

**Interdisciplinary Teams within Correctional Institutions and the Ethical Role of
Psychologists**

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Many academic programs in psychology have not established training and experience within correctional institutions. There has not been an explicit guidance on how to conduct within interdisciplinary or multidisciplinary teams (Paproski & Haverkamp, 2000). Especially, if viewed through a cultural lens there are many facets encompassing the role of a psychologists to interpret in essence multiple interdisciplinary teams, or one might view at a professional level a multidisciplinary team (which would not include encounters with correctional staff members) within a correctional institution. And at best, the only experience preparing a psychologist for knowledge within this population is that gained from an internship or practicum experienced and the doctoral program completed.

Correctional settings present psychologists with a range of challenging ethical concerns, the inherent discord between psychologically based goals and correctional objectives yields a complicated ethical landscape for clinicians (Ashline-Hofmann, 2017). Interdisciplinary or multidisciplinary teams in essence is an ethical team working together collaboratively for the greater good, it presents opportunities for growth and can present dangers to client or self; both personally and professionally which will be highlighted in a case study. Psychologists and others in the helping field have different codes of ethics and traditions related to client confidentiality, informed consent, and record keeping. There are ambiguous positions that exist in this culture and impractical ideas about patient care from prior experiences in 'specialty clinics' and to cope with this new environment, interdisciplinary teams ought to work proactively and collaboratively to foster building relationships, while being careful to respect and avoid bring discredit of the culture to ensure ethical practice is maintained in this environment (Rogers, 2018).

A psychologist serves dual roles in the facility; clinician and correctional employee and the navigation of these roles can be overwhelming at times and faced with ethical dilemmas. Psychologists might often find themselves in conflict to define and meet their ethical obligations to their clients in an atmosphere that sometimes threatens or attempts to affect their professional judgement. The APA Ethics

Code gives clear direction for this type of situation. Standard 1.03, Conflicts Between Ethics and Organizational Demands (Ashline-Hofmann, 2017).

Identified key issues of ethical pitfalls will be discussed, ambiguity of roles and the roles of ethics, in addition a local study that involved ethical topics and code of ethics of concern conducted to raise awareness for risk management, when to prioritize safety over confidentiality, and concerns of interdisciplinary teams in relations to ethics and ways to meditate and cultivate teamwork and strengthen communication. Culturally competent perspectives include promoting ethical communication in the correctional institution culture, dual relationship in an exceptionalism environment, the cultural and institutional mismatch between psychiatry and justice that presents serious obstacles to the development of joint interventions, critical issues with the prison populations, generational differences within diversity in the workspace, and masculinity culture. For ethical psychologists placing the client safety first and members of interdisciplinary teams within correctional institutions to jointly become an effective team holistically, I feel collaborative efforts to implement some education regarding each of their roles and provide interventions of what symptoms or behaviors to address or alert attending staff psychologist as an effective method to achieve ethics for the greater good.

Key Issues

In the Report of The Task Force on the Role of Psychology in the Criminal Justice System (1978), American Psychological Association acknowledged that psychologists are involved in virtually every facet of the criminal justice system. The task force found that it's almost impossible to consider the ethical dilemmas of psychologists without repeated reference to the ethical dilemmas of the system in which they work within. Another dilemma psychologists face is competence regarding law and if they are providing predictions of criminal behavior for use in releasing individual offenders and which elements, knowledge, or empirical evidence used. What qualifies a psychologist in this role to predict future criminal behavior?

The problem correctional practitioners have in their health-related professions while working in the context of health and criminal justice in the multiple and at times conflicting cultures or clusters of values, and their professional obligations has an uneasy relationship with each other. The result of this dual relationship problem arises from and is reflected from this clash ethical values. This conflict is experienced from cultures of professional norms. In the correctional practice setting, the dual relationship problem is evident in conflict of two sets of professional norms: those who are concerned with community protection verses those norms related to offender/defendant well-being. The two sets of norms are relatively coherent and are structured around the practice of clinicians working with offenders in assessment and interventions contexts. (Ward, 2013)

Interdisciplinary teams have been proven to be competent and effective for patient care. But the caveat in this is in government mental health agencies, where better coordination of services might be expected, this falls short of intentions. Some of the short comings include difficulty in coordinating peoples schedule and collaborating with other professionals. In terms of collaboration with other professionals, some are reluctant to collaborate due to the following reasons;(1) Client Confidentiality, informed written consent must be obtained prior to sharing and information. This ensures the clients autonomy and confidentiality, it also requires time, effort, and clarity. (2) Variation in training and professionalism, the professionals and paraprofessionals potentially involved in collaboration may have a range of training and knowledge about practices of informed consent, appropriate use of information, and other practices that ensure a consistent standard of care. (3) Time Constraints, due to constraints in funding and resources, mental health professionals are busy and often overworked, creating practical challenges in the coordination of meetings. Other forms of communication may need to be considered. (4) Some individuals in mental health professions are reluctant to collaborate because tensions between professions. These tensions include territorial attitudes and stereotypes about roles, responsibilities, and abilities. (5) Lack of Knowledge and awareness from some professionals and paraprofessionals that do not have the training or experience to know with whom they could or should collaborate. They may not

know how to elicit this information from clients or how to proceed with contacting other professionals (Paproski & Haverkamp, 2000). This can be mitigated through effective collaboration by developing an environment that fosters respectful communication allowing the opportunity for identification of potential ethical disagreements and the opportunity to collaborate on ethical resolutions. In turn, this effective collaboration will likely result in improved outcomes for the individuals we serve. (Rogers, 2019).

Sound ethical decision making is essential to compassionate clinical care. Mindful clinicians reflect on the ethical aspects of their work. They engage, often subconsciously and in careful habits resulting in therapeutic boundaries, seeking consultation from colleagues, experts, and psychological associations when caring for patients who are difficult to treat or have especially a questioning ethical dilemma. To safeguard against danger in high-risk situations and striving to understand more about mental illnesses and their role in their clients' lives, this translation goes beyond all the lives of their clients of all ages and all walks of life. These habits of thought and behavior are signs of professionalism and help ensure ethical rigor in clinical practice (Vemuri & Dunn, 2017).

Staff members working within correctional institutions have different standards and expectations regarding the sharing of inmate's sensitive information; psychologists especially are faced with developing their own documentation strategies as we live in an age where many documentation methods are safeguarded electronically and need to balance the ethical tensions of client autonomy, beneficence, and veracity. Clinicians provide informed consent to maintain client autonomy ideally at the beginning of an evaluation and treat to best achieve the ethical principles related to autonomy. The law requires clinicians to keep clinical record (progress notes) on all clients, but the law does not require clinicians to keep process (psychotherapy) notes. This is one way to help mitigate client confidentiality within interdisciplinary teams to ensure client's autonomy in instances when electronic record keeping is having to be used within correctional institutions (Corey et al., 2019).

The role of a psychologist working within a correctional institution might not be defined and based on current research most often is not defined. Clinicians may be asked to go above and beyond the more than typical job description. For example, clinicians maybe asked to authorize a placement or retention for an inmate in confinement or for physical restraints or in some cases participate in discipline review boards that hand down placement decisions, which appeared on an internet search for a psychologist position at a correctional institution. These examples are punitive and for psychologists it is crucially important to remember and to keep in mind the APA Ethics Code's to guard against any situations in which their influence or professional work may affect negatively or harm. Psychologists may need to work to clarify the limitations of their role with their supervisor if this case presents itself, as reach out to your professional network in this case.

Clinicians need to also be mindful that the correctional atmosphere is an additional stressor that may strongly impact a psychologist who works with the incarcerated on a regular basis. Eventually, a clinician may experience "compassion fatigue" and has the risk to become complacent in one's work. The nature of working in a correctional institution may affect the psychologist's judgement of good practice according to the *APA Ethics Code*, and overtime psychologists may become numb to violations of the rights and dignity under one's care. An example, a psychologist, in a rush to leave home for the day, is stopped by a client of theirs with a treatment question nearby from the correctional officer's station where they think the officers cannot hear, instead of taking a couple extra minutes by walking to their psychologist's office to have the conversation. These types of violations typically become more common as compassion fatigue sets in (Ashline-Hofmann, 2017).

Ethics can be defined as thinking about reasons in terms of values. Almost as a mathematical equation per se. There are five principles in the Ethics Code set forth psychology's core value: Beneficence, Nonmaleficence; Fidelity and Responsibility; Integrity and Justice; and Respect for People's Rights and Dignity (APA, 2010). These five principles are critical in setting our ethical parameters within our profession. An ethical dilemma arises when two or more of these values found in the ethical

principles conflict. Such a dilemma is an ethical dilemma because its resolution must appeal to values. Since, by definition, more technical expertise is at issue in an ethical dilemma, even the most skilled practitioner cannot resolve an ethical dilemma by appealing to technical expertise alone. Resolving an ethical dilemma requires identifying the relevant values and weighing those competing values against one another to determine which receives priority (Behnke, 2005).

Next is ethical pitfalls, especially the vulnerability by working at a correctional institution. Ethical pitfalls are ethical dilemmas that are situations that develop gradually over time. Some steps seem harmless at times until a clinician later realizes that they have found themselves in deep trouble. Regarding their ethical obligations to protect the clients' confidentiality, the clinician must ask themselves...on what basis am I making this disclosure, is there a law that mandates this disclosure, is there a law that permits me to disclose this information, has my client consented to the disclosure. The key is to protect the client, psychologist, or others from harm. To help prevent this problem, psychologists are advised to discuss the limits of confidentiality including their use of electronic transmission and the foreseeable uses of confidential information, as soon as possible. Always maintain and ensure the safe storage of confidential records. Notify people what will be done with case materials, photos and audio and video recordings in case of an outset. Secure their consent, make sure rooms where confidential conversations occur are soundproof, and know federal and state laws and their "ins" and "outs" that relate to your practice. Follow and obey mandatory reporting laws. In respect to a client's autonomy, it is suggested to also disclose your expertise, experience, and training. Also, whom to contact in case of emergency, their rights to terminate therapy, services provided, and what they can't and won't do. Identify your clients' and your role. This can avoid role-related dilemmas. Over documenting is suggested as a psychologist's ally, if ever faced with ethical charges (Smith 2003).

Though, Keeping in mind priority to safety over confidentiality and where this came to be fruition; *Tarasoff v. Regents of the University of California*, the California court emphasized that in giving priority to safety over confidentiality. Confidentiality nonetheless remains important to preserve. According to the court, psychologists disclose confidential information only to the extent necessary to protect safety. Psychologists need to keep both values, safety, and confidentiality in mind at all points during the process of protecting. Not one value receives priority is not to say that the other value is unimportant or may be neglected (Behnke, 2005). An additional aspect of ethical reasoning in mental healthcare that are not often discussed are with interdisciplinary teams and how ethical decisions are made in teams and complex systems and general heuristic biases against rational decision making. From a clinician context where the risk is high as in client safety and confidentiality and there is strong emotion, anxiety about being held accountable if ethics are compromised, and given their position in the culture is not respected, this can often lead to hostile behaviors and interactions within and between teams. And this means staff members may be reluctant to have lines of communication and places inmates/clients' welfare at risk to suffer. Unconscious emotions can have a significant influence on high-stress environments and ethical decision-making how dilemmas are handled and lines of communications.

Also, these complexities in ethical decision-making are emotions that are likely to be stronger when there is uncertainties and fears of external criticisms or the psychologist fear of patient safety. Failure to act can be just as morally questionable as taking an action that takes some degree of harm. Making time for reflection and articulation of anxieties and perspectives is a crucial part of the process of resolving such tensions. There is limited evidence that reflective spaces, that when reflective spaces are provided on a regular basis, this empowers teams to collaborate without using immature defense mechanisms. Negotiation within and between teams requires similar skills in terms of making time and listening to different perspectives. Conflict resolution training and attention to team emotions when there are no 'good' decisions to be made, are vital in mental health settings where complex cases are the norm (Silva et al., 2017).

A study conducted of 54 calls received by the Los Angeles County Psychological Association (LACPA) Ethics Committee over a one-year period of 54 different ethics topics and 47 APA ethics codes that resulted in 75% of ethic topics reported around confidentiality and privacy which also aligned similarly with the ethical codes rendering 45% (Brino & Zaky, 2023). LACPA provides free personal and confidential ethics consultation through education over the phone and suggest seeking advice of an attorney or risk management insurance agency before making any decision. Issues are also discussed during LACPA Ethics Committee meetings as a means of providing optimal consultation. As mentioned, by Brino & Zaky (2023) from the most recent LACPA study conducted of ethic consultation calls received, data was also collected from March 1, 2015, through February 29, 2016, that produced results the same results, most reported ethical topics were confidentiality and privacy and ethic codes pertaining to confidentiality and privacy. Ethical dilemmas are complex and multifaceted, and consultation is a helpful resource in review of information about the case, evoking greater insight, and mitigating the clinician's emotional state, to assist in processing and thinking the case more clearly (Hale & Briang, 2017).

Which now leads to if a clinician does not take the above methods prescribed and guidance to fulfill their role as an ethical psychologist working within a correctional institution, the following in an extreme case study has occurred. As mentioned, psychologists working in a correctional institution which cultivates a culture of consistent stress, heightens the risk for the ability to encounter personal problems and conflicts. Standard 2.06 of the APA code offers the following guidance: (a) Psychologists refrain from initiating any activity when they know or should know that there will be substantial likelihood their personal problems will prevent them from performing their work-related activities in a competent manner. Unfortunately, this psychologist had not taken a moment to reflect before the snowball occurred and eventually their license was surrendered. This licensed psychologist was hired on as a contracted psychologist at

Richard J. Donovan California Correctional Facility, in San Diego California. Accusation No. 6000-2015-000794 (2018) was deemed true and correct, and fully admitted by the Respondent in the State of California. Respondent was suffering from financial problems and an inmate during a therapy session offered to help. Respondent accepted the financial assistance offer at the second attempt during the therapy session with the inmate. Respondent was instructed to seek instructions from another inmate at the inmates jailcell. Inmate with history of suicidal ideation, amphetamine usage, voices and hallucinations disclosed to Respondent he felt suicidal. Respondent removed him from his jailcell and provided therapy. It was disclosed that inmate would financially help Respondent by paying him \$4,000.00 per month in exchange for tobacco, marijuana, and cellphones. Respondent provided three cellphones to three different inmates and finally on the day he signed himself into work to provide group therapy he left the correctional institution, walked across the Mexico border, and retrieved methamphetamine from inmate's brother and returned to the correctional institution and provided the methamphetamine to inmate through his jailcell. Three days later inmate is unconscious from drug overdose and attempted suicide. An internal investigation was conducted, and Respondent agreed to be interviewed and divulged every detail. From an outsider's perspective, it was obvious the ethics involved in this case. In our field, the Board of Psychology Department of Consumer Affairs State of California by the Executive Officer cites Section 2960 of the Code that the board may refuse to issue any license with six violations, and (APA, 2010) Section 2.06 Personal Problems and Conflicts, Section 3.04 Avoid Harm, Section 3.05 Multiple Relationships, Section 3.06 Conflict of Interest, Section 3.08 Exploitative Relationships, Section 4.01 Maintaining Confidentiality, and Section 4.05 Disclosures. While the California investigation was taking place, Respondent traveled to Utah and applied to practice as a licensed psychologist and during the background check when

Respondent checked the “no” box that he was not under any investigation; The State of Utah Division of Occupational and Professional Licensing files a notice of action Case No. 2018-333 (2018).

Through my investigative research, I had to find what would be a significant case study example to highlight many ethical dilemmas and the culture that we as psychologist need to take a step back and evaluate if pursuing this population. I don't know what led up to the financial troubles of this individual, as correctional institution earnings are on the higher end. I feel that every moral and ethical fiber he had, absolutely was lost during the second therapy session with the inmate. I researched his previous work to gain a deeper understanding, and his training, cultural competence, the university program he attended, and the numerous achievements, I am at a loss for words. I stand firm on what I have researched to increase ethical competency of a psychologist working in a correctional institution culture.

Relevant Diversity Issues

There are relevant diversity issues that exist within the correctional institution culture. First is there is a major threat to ethical practice termed exceptionalism. In brief, exceptionalism occurs in a dual relationship when clinicians explicitly replace the norms that usually regulate their practice with ones that are intended to apply in situations of high risk to the community such as national security. The danger is that in such contexts operating a narrow set of professional norms that are normatively insulated from human rights norms and universal ethical principles may result in the unjustified infliction of harm on defendants or prisoners/inmates (Ward, 2013).

Next the communication barriers that exist within the correctional intuition culture between correctional officers, medical interdisciplinary teams, and psychologist. If promoted, a greater understanding of ethics and the extent of a professional's expertise and accountability, instead of struggling against stereotypes and misunderstandings can have a common ground (Paproski & Haverkamp, 2000). Also, to address the environmental conditions which are not only putting inmates' mental health at risk, but they are also affecting the mental health of correctional staff. They are faced with the difficult task of fulling mandated reforms of 1975, resulting in distress. It is a high-risk work environment with regards to mental health and an urgent need to improve the work of interdisciplinary teams. The cultural and institutional mismatch between psychiatry and justice presents serious obstacles to the development of joint interventions (Testoni et al., 2021). The White House Guide for Prison Health asserts that 'Prison administrations have a responsibility to ensure that prisoners receive proper health care and that prison conditions promote the well-being of both prisoners and prisoners and prison staff (Testoni et al., 2021), which contradict reality and creates ethical dilemmas.

Numbers continue to rise within the population and especially of foreign prisoners, prisoners with addictions, prisoners with behavioral disorders, and prisoners with psychiatric illnesses (Testoni et al., 2021). Indications a shortage of personnel, and many acknowledged a lack of sufficient training or of dialogue between staff in different professional roles and department. This places strain on psychologists, supervising psychologists and internships/practicum student experience, ethical dilemmas and how will these impacts be mitigated and addressed effectively? (Testoni et al., 2021) Some strategies for coping with psychological stress are actions and strategies implemented within individual prisons to address and prevent mental distress. Multidisciplinary interventions and the ability to listen and mitigate

a person's (client/prisoners) discomfort will have a de-scaling affect to the prison environment. Sending patients to hospitals when they cannot adequately be treated within the prison, paying attention to "at-risk persons" (such as suicide)-screening newcomers, have guards spend more time in or with the psychologist to see how day-to-day pathologies are managed or mental health training to learn skills to bolster relationships with prisoners who exhibit distress. Prison guards may want to become proactive with intercepting their discomfort communicating with prisoners and adapt empathetic listening skills and regard them as people with their own needs (Testoni et al., 2021).

A few last concerns that are phycologist may experience higher levels of moral distress and especially witnessing inequities and other injustices for their patients, especially during COVID-19 pandemic (Pathman et al., 2022). Generational differences at work and diversity in the workspace is influenced by its period's economic, political, and social events. It may also affect the way they work, the work dynamics, and possibly the respect for the psychologist profession in the helping field; older guards that have been at correctional institutions for many years and create a salient intergenerational conflict. To overcome this ambiguity of generational diversity, interns and other psychologist are encouraged to raise others' awareness of generational differences. That each generation brings unique perspectives to work-related tasks, which promotes diverse decision making (Dittmann, 2005). And as a result, from sexual harassment reports, correctional staff operate in a masculine culture, where personnel are expected to display strength and control and suppress emotions. Job stress within this culture and burnout showed a strong impact on mental health and affects decision making and the experienced psychological demands. (Uggen & Blackstone, 2004).

Conclusions

A perspective to understand how behaviors can harm clients or themselves when implemented within a unique role of as a psychologist in a culture working within a correctional institution is to understand the differences how moral principles are actualized or implemented in a private practice setting verses the institution. There is a set of habits or perceptions that one brings without realizing how those same behaviors could harm patients or themselves unknowingly in the unique setting and culture of a correctional institution. This acculturation can be similar to immigrants and the socialization process that they face with having distinct backgrounds from their cultural experiences. In the correctional institution setting, psychologists are similar to finding ways that work in the unique setting to adapt to the challenges and responsibilities they need to in order to best serve their clients safety and wellbeing.

Ethics code can be your moral compass just by simply asking yourself “is this decision supported by these principles without contradiction?” and be ready how these might be challenged in practice. Keeping a structured approach to preparing and dealing with ethical issues and it helps to be a lifelong learner to continue reading case studies and research ethical issues as useful tool to remain ready, current, and prepared. More specifically the ethical role of psychologists and interdisciplinary teams within correctional institution is psychologists within correctional institutions wear many hats and they are the only ones with an Ethics Code that includes maintaining confidentiality, that many working in roles within the other teams do have to adhere to. Psychologists will find themselves on many “interdisciplinary teams”, whether it be a true clinical interdisciplinary team, interdisciplinary team collaborating with the correctional staff of supervisors and directors, working alongside the correctional officers, and the most important relationship, their client, and their treatment plan. To succeed as an ethical

psychologist in a correctional institution I feel practice the main points mentioned, remaining cognizant of yourself and surroundings, stay present and remember confidentiality always, your client's safety, and practicing a self-care routine.

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