**CASE 1.**

Dr. Blaze has been practicing in forensic psychology for eight years in Washington State. His dissertation examined the traits and patterns of recidivism in adult arsonists. In addition to publishing a number of articles on the topic over the years, he has conducted forensic evaluations of defendants charged with arson and testified in three such cases, two misdemeanors and one felony case. Dr. Blaze recently received a request from an attorney in the juvenile division of the Public Defender’s office asking him to evaluate her client, a 12-year-old boy, who is charged with six counts of arson, one count of attempted murder, and one count of murder. Dr. Blaze readily agrees to accept the case. He rightly considers himself to have a high level of expertise and competence in evaluating fire-setters. While he has never evaluated or researched juvenile fire-setters, he knows the traits of adult arsonists from his research and, therefore, believes that he can apply his knowledge to a juvenile evaluation. Beyond the arson issues, he presumes that a murder trial cannot be all that different from the arson trials he participated in previously.

(The Ethical Practice of Forensic Psychology (American Psychology-Law Society Series) (p. 53). Oxford University Press. Kindle Edition.)

**CASE 2.**

Dr. Williams is a psychologist who has a thriving private psychotherapy practice. She is widely recognized by her colleagues for her clinical excellence. In addition to her professional pursuits, Dr. Williams is devoted to making contributions to her community. One of the ways in which she does this is by volunteering four hours per week at a local women’s shelter. In her role as a volunteer, Dr. Williams sees three women per week for individual therapy and leads a group therapy session. Dr. Williams has been treating a woman in individual therapy at the shelter for several months now. The woman, Aleena, had come to the United States with her husband when he was working for a large company on a temporary work visa. After the birth of their son in the United States, Aleena’s husband became increasingly insistent about raising the boy to be a “true man,” which did not include exposing him to Western cultural traditions. When Aleena expressed support for some Western traditions to her husband, she was sent back to her homeland and prevented from any further contact with her son by her husband and his family. Aleena returned to the United States on a tourist visa to search for her son. When she located him, now four years old, she discovered that his father, who had never been physically abusive to Aleena, had been physically abusive to their son. She took her son and went to the woman’s shelter where Dr. Williams is now treating Aleena for depression and anxiety. When Dr. Williams arrived for her regular hours at the shelter today, the staff and Aleena immediately approached her. Aleena’s tourist visa was long expired, and she had recently been served with a deportation and removal notice. The shelter staff told Dr. Williams that they thought the only hope Aleena had was to show that a removal would represent an extreme emotional hardship for Aleena because they had heard of other cases in which deportation had been stopped by using a psychological hardship defense. Dr. Williams thinks that Aleena was brave to rescue her son and has no doubt that Aleena experiences depression and anxiety. As a result, she is inclined to write a letter stating that, in her opinion, deporting Aleena would be an “extreme and unusual hardship” to Aleena. But Dr. Williams is concerned that she does not have any background or experience with the psychological aspects of immigration, deportation, or Aleena’s culture. Dr. Williams also wonders whether it could really be as simple as her writing a letter to the deportation court.

The Ethical Practice of Forensic Psychology (American Psychology-Law Society Series) (p. 56). Oxford University Press. Kindle Edition.

**CASE 3.**

Jack Newbie had just become licensed as a psychologist after completing his internship and post-doc at a Veterans Administration Medical Center (VA) in a nearby city. He is now setting up his own practice, which is his lifelong professional goal. While at the VA, Dr. Newbie was involved in two cases in which his evaluations and treatment notes were part of the evidence in associated disability claims. Dr. Newbie provided a deposition and testimony in one of the cases. Dr. Newbie is eager to get his new practice up and running, and, given his experience at the VA, he thinks that he would really enjoy serving as an expert witness in disability claim cases. As a result, he wants to make sure people know about this area of specialty, but he is aware that there are ethical standards, professional guidelines, and state regulations about how he can market himself to the public. He is unsure whether he should list “Forensic Psychologist,” “Forensic Psychology,” or something else on his website, letterhead, and business cards.

(The Ethical Practice of Forensic Psychology (American Psychology-Law Society Series) (p. 59). Oxford University Press. Kindle Edition.)

**CASE 4.**

Dr. O’Connor is a unit psychologist at a large state psychiatric hospital. For the past three years, she has been responsible for therapeutic contacts with patients on her unit. This has included individual and group therapy. For the past year, she has been an individual and group therapist for a dialectical behavior therapy (DBT) pilot project involving all 28 patients on her unit. As is required in the DBT protocol, Dr. O’Connor has rotated as an on-call therapist for patients, engaging in telephone and spontaneous coaching sessions with them; has demonstrated radical acceptance for them; and has disclosed therapeutically appropriate information about herself. As part of her duties, Dr. O’Connor has also conducted violence and suicide risk assessments for patients seeking discharge approval on other units during the entire three years she has been at the hospital. Due to several retirements and personnel changes, Dr. O’Connor has just learned that she is being transferred to a different unit and will now be responsible for conducting discharge approval risk assessments with patients who were previously on her unit and who participated in the DBT pilot program. She is concerned about how her prior role may impact her objectivity and affect the patients’ wellbeing when they encounter her in her new role.

The Ethical Practice of Forensic Psychology (American Psychology-Law Society Series) (p. 114). Oxford University Press. Kindle Edition.

**CASE 5.**

Dr. Corcoran was just completing a forensic evaluation of the plaintiff in a personal injury case. As was his practice before bringing the encounter to a close, Dr. Corcoran skimmed a routine screening measure of depression and a self-report symptom inventory that the examinee had completed. He immediately noticed that the examinee endorsed all of the suicide items on the screening measure at the highest level on the scale. The suicide scale on the symptom self-report was also as high as Dr. Corcoran had ever seen. Dr. Corcoran immediately reengaged the examinee in conversation, and, after rapport was reestablished, he asked the examinee a series of questions about suicide. The examinee’s responses to the questions, coupled with the results of the measures, has left Dr. Corcoran convinced that the examinee is at imminent risk for suicide. Furthermore, he has the means to carry out an attempt and he has no identifiable protective factors. Dr. Corcoran is sure that he needs to take immediate action; however, he is trying to determine what intervention is required and how that might impact his continued participation as a forensic evaluator in the personal injury case.

The Ethical Practice of Forensic Psychology (American Psychology-Law Society Series) (p. 121). Oxford University Press. Kindle Edition.