1158
Willingness to Intervene with a Colleague	Ethic	46.48	0.0001*
	Diminish	19.00	0.0001*
	Ethi*Dim	13.50	0.0003*

*$p < .05$

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to examine whether the variables of diminishment of functioning and violation of APA ethical standards influence psychologists' willingness to rate a colleague as impaired and a psychologists' willingness to intervene with the colleague. Four vignettes, depicting hypothetical psychologists, were developed by this researcher. Each vignette contained one level of each independent variable, diminishment of functioning (diminishment vs no diminishment) and violation of APA ethical standards for psychologists (violation vs no violation). Two pilot studies were conducted to establish content validity. The initial pilot study indicated discrepancies among levels of the dependent variables so a follow-up pilot study was conducted. The follow-up pilot study yielded content validity for each vignette.

Subjects for this study were psychologists who held membership in APA and identified themselves as counseling psychologists and practitioners. APA was contacted and asked to randomly select, from their national data base, 900 psychologists who identified themselves as counseling psychologists and practitioners. These 900 psychologists were mailed one vignette (randomly selected) along with a cover letter, consent form, and a demographic sheet. Subjects were asked to return the materials via an enclosed, stamped return envelope. A follow-up letter was mailed to all subjects two weeks following the initial due date. A total of 372 subjects returned the questionnaire but responses of two psychologists included incomplete data and they were dropped from the study. The sample, therefore, included 370 psychologists.

The three research questions for this study were:

Question 1: Will there be an interaction between diminishment of functioning and violation of APA ethical principles with willingness to rate a colleague as impaired and willingness to intervene with a colleague?

Question 2: Will psychologists be willing to rate a colleague as impaired and intervene with the colleague if the colleague is judged to exhibit a diminishment of functioning?

Question 3: Will psychologists be willing to rate a colleague as impaired and intervene with the colleague if the colleague is judged to be in violation of APA ethical standards?

A 2 x 2 between subjects MANOVA was performed to statistically analyze the data. Following the analyses, post hoc comparisons utilizing univariate tests for each dependent variable were performed.

Statistical significance as measured by MANOVA was reached ($p < .05$) for all three research questions. Strength of association was calculated for each statistical test. The strength of association for diminishment of functioning with the linear combination of willingness to rate a colleague as impaired and willingness to intervene with a colleague (dependent variables) was .23. The association between violation of APA ethical principles for psychologists and the two dependent variables was .11. There was an even lower association between the interaction of diminishment of functioning and violation of APA ethical standards, .05, and the dependent variables. The univariate tests indicated that the dependent variable, willingness to intervene, contributed to the significant MANOVA interaction, while the dependent variable, willingness to rate a colleague as impaired, did not contribute significantly to the MANOVA interaction.

Following the significant multivariate analyses, post hoc comparisons utilizing univariate tests for each separate dependent variable were performed. The univariate test for rating a colleague as impaired as a function of diminishment functioning and violation of ethical standards produced only one statistically significant main effect for

diminishment of functioning ($p < .05$). This test indicated that ethical violation had no impact on rating a colleague as impaired and that overall, subjects who perceived a diminishment of functioning were willing to rate a colleague as impaired. The strength of this effect as indexed by eta squared was .21.

The final univariate test examined willingness to intervene with a colleague as a function of the two independent variables, diminishment of functioning and violation of APA ethical standards. There were statistically significant main effects and interaction effect. The t-test utilized to determine differences between groups for the interaction indicated that those who perceived a diminishment of functioning but no ethical violation were more willing to intervene with a colleague than those subjects who did not perceive a diminishment of functioning nor an ethical violation. Lastly, those who perceived an ethical violation were more willing to intervene than those who did not perceive an ethical violation. The interaction effect accounted for 3% of the variance. The main effect for diminishment of functioning accounted for 4% of the variance while the main effect for violation of APA ethical principles for psychologists accounted for 10% of the variance.

Conclusions

The following conclusions are presented based on the results of this study.

1. The results of the statistical analyses for research question one indicated that there did exist a significant interaction between diminishment of functioning and violation of APA ethical principles with willingness to rate a colleague as impaired and willingness to intervene with a colleague. The univariate tests conducted were used to clarify the interaction further. The univariate tests indicated that the dependent variable, willingness to intervene with a colleague, contributed to the significant MANOVA interaction whereas the dependent variable willingness to rate a colleague as impaired did not significantly contribute to the MANOVA interaction. This result indicates that psychologists are more concerned about whether they should intervene with a colleague

and not as concerned about whether the colleague is or is not impaired. The issue of impairment then may be secondary to any decision resulting in an intervention.

Looking at the influence of the independent variables, diminishment of functioning and ethical violation, the results to this research question may possibly indicate that psychologists view a diminishment of functioning as serious a concern as ethical violations. Psychologists may view a diminishment of functioning as having negative consequences for the welfare of a client.

The results also suggests that psychologists believe a diminishment of functioning may lead to an ethical violation. This finding supports Boyer's (1984) discussion that impaired psychologists are at risk of violating APA ethical principles. Psychologists may believe that a diminishment of functioning may lead to an ethical violation which then warrants an intervention with the colleague and an assessment to determine if the colleague is impaired.

2. The results to research question two indicated that psychologists were more willing to rate a colleague as impaired and intervene with a colleague if the colleague was judged to have been exhibiting a diminishment of functioning. The univariate test suggested that diminishment of functioning was just as important when considering the dependent variables, willingness to rate a colleague as impaired and willingness to intervene with a colleague, separately. This result suggests, as other studies have indicated (Ackerley, et. al., 1988; Boyer, 1984; Hellman, et. al., 1986; Maslach, 1978), that impaired psychologists frequently exhibit a diminishment of functioning. The psychology profession, however, has remained inconsistent with definitions of impairment. Diminishment of functioning may be an important variable when considering a definition of impairment.

The results also suggest that psychologists assume that a diminishment of functioning may lead to an interference in a psychologist's ability to provide quality psychological services. Psychologists may feel a need to intervene when colleagues

exhibit a diminishment of functioning due to the concern for the welfare of clients. Of primary importance, according to APA ethical principles, is the protection of the welfare of clients. When a psychologist exhibits a diminishment of functioning, the client may be unintentionally harmed due to the psychologists' inability to provide adequate psychological services.

3. The results for research question three indicated that psychologists who perceived an ethical violation were more willing to rate a colleague as impaired and intervene with the colleague. A more in depth analysis of the MANOVA interaction result using a univariate test separating the dependent variables, however, yielded an important consideration. The univariate tests indicated that the dependent variable, willingness to intervene with a colleague, was the predominant variable affecting the MANOVA interaction result. An ethical violation was found to significantly influence psychologists' willingness to intervene with a colleague, but the ethical violation did not significantly influence psychologists' willingness to rate a colleague as impaired.

Perhaps this result again highlights psychologists' desire to determine whether an intervention is necessary. APA ethical principles provide guidelines for psychologists to determine whether behavior is ethical or unethical. However, not all behavior fits into the categories of ethical and unethical. Many behaviors fall into a "gray" area which clouds the issue of whether to intervene with a colleague. Besides deciding whether behavior is ethical or unethical, psychologists also must decide how to confront a colleague. Deciding on how to confront a colleague may lead to considerably more anxiety than deciding whether a behavior is ethical or unethical. A guideline as to how to confront a colleague does not exist. Perhaps then, willingness to intervene with a colleague is much more important than rating a colleague as impaired. The current study assesses reported willingness to intervene, not the actual behavior of intervention.

The results may also reflect confusion about the definition of impairment. The literature currently available has not defined an ethical violation as a sign of impairment.

Psychologists in the current study may have been hesitant to assess someone as impaired based solely on a violation of APA ethical principles.

These last conclusions are based on comments written by respondents returning their questionnaires (see Appendix K). Many respondents felt that they were not given enough information to judge whether the colleague depicted in the vignettes were impaired. Several respondents responded with statements saying labeling someone as impaired was a serious consideration, and that colleagues should not be labeled as impaired without sufficient information. These responses indicated that the issue of impairment remains a sensitive issue. Psychologists are hesitant to label colleagues a impaired without obtaining a substantial amount of information.

Interesting comments also were made concerning the depiction in Vignettes A and C of a colleague violating APA ethical principles. Several respondents reacted with statements wanting more information about the situation. Respondents felt they should have been told whether the colleague was talking with friends in the hallway or other psychologists who were friends. The respondents seemed to indicate that speaking with other psychologists in the hallway would not indicate a breech of client confidentiality. Many respondents indicated that it was difficult to accurately assess whether the colleague depicted in the vignettes had clearly violated APA ethical principles.

Vignette C had the lowest number of respondents when compared to the number of respondents in the other groups (see Table 8, page 45). Perhaps, a large number of respondents were unable to decide whether the colleague had violated APA ethical principles and chose not to return the questionnaire rather than admit their indecision. The low return for this particular vignette, may reflect the psychology profession's concern, once again, to not inaccurately label another psychologist.

Recommendations

The results of the current study suggest future areas of research. The following recommendations are based on those results.

1. Initially, a concretely stated, widely agreed upon definition of impairment is needed. To date, there have been many definitions used to define impairment which has created confusion within the psychology profession. Psychologists may be hesitant to label another psychologist as impaired if they feel they do not have a concrete definition to follow.

2. This study used only symptoms of Major Depression as impairment. Future studies need to focus on other diagnostic categories (such as personality disorders, adjustment disorders, etc.).

3. Future research should examine the differentiation between psychologist incompetence and impairment. Studies have suggested that impairment may lead to incompetent behavior. However, one can argue that incompetence can occur without impairment. Both incompetent psychologists and impaired psychologists need intervention, however, the types of interventions utilized may differ based on the assessment of incompetence or impairment.

4. Often it is difficult for psychologists to decide whether to intervene with impaired psychologists. The current study only assessed willingness to intervene, not actual behaviors. Future studies should evaluate actual behavior. Also, factors that lead to intervention and non-intervention should be researched. Analyzing those factors may help professionals examine and develop a decision tree to help facilitate the identification and eventual intervention of an impaired psychologist.

5. Preventive programs should be researched and developed relative to the issue of impairment. Specifically, current programs used to facilitate the psychology profession's awareness of collegial impairment should be evaluated. The results of the evaluation could be used to facilitate the continued development of prevention programs.

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APPENDIXES

APPENDIX A

DEMOGRAPHIC SHEET

INSTRUCTIONS AND PROCEDURES:

There is one instrument to complete. The first page contains demographic information to be completed. Next, there is a short vignette that you are asked to read. The vignette depicts a hypothetical psychologist who is a practitioner, actively involved in work with clients. Following the vignette there are four questions that you are asked to answer. The objective of this instrument is to assess your perception of the depicted psychologist.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Age ____

Gender ____M _____F

Current setting in which you are PRIMARILY employed (select only one)

____ College or University
____ Hospital
____ Private Practice
____ State or federally funded agency
____ Retired
____ Private Consultant
____ Other (please identify) _____

Years of Post Doctoral Experience: ____

APPENDIX B

DSM III-R DIAGNOSTIC CATEGORY

DSM III - R DIAGNOSTIC CATEGORY

Diagnostic criterion, according to the DSM III - R (1987), for Major Depression described in Vignettes One and Two.

Major Depression

Diagnostic criteria for Major Depressive Episode.

Note: A 'Major Depressive Syndrome' is defined as criterion A below.

A. At least five of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood, or (2) loss of interest or pleasure (Do not include symptoms that are clearly due to a physical condition, mood-incongruent delusions or hallucinations, incoherence, or marked loosening of associations.)
   (1) depressed mood (or can be irritable mood in children and adolescents) most of the day, nearly every day, as indicated either by subjective account or observation by others
   (2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated either by subjective account or observation by others of apathy most of the time)
   (3) significant weight loss or weight gain when not dieting (e.g., more than 5% of body weight in a month), or decrease or increase in appetite nearly every day (in children, consider failure to make expected weight gains)
   (4) insomnia or hypersomnia nearly every day
   (5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
   (6) fatigue or loss of energy nearly every day
   (7) feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
   (8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
   (9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide

B. (1) It cannot be established that an organic factor initiated and maintained the disturbance

(2) The disturbance is not a normal reaction to the death of a loved one (Uncomplicated Bereavement)

Note: Morbid preoccupation with worthlessness, suicidal ideation, marked functional impairment or psychomotor retardation, or prolonged duration suggest bereavement complicated by Major Depression.

C. At no time during the disturbance have there been delusions or hallucinations for as long as two weeks in the absence of prominent mood symptoms (i.e., before the mood symptoms developed or after they have remitted).

D. Not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder NOS (p. 222-223).

Note: From Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (p. 222-223) by American Psychiatric Association, 1987, Washington, D. C.: American Psychiatric Association.
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APPENDIX C

PRINCIPLE 5: CONFIDENTIALITY

Principle 5: Confidentiality

"Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality" (p. 327).

APPENDIX D

INSTRUMENT

A

You are a colleague of a psychologist who is beginning to exhibit behavior changes. You have become aware that the colleague over the last two weeks appears withdrawn and has exhibited a lack of involvement in work and social activities. The psychologist seems to be eating more, and despite never complaining about sleeplessness, dark circles have begun to appear under the eyes and the psychologist seems to be dragging throughout the day. Projects that once took your colleague only minutes to complete may now take several hours. The colleague complains that he/she does not have the energy to see clients and you become aware that the colleague has begun to cancel client appointments on a consistent basis. One afternoon you overhear the psychologist talking in the hallway with one of his/her friends. The psychologist is talking about a client in detail stating that he/she needs to talk about the client because of the frustration that he/she has been feeling. The psychologist discloses information that clearly identifies the client and the client's reason for seeking services.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Do you believe that this psychologist is impaired?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

3. Would you intervene with this psychologist?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

4. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

B

You are a colleague of a psychologist who is beginning to exhibit behavior changes. You have become aware that the colleague over the last two weeks appears withdrawn and has exhibited a lack of involvement in work and social activities. The psychologist seems to be eating more and despite never complaining about sleeplessness, dark circles have begun to appear under the eyes and the psychologist seems to be dragging throughout the day. Projects that once took you colleague only minutes to complete may now take several hours. Despite the behavior changes, the colleague does continue to see clients and write client session summaries.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is impaired?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

2. Would you intervene with this psychologist?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

4. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

C

You are a colleague of a psychologist. One afternoon you overhear the psychologist talking in the hallway with one of his/her friends. The psychologist is talking about a client in detail stating that he/she needs to talk about the client. The psychologist discloses information that clearly identifies the client and the client's reason for seeking services.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is impaired?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

2. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

3. Would you intervene with this psychologist?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

4. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

D

You are a colleague of a psychologist who often seems melancholy. The psychologist maintains his/her work and manages to complete the work in a timely manner. Though the psychologist often reports feeling melancholy, the psychologist continues seeing clients and rarely misses a scheduled appointment.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Do you believe that this psychologist is impaired?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Would you intervene with this psychologist?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

4. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

APPENDIX E

PILOT STUDY ONE

VIGNETTE ONE

You are a colleague of a psychologist who is beginning to exhibit behavior changes. The psychologist appears withdrawn and uninterested in work activities. You have become aware that the colleague over the last month has exhibited a lack of involvement in work and social activities. The psychologist appears to be gaining weight, and despite never complaining about sleeplessness, dark circles have begun to appear under the eyes and the psychologist seems to be dragging throughout the day. Projects that once took your colleague only hours to complete may now take days and possibly weeks. You are aware that the colleague has not written client session summaries in many weeks. The colleague complains that he/she does not have the energy to see clients and you become aware that the colleague has begun to cancel client appointments on a consistent basis. One afternoon you overhear the psychologist talking in the hallway with one of his/her friends. The psychologist is talking about a client in detail stating that he/she needs to talk about the client because of the frustration that he/she has been feeling. The psychologist discloses information that clearly identifies the client and the client's reason for seeking services.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

VIGNETTE TWO

You are a colleague of a psychologist who is beginning to exhibit behavior changes. The psychologist appears withdrawn and uninterested in work activities. You have become aware that the colleague over the last month has exhibited a lack of involvement in work and social activities. The psychologist appears to be gaining weight, and despite never complaining about sleep, dark circles have begun to appear under the eyes and the psychologist seems to be dragging throughout the day. Projects that once took your colleague only hours to complete may now take days and possibly weeks. Despite the behavior changes, the colleague does continue to see clients and write session summaries.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

VIGNETTE THREE

You are a colleague of a psychologist who appears somewhat frustrated with the clients that he/she has been seeing. One afternoon you overhear the psychologist talking in the hallway with one of his/her friends. The psychologist is talking about a client in detail stating that he/she needs to talk about the client because of the frustration that he/she has been feeling. The psychologist discloses information that clearly identifies the client and the client's reason for seeking services.

FROM THIS LIMITED INFORMATION:

1. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

3. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

VIGNETTE FOUR

You are a colleague of a psychologist who often seems melancholy. The psychologist maintains his/her work and manages to complete the work in a timely manner. Though the psychologist often reports feeling like he/she has "the blues", the psychologist continues seeing clients and rarely misses a scheduled appointment.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

2. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

APPENDIX F

PILOT STUDY DEMOGRAPHIC SHEET

INSTRUCTIONS AND PROCEDURES:

There is one instrument to complete. The first page contains demographic information to be completed. Next, there is a short vignette that you are asked to read. The vignette depicts a hypothetical psychologist who is a practitioner, actively involved in work with clients. Following the vignette there are three questions that you are asked to answer. The objective of this instrument is to assess your perception of the depicted psychologist.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Age ____

Gender ____M _____F

Current setting in which you are PRIMARILY employed (select only one)

____ College or University
____ Hospital
____ Private Practice
____ State or federally funded agency
____ Retired
____ Private Consultant
____ Other (please identify) _____

Years of Post Doctoral Experience: ____

APPENDIX G

PILOT STUDY TWO

A

You are a colleague of a psychologist who is beginning to exhibit behavior changes. You have become aware that the colleague over the last two weeks appears withdrawn and has exhibited a lack of involvement in work and social activities. The psychologist seems to be eating more, and despite never complaining about sleeplessness, dark circles have begun to appear under the eyes and the psychologist seems to be dragging throughout the day. Projects that once took your colleague only minutes to complete may now take several hours. The colleague complains that he/she does not have the energy to see clients and you become aware that the colleague has begun to cancel client appointments on a consistent basis. One afternoon you overhear the psychologist talking in the hallway with one of his/her friends. The psychologist is talking about a client in detail stating that he/she needs to talk about the client because of the frustration that he/she has been feeling. The psychologist discloses information that clearly identifies the client and the client's reason for seeking services.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

B

You are a colleague of a psychologist who is beginning to exhibit behavior changes. You have become aware that the colleague over the last two weeks appears withdrawn and has exhibited a lack of involvement in work and social activities. The psychologist seems to be eating more and despite never complaining about sleeplessness, dark circles have begun to appear under the eyes and the psychologist seems to be dragging throughout the day. Projects that once took you colleague only minutes to complete may now take several hours. Despite the behavior changes, the colleague does continue to see clients and write client session summaries.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

C

You are a colleague of a psychologist. One afternoon you overhear the psychologist talking in the hallway with one of his/her friends. The psychologist is talking about a client in detail stating that he/she needs to talk about the client. The psychologist discloses information that clearly identifies the client and the client's reason for seeking services.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

3. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

D

You are a colleague of a psychologist who often seems melancholy. The psychologist maintains his/her work and manages to complete the work in a timely manner. Though the psychologist often reports feeling melancholy, the psychologist continues seeing clients and rarely misses a scheduled appointment.

FROM THIS LIMITED INFORMATION:

1. Do you believe that this psychologist is in violation of APA ethical principles for psychologists?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

2. Do you believe that this psychologist is demonstrating a diminishment of functioning?

1	2	3	4	5
DEFINITELY NO	PROBABLY NO	UNDECIDED	PROBABLY YES	DEFINITELY YES

3. Could this psychologist be diagnosed using a DSM III R category?

1	2	3	4	5
DEFINITELY YES	PROBABLY YES	UNDECIDED	PROBABLY NO	DEFINITELY NO

APPENDIX H

COVER LETTER

Anna Satterfield-Jenkins
Texas A&M University
300 YMCA Building
College Station, TX 77843
(409) 845-4427

Dear Colleague:

The enclosed survey is designed to collect data about psychologists' perception of impaired and non-impaired psychologists. Because of the lack of research in this area, your participation will be critical in the attempt to provide more information and research on impaired psychologists. There are no risks in participating, and it should take you approximately 5 minutes to complete the survey. Your responses are confidential and will be treated accordingly.

I am willing to answer any questions that you may have concerning this study. Feel free to contact me at the phone number or address listed at the top of this page. If you wish to obtain results of this research project, please indicate the mailing address on the informed consent form attached to the survey. For your convenience a stamped, addressed return envelope, deliverable to me is enclosed. Please return the questionnaire by December 21, 1990.
Thank-you for your cooperation.

Sincerely,

Anna Satterfield-Jenkins
Principal Investigator

APPENDIX I

CONSENT FORM

CONSENT FOR PARTICIPATION AND STATEMENT OF CONFIDENTIALITY

The information gathered using the instrument that follows is for research purposes only and will be held in the strictest of confidence. Data generated from this research project will be reported only in group form. It is imperative, however, that each participant in this study sign a consent form.

Please keep the top consent form for your information and sign the second form. The form that you sign will be detached from the instrument upon receipt by the researcher and no cross-coding list will be kept to tie your name to your response.

Participation in this research is voluntary and there is no penalty for refusal to participate. You may withdraw your consent and participation in this project at anytime. If at any time during the research you have questions, please contact me at the address or phone number listed below or Dr. Judy Dobson, Professor, Oklahoma State University. You may also contact Terry Maciula, University Research Services, 001 Life Sciences East, Oklahoma State University, Stillwater, OK. 74078; Telephone: (405) 744-5700 or the Texas A&M Institutional Review Board for Research with Human Subjects at (409) 845-1812.

Again, thank-you for your help with this project.

By Signing the consent form below, you are certifying
that you agree to participate in the study;
that you understand what will be required of you and
what benefits and risks there are to you because
of your participation, and
that you have been given a copy of the consent form.

Anna Satterfield Jenkins, Investigator
Student Counseling Service
300 YMCA Building, Texas A&M University
College Station, Texas 77843

I have read the above statement. I understand it and I agree to participate in this project.

Date _____

Participant's signature_____

Print Your Name _____

____I would like to receive a summary of the results. Please send the summary to the following address.

_____

APPENDIX J

REMINDER LETTER

Anna Satterfield-Jenkins
Texas A&M University
300 YMCA Building
College Station, TX 77843
(409) 845-4427

Dear Colleague:

Recently, you were mailed a questionnaire concerning impaired psychologists. With the holiday season busy for most, you might not have had the opportunity to complete the questionnaire and mail it via the stamped, return envelope that was provided. The literature available concerning impaired psychologists is sparse and your participation in this research study could help provide more information about this topic. I would appreciate your help by returning the questionnaire by January 15, 1991.

I am willing to answer any questions that you may have concerning this study. Feel free to contact me at the phone number or address listed at the top of this page. If you have already completed and returned the questionnaire, I would like to take a final opportunity to thank-you for your participation.

Thank-you for your cooperation.

Sincerely,

Anna Satterfield-Jenkins
Principal Investigator

APPENDIX K

COMMENTS ON INSTRUMENT

Vignette A

1. You didn't describe previous functioning.
2. Need more information.
3. What is definition of impairment?
4. What do you mean by impaired?
5. Two weeks is a short time. Is the "friend" a colleague?
6. How are you defining impairment?
7. I assume "friend" is not part of the same agency.

Vignette B

1. Not enough specific information to form impression about impairment.
2. How is impairment defined? This does not provide enough information to determine impairment of the psychologist's functioning with clients.
3. With clients I don't know if this colleague is impaired. I would talk with him informally.
4. What is your definition of intervene? As a generality, but I could not be sure from the observations listed above that he has diminished capacity to effectively counsel his clients. I would suggest you go back to the drawing board - this survey is too general and simplistic, and the description of the psychologist may not be germane to the counseling process.
5. What do you mean by impaired?
6. Not enough data to make strong inferences to warrant an intervention.
7. Insufficient information to conclude that this person is impaired.

Vignette C

1. Scenario is too brief to judge absolutely. Disclosure of name/identity in hallway is breach of client confidentiality, consultation with colleague in same agency (if so) is not equivalent to impairment of psychologist. Is "friend" another psychologist? Both employed by same agency?
2. Define Impairment.
3. Only slightly impaired; slightly diminished in functioning.

4. Not enough information. Is "friend" also a therapist to whom client has released information for consultation purposes? Am I also? Anyone within earshot?
5. Need definition of impairment and premorbid data in vignette to answer questions about internal states.
6. What hallway? What friend? Another psychologist? Who can tell from this vignette? Only a stupid psychologist would attempt to make a decision.
7. This example is ambiguous. Friend may be a colleague on staff of clinic, for example, and passing of information is appropriate. Talking in hallway is in error and may signal impairment.
8. Is this a clinical friend?
9. Too little information for making a judgement. If the person gave a release of information to talk to him it would not be a violation of APA ethical principles.
10. No idea of previous functioning.
11. Professional colleague?
12. I need to know if the "friend" is a psychologist. If no, then our psychologist is acting unethically. I cannot, however, comment on his/her mental states.
13. Diminishment of functioning for this colleague depends on his/her functioning when granted a degree. It is my opinion that a number of individuals are awarded a Ph. D. and a license to practice who are impaired at the time of degree or license.
14. Your definition of the word "impaired" would have been very useful.
15. Maybe this person has always been a bozo.
16. Ethical lapses are not always sign of impairment. Sometimes an ignorance of ethics.

Vignette D

1. Intervene = express concern/support, urge he/she seek some aid in dealing with emotional issues. As long as kept this level of functioning, would probably not report to state's committee for impaired Psychologists (sponsored by state psychological association).
2. Depends on depth and frequency of melancholy! Anyone who works with severely disturbed individuals for any length of time is going to have "down" days.
3. Depends on what is meant by colleague. If we were associated in a dept. or a private practice I would speak to him/her.
4. Melancholy is not sufficient description.
5. I myself had a difficult time during menopause and had some difficulty making good contact with some clients - e. g. difficulty concentrating and making more astute

observations. I do believe I was not offering my best level of performance but felt I performed adequately enough. An important ethical consideration is how does a therapist manage clinical responsibility when she perceives or is told she may not be functioning at her best. When to decide on is too impaired to work at all is not always obvious. I personally sought help from friends, colleagues, and a therapist.

6. Not enough information to make a determination of impairment.

APPENDIX L

PERMISSION LETTER

Student Counseling Service • Texas A&M University
300 YMCA Building • College Station, Texas 77843-1263 • (409)845-4427

January 24, 1991

Anna Satterfield-Jenkins
Texas A&M Student Counseling Service
300 YMCA Building
College Station, Texas 77843-1263

Division of Publications and Marketing
American Psychiatric Association
1400 K. Street, N.W.
Washington, DC 20005

Dear Sirs:

I am writing to request permission for an extended quotation from the DSM-IIIR. I am listing the diagnostic criteria for Major Depression (pages 222-223) in my appendix as part of my current dissertation entitled Psychologists' Perceptions of Impaired Psychologists.

Please let me know if you are in need of any further information.

Thank you,

Anna Satterfield-Jenkins, M.S.
Counseling Psychology Doctoral Student

Permission granted for one-time use, English language only. The correct citation for this book is: American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised. Washington, DC, American Psychiatric Association, 1987.

Ronald E. McMillen
Director, Publications and Marketing

1-28-91
Date

No fee for dissertation
Fee (Send check payable to APA, Attn: Publications and Marketing)

VITA

Anna Satterfield Jenkins

Candidate for the Degree of

Doctor of Philosophy

Thesis: COUNSELING PSYCHOLOGISTS' PERCEPTION OF COLLEGIAL IMPAIRMENT AND WILLINGNESS TO INTERVENE

Major Field: Applied Behavioral Studies

Biographical:

Personal Data: Born in Stillwater, Oklahoma, July 20, 1962, the daughter of Gene and Camilla Satterfield.

Education: Graduated from C. E. Donart High School, Stillwater, Oklahoma in May 1980; attended Oklahoma State University and received a Bachelor of Arts degree majoring in Psychology and Sociology, May, 1984; received Master of Science degree in Community Counseling from Oklahoma State University, May 1986; completed requirements for Doctor of Philosophy Degree in Applied Behavioral Studies at Oklahoma State University in July, 1991.

Professional Experience: Counselor, Edmond Youth Council, Edmond, Oklahoma, 1986-1988; Graduate Assistant, Oklahoma State University, 1987-1990; Alcohol/Drug Evaluator, Payne County Misdemeanant Program, Stillwater, Oklahoma, 1988-1989; Practicum Counselor, Oklahoma State University Mental Health Clinic, 1987; Practicum Counselor, Bi-State Mental Health Foundation, Ponca City, Oklahoma, 1987; Research Associate, Oklahoma State University Testing and Evaluation Service, 1988-1990; Practicum Counselor, Oklahoma State University Marriage and Family Clinic, 1988-1990; Practicum Counselor, Oklahoma State University Counseling Services, 1989-1990; Counseling Psychology Intern, Texas A & M University Counseling Center, College Station, Texas, August 1990-July, 1991.