

MY PROFESSIONAL MEDIA POLICY

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Introduction

Given that I am bound by clear ethical rules and principles set forth by the American Psychological Association (APA), the law, and state licensing boards (see <http://www.apa.org/ethics/code/ethics-code-2017.pdf>), it is important for me to detail some of the ethical issues I encounter as a practicing psychologist while interacting with the media.

Although many ethical dilemmas we face as psychologists are highly complicated, without clear “right” and “wrong” answers, I believe that outlining the rationale behind my choices and clearly articulating my practices in a transparent way is critical. As new technology develops, the media shifts, or my work changes, there may be times when I need to update this policy. If I do so, I will upload an updated version of this policy on DunlapPsyD.com.

Why I Work With or Appear in the Media

Psychologists participate in the media in myriad ways. For example, psychologists may write an ongoing column or a blog; host a radio or television show; pitch topics to journalists about their research or clinical work; be filmed as an expert on a given topic for television or film; or, even be surprised by an impromptu interview request when a news anchor appears at your office door.

Although managing ethical boundaries in the media can be particularly challenging for clinical psychologists, there are many reasons that I believe it can be beneficial for me and other psychologists to engage with the media. Some of the key benefits are the following:

1. To educate and inform the public in meaningful ways.

Psychology is the study of human nature and, at its best, it should be used to help people live their best lives. This is particularly important for the general public who may not have access or exposure to foundational psychological knowledge, but would benefit from solid, empirically informed and theoretically grounded information. As such, I see the media as an excellent platform to educate and inform the public about psychology and its application to real-life circumstances.



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2. **To comment on recent/current events.**

Often, events occur in the world that are hard for people to understand— everything from war to political strife to mental health issues. As the public tries to understand these events, psychologists can serve as experts to help process and understand these realities.

3. **For advocacy.**

There are causes about which I feel very passionately and can comment on intellectually. As such, the use of media provides a unique opportunity to disseminate information to people who would most benefit from it, while trying to affect social change and opinion. For example, I am an expert on games, gaming culture, and mental health. When I can advocate for increased awareness and solutions around these issues, I often do.

4. **For fun, enjoyment, and entertainment.**

Although most of us may not think of “fun” as a basic need, many prominent scholars (like Dr. Richard Glassar) argue that having fun is a basic desire of all humans. Engaging with the media can be fun, engaging, and interesting for me and for the viewer.

5. **To enhance the reputation of the profession.**

I am a representative of the profession of psychology. As such, speaking in a media platform in an informed way can increase the reputation of psychology as a field and clarify to the public what we do and why it is so important.

6. **To clarify misconceptions of mental health and illness.**

As a clinician, my main area of expertise is mental illness and its development, treatment, and prevention. As such, in the media I can communicate which beliefs are supported by mainstream therapeutic research and theory and which are not in meaningful ways.

Ways I Manage Ethical Risks in Media

Given the benefits I see of working with the media, I choose to engage in informed, meaningful and deliberate ways. There are various steps that I take to maximize benefits and minimize harm to current and former clients, students, myself, and the field.



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1. My Media Work is Always in a Non-Clinical Role

All of my work in the media is non-clinical in nature. What does that mean? Clinical work is generally defined as professional practice in which there is a **clear doctor-patient relationship**. For me, this relationship typically is about providing psychotherapy or conducting an assessment. In a clinical relationship, there are some key factors that describe the nature of the work and that are governed and described by the APA ethics code, laws, and licensing boards. Specifically, in a clinical role:

- (1) I am in a professional relationship with a client because a service is being requested from me based on my knowledge of psychology.
- (2) It is a one-way fiduciary relationship, which means the relationship exists only to serve the needs of the client.
- (3) It involves payment to me for my professional services provided to the client.
- (4) It is confidential, meaning that I cannot share identifying information about my work with a client, unless I have written consent to do so or an acceptable reason for doing so. (For information on limits of confidentiality, see <http://www.apa.org/helpcenter/confidentiality.aspx>).
- (5) It requires informed consent, meaning that the client and I agreed to certain conditions and expectations about the nature of our working relationship.
- (6) It is typically focused on a goal or outcome that a client and I hope to achieve through our work together (e.g., overcoming a disorder, getting a diagnosis, working through early childhood trauma, understanding oneself at a deep level).

Although I am a clinical psychologist, not all of my work is clinical in nature. I define my **non-clinical role** as work that I do professionally that is **not done** in the context of a contracted doctor-patient relationship. For example, I teach, mentor students, collaborate with colleagues, give lectures at various conferences, conduct research, and serve on research committees. This is still professional work I do as a clinical psychologist, but is NOT done in the context of a therapeutic, clinically-contracted doctor-patient relationship.



2. No Interaction with Current and Past Clients/Patients

At no time have I ever been filmed or will be filmed with a current or past patient in a public media forum. Given the many ethical conflicts inherent in a clinical role/relationship outlined in this document (e.g., privacy, confidentiality, informed consent), I consider it unethical for me to be filmed with a current or former client except when warranted for training or therapeutic reasons; and, only with the expressed written consent of the client. Still, even in such cases, the material is kept confidential and should never appear in public forums.

3. Commenting on an Issue Versus a Person

I am often asked to comment on current events or specific people's life struggles (e.g., relationship issues, eating issues). This is not psychotherapy, nor is it a confidential, clinical relationship. It is not a clinical relationship at all. In addition, I cannot ethically comment on someone I have not evaluated in a clinical role/relationship; and, if I had a clinical relationship, I could not break confidentiality. What I can do, however, is talk about *a general issue* that someone is struggling with in a meaningful, informed way. For example, when public suicides occur, I cannot comment on any individuals who killed themselves, but may comment on suicide in general (warning signs, prevalence, etc.). Consequently, in the media, I am always commenting on an issue or topic and not on a specific person.

4. Competence

Consistent with the APA ethics code, I only speak about issues and topics about which I have sufficient education, knowledge, and training. If I am asked to speak in the media about a topic for which I do not have sufficient competence, I do not accept the request and/or make a statement on the topic.

5. Conflicts of Interest

As a professional, I am ethically obligated to disclose a situation in which I have multiple interests (financial or otherwise) that could impair or affect my objectivity or ability to work professionally. In such situations, psychologists are encouraged to be honest about any interests (professional or personal) that may cause professional conflicts to ensure that the public and other parties are aware. I have no conflicts of interest at this time.



6. Minimize Appearance of Therapy

There are times when what I say or do in the media may “look like” psychotherapy to the public when, in fact, **it is not, never has been, and never will be psychotherapy.** In situations when I am interviewed in the media, I strive to minimize the appearance of “therapy” for the audience to the degree possible while still speaking in a professional way on a topic of expertise. For example, in addition to stating clearly in this document that my work in the media is not clinical in nature (i.e., if I appear in the media what I am doing is not therapy), I directly tell people who interview me that I am not working in a clinical role with them and state that fact on camera when possible.

7. Separate My Professional Media from Personal Media

In addition to my clinical and non-clinical professional roles, I also have a personal life that is sometimes in the media. Consequently, there are times when information about me personally is visible in the media. Whenever possible, I keep my private, personal internet information separate from my professional information. Please see my **Digital Media Policy for Current and Former Patients** for more specific information about how I handle social media interactions with former and current clients.

8. Refer for Treatment/Consultation

If you have seen or interacted with me in the media and would like further psychological help, I encourage you to find a therapist who can work with you. The *Psychology Today* website has a good referral network that may be able to help you find someone in your area (see <https://www.psychologytoday.com/us/therapists>). If you are suicidal or concerned for your health, please call 911. Do not call me as I do not have a therapeutic, clinical relationship with you. ***I say this very strongly because I want to ensure that your interaction with me is not clinical in nature.*** That said, I strongly encourage you to seek help elsewhere.

CONCLUSION

My primary goal as a psychologist is to increase people’s knowledge of themselves and others that improves the health of individuals, organizations, and society. In the media, I strive to do this by educating the public in a compelling and entertaining way about topics



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relevant to psychology. My media work is never clinical in nature—it is information, educational, and entertaining.

Consistent with the APA ethics code, there are five general principles that I strive to uphold in all of my work. These are: 1) to strive to help those I work with and do no harm; 2) to establish trust by upholding professional standards of conduct; 3) to provide accurate, honest information; 4) to be fair and trustworthy; and 5) to respect the rights of all humans with dignity. In all of my work, including work that is in the media, these general principles guide my decisions.

Thank you for taking the time to review this Media Policy Document. If you have questions or concerns about any of these policies and procedures, or regarding our potential interactions on the Internet, please email me at DunlapPsyD.com.



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