

**Ethical Issues in Psychology (PSY611)****Table of Content**

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**Lesson 1****Introduction of Ethical Issues in Psychology**

Ethics are the moral and philosophical codes of a system, taught and embedded in us which focus on the concept of what is right and wrong. It is in our training, since childhood, to view things as being appropriate or inappropriate. This ethical code of conduct can be observed in multiple spheres of our life. It is important to view the professional values foundational to the profession in order to better understand how appropriately a task is being performed.

In psychology, APA has provided Ethical Principles of Psychologists and a Code of Conduct which include sections on clinical practice, education, research and publication.

**Code of Ethics**

APA's Ethical Principles and Code of Conduct provide a common set of principles and standards. This set of guidelines is uniform and applied across all settings over the entire world by Psychologists. It is important to note that guidelines developed by APA can only be adhered by Psychologists and they cannot be implemented completely to other fields. These guidelines ensure professional conduct for the activities including scientific, educational, or professional roles. Under the terms of its Charter, APA maintains a Code of Ethics and Conduct, which are updated regularly. It is important to keep and update the charter with all the cultural norms and societal changes that take place every now and then. For example, news disorders have been added to DSM-V. These disorders did not exist in DSM-IV because they did not exist at that time. Consider the disorders related to internet.

In formulating the codes, society guidance and changes in societal expectations of professionals were considered.

**Goals of Ethics in Psychology**

The goals of ethics in Psychology are as followed:

- Welfare and protection of the individuals and groups with whom psychologists work. Their mental, physical and psychological health should not be harmed.
- Education of members, students, and the public regarding ethical standards of the discipline. It is important to educate people and create awareness.

- To provide a framework for guiding the decision-making for all psychologists. This helps create a uniform set of rules for all the people to follow.
- This framework allows sufficient flexibility for a variety of approaches, cultural contexts and methods. This reflects upon the basic ethical standards which apply to all.
- Acting ethically can be affected by a number of individual and group influences as well as context, including conformity resistance, context, power, emotion, role of social norms, organizational pressures and group/self-identity.

As Psychologists, we know the significance of both the context and the character and how it affects our behavior. Hence, the Code of Ethics encourages all Psychologists to be mindful of their strengths and weaknesses in order that they are able to behave in the most ethical way possible.

### **Why are Ethics Necessary?**

Ethical guidelines are vital in any psychological research. Any research which does not adhere to these ethical guidelines is incorrect and will not be considered. Ethics are the boundaries set in order to protect the participants from psychological harm. It is the duty of the psychologist to make sure that the research is more beneficial for the participant instead of being harmful. Therefore, a psychologist needs to ensure that these guidelines are being followed. Psychologists are required to mention guidelines, in their research, which they've considered and followed.

There are many advantages to understanding research ethics. Some of the concepts of research ethics are:

- To provide us with a structure for analysis and decision-making.
- To support and remind researchers to ensure protection of human subjects.
- To define the appropriate treatment of subjects in psychological research, i.e., humans or animals.

### **How Ethics Are Determined?**

The ethics of a given research project are determined through a cost-benefit analysis, in which the costs are compared with the benefits. The impact of the research in terms of its benefits and harms on our society is considered. If the potential costs appear to outweigh any potential benefits, then the research should not proceed.

**Definition of "Benefit"**

A benefit is the positive value or advantage of being part of the research study. It might be concrete for individual subjects, like a greater chance of having a good therapeutic outcome. Alternatively, it might be more intangible and general.

**Definition of "Risk"**

Risks generally are evaluated according to the probability and magnitude of any harm that might occur. This harm could be physical, psychological, economic, social, legal, economic, psychological or physical in nature. A risk could be assessed in terms of the harm to an individual subject or to a broader segment of the society.

**Balancing Benefits and Risks**

It is important to assess the risks to the subject or society against potential benefits. The probability of harm relative to the probability of benefit should be determined, as well as the relative magnitude of risks and possible benefits. It is the task of the researcher to evaluate the benefits and the risks of research. The potential benefits of the outcomes of the research should outweigh the risks of conducting the research. This becomes difficult usually because:

- It is difficult to know the potential risks or benefits of research ahead of time. For example, we get to observe the side-effects of the medicine only after it has been given to the participants in the research.
- The risks are assumed by the individuals, while benefits may accrue to the society at large, rather than individuals.

**Ways to Reduce the Risks**

It is important to reduce the risks in research in order to make it more ethical and beneficial for the participants and for the society as well. Risks can be reduced by:

- Refraining from sexual contacts or other intimate multiple-role relationships with clients.
- Regularly reviewing client treatment plans otherwise, refer the client to someone else.
- Conducting therapy in a professional setting, ideally an office.
- Keeping careful notes and records, including billing and fee collections.

- Well documenting diagnoses, client risk behaviors, actions taken or clinical rationales, reasons for termination and the process followed.
- Practicing within one's sphere of competence. For example, providing a therapy at which you're skilled.

### **Historical Development**

Discussions took place regarding the use of human subjects in experiments during the war time. This led to the development of APA which in turn led the APA to produce the first ever statement of ethics from any organization of psychologists in 1953. Even in Pakistan, the community of Psychiatrists and Psychologists are working to develop a proper code of ethics since 2001.

Development of research ethics has evolved over time. Few important milestones in this regard are discussed here.

#### **1. Nuremberg Code**

The Nuremberg Code (1947) is a set of ethical research principles, developed in the wake of Nazi atrocities, specifically the inhumane and often fatal experimentation on human subjects without consent during World War II. This occurred due to the non-presence of ethical considerations and them being not implemented in research or experiments.

This code includes the following guidance:

- Informed consent is essential.
- Research should be based on prior animal work.
- Risks should be justified by the anticipated benefits.
- Only qualified scientists must conduct research, avoiding physical and mental suffering.
- Research with possibility of harm should not be conducted.

#### **2. Declaration of Helsinki**

The World Medical Association (WMA) has developed the Declaration of Helsinki (1964) as a statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data.

Main points include of the declaration include:

- Protecting Patient Health. The experiment cannot be conducted at the risk of a patient's health.
- Knowledge Cannot Trample Rights. The patient's right cannot be compromised for the purpose of research.
- Additional Considerations.
- Following Local Regulatory Norms
- Risks, Burdens and Benefits should be balanced out in research.
- Vulnerable Groups and Individuals should not be used for any research
- Research Ethics Committees should get involved in approving a research.
- Confidentiality

### **Historical Perspective on Codes of Ethics**

#### **3. The Belmont Report**

The Belmont Report (1979) is a "required reading" for everyone involved in human subject research.

Three basic ethical principles are discussed in this report:

##### **1. Respect for Persons**

Individuals involved in the research are autonomous human beings. They cannot be manipulated or bribed and their free will should be respected. Furthermore, the informed consent and privacy of research subjects are to be restored.

##### **2. Beneficence**

It is important for a researcher to use the best possible research design to maximize benefits and minimize harm. Research must ensure that the benefits outweigh the harms of research. A researcher should avoid the research that is without a favorable risk-benefit ratio.

##### **3. Justice**

Subjects should be selected equitably. A certain group selected for the research should be treated equally as compared to other people. Therefore, it is necessary that we ensure that vulnerable populations are not exploited in our research.

**Balancing Three Principals**

It is important that we, as researchers, should ensure the balance of these three principles. This is because there are some situations where these three principles might be in conflict with each other.

It might be that one principle does not always outweigh another. Rather, we are required to consider each case separately and on its own merits in light of all three principles. **For example**, we might derive from the principle of respect for persons that we should limit the involvement of children in research because children are unable to choose for themselves. But, we might derive from the principle of justice that we must involve children in studies so that children will have the opportunity to benefit from the research.

Forty years have passed since the 1979 and the publication of the Belmont Report, the three basic ethical principles identified and set forth as guidelines for the conduct of biomedical and behavioral research remain particularly relevant and necessary for today's clinical trials.



**Lesson 2****Ethical Problems with Past Studies**

In the past several studies were found to have ethical issues with them and these researchers have not been replicated. It was because of these issues that created a demand for an ethical code. Some notable issues with these studies were:

- Lack of informed consent
- Coercion or undue pressure on volunteers
- Use and exploitation of a vulnerable population
- Withholding information about possible risks in research
- Withholding information about the available treatment
- Putting subjects at risk
- Risks to subjects outweigh benefits
- Violation of rights
- Deception
- Confidentiality of the participant.
- Right to withdraw from the research

Here are some examples of some early trials where researchers did not hesitate in self-experimentation or experimenting on their family members as test subjects.

For example;

- Johann Jorg (1779-1856) swallowed various doses of 17 drugs in various doses to record their properties. Doing so, he put himself at risk as he did not about the potential risks involved with these drugs.
- Gerhard Domagk (1895–1964) discovered Prontosil sodium and first tested it on his own 6-year-old daughter who had contracted a severe infection from an unsterilized needle.
- Louis Pasteur "agonized over treating humans," even though he was confident of the results obtained through animal trials.
- A clinical pathologist, Edward Jenner, created the world's first vaccine of smallpox vaccine and in order to know the effects of this vaccine, he decided to try a potentially fatal experiment on a small child.

**Few Historical Case Studies**

In the past several experiments, the replication of these studies today will not be possible because of their unethical nature.

There are few case studies that are important regarding the ethical issues in conducting research, each of which exhibited one or more of the ethical problems mentioned previously.

**Little Albert Experiment**

J.B Watson and Rayner conducted this experiment. In this experiment, classical conditioning was used to cause Albert (subject of the study) to have a phobia of rat. A loud noise was associated with, which later developed further till he had phobias associated with similar objects. Apart from the unethical development of a phobia in a small child, Watson and Raynar were not able to diminish the phobia in the child immediately. This study caused Albert extreme psychological harm and distress during the experiment which continued even after the experiment was over.

**Landis' Facial Expressions Experiment**

Carney Landis investigated the similarity of different people's facial expressions while experiencing common emotions. The subjects were made to experience harmful and distressing stimuli, for example, smelling ammonia, looking at porn and viewing the beheading of a frog. The ethical problems involved with experiment include lack of informed consent and psychological distress during the experiment.

**The Public Health Service Syphilis Study**

The study was designed to document the natural history of syphilis. Syphilis is a disease caused by bacteria spread due to sexual contact. The African-American population was used for this experiment which consisted of both normal and syphilis infected people. These people were not informed about their disease, they were not told the true nature of the experiment and no treatment was being offered to them. The ethical problems with this experiment included lack of informed consent, deception, putting people at risk, and exploitation of a vulnerable group

**Monster Study**

A stuttering experiment on 22 orphan children was conducted by Wendell Johnson. Half of the subjects received positive speech therapy, praising the fluency of their speech and the other half received negative speech therapy, belittling the children for speech imperfections. Many of the children who received negative therapy suffered negative psychological impact and even retained speech problems throughout their lives. The ethical issues with this study include induced stress and speech problems in normal children and exploitation of a vulnerable group.

**Few other Historical Case Studies****Willowbrook Experiment**

Dr. Krugman and Dr. Giles conducted the Willowbrook experiments. Mentally retarded children were intentionally given hepatitis in an attempt to track development of the viral infection. The parents of these children were obligated to give consent for their children to be used in the research without actually informing them about the nature of the study. The ethical problems with this research involve exploitation of a vulnerable group, withholding information about risks, and undue pressure on parents to volunteer their children.

**Milgram Experiment**

Stanley Milgram at Yale University, in order to investigate obedience to authority, conducted this experiment. The participants in his research were made administrators and were tasked to administer electric shocks each time the student (actor staged by Milgram) gave the wrong answer. With each wrong answer the intensity of the shock increased. Although the participants were hearing the student crying in pain, yet they still continued with the experiment and remained obedient to the authority. The nature of the experiment remained unethical because most participants evidenced high levels of stress.

**Jewish Chronic Disease Study**

The Jewish Chronic Disease Hospital in Brooklyn in an experiment injected live cancer cells into senile patients. Since investigators believed that the cells would be rejected, the

researchers did not inform the patients. The ethical concerns with this study involve lack of informed consent and the use of a vulnerable group of subjects for study.

### **Zimbardo's Prison Study**

Philip Zimbardo's study was intended to measure the effect of role-playing, labeling, and social expectations on behavior over a period of two weeks. An experimental study was conducted, whereby college students became prisoners or guards in a simulated prison environment. The prisoner students rebelled and the guard students dealt with them through extreme measures. The prison just became too real for the students, both guards and the prisoners and the study was stopped only after a few days. The ethical concerns involved with this included distress to some of the participants

Unethical studies of these nature are no longer conducted because the scientific community is now much more sensitized to the potential of such procedures creating emotional discomfort or harm.

### **The Era of Modern Science**

#### **Early 20th Century**

In 19th century psychology was established as an empirically accepted science. Experiments were being performed to provide scientific proof and accuracy to the concepts introduced in Psychology. The progress of medicine also began to accelerate, the treatment of research subjects changed and the concept of human rights emerged, and with it came discussions of various codes of ethics of scientific disciplines.

For example, **Walter Reed's** well-known experiments to develop an inoculation for yellow fever led to these advances. Reed's vaccine experiments were carefully scrutinized, however, unlike earlier trials. In the current times, if vaccines are to be administered across the globe then they are to be approved by WHO or at least meet the basic requirements of FDA (Food and Drug Administration).

The American Psychological Association (APA) maintains a set of ethical guidelines for both human and animal research that currently includes five general principles and ten ethical standards that are improved over the period of time.

Therefore, overall due to the development of psychology over time, ethics have become much more important for us in the present times than in the past.

Some of the organizations which lay down ethical guidelines for animal research are provided by

- American Psychological Association
- Animal Welfare Act
- Association for the Assessment and Accreditation of Laboratory Animal Care.

Furthermore, in reference to the criticism of past studies, as discussed in the previous topics, APA revised its ethics code several times to develop the following points:

1. To ensure Researches include a thorough debriefing of the participants.
2. To define the conditions under which deception may be used.
3. To include specific guidelines for research with human and animal subjects.

**Ethical Problems with Past Studies****Ethical Theories**

It is important for us to discuss the inaugural and formation of ethical theories. It is not an easy task to determine which particular ethical principle is to be used in a particular situation.

Ethical theories are the formal statements about what we ought to do, when faced with an ethical dilemma. It is up to the discretion of the researcher to use whichever principle of whichever ethical theory he wants to use.

Ethical Theories also attempt to provide a clear, unified account of what our ethical obligations are. They provide part of the decision-making foundation for decision making when ethics are in play because these theories represent the viewpoints from which individuals seek guidance as they make decisions. Each theory emphasizes different points, a different decision-making style or a decision rule such as predicting the outcome and following one's duties to others in order to reach what the individual considers an ethically correct decision. For individuals, the ethical theory they employ for decision making guidance emphasizes aspects of an ethical dilemma important to them and leads them to the most ethically correct resolution according to the guidelines within the ethical theory itself.

**Forms of Ethical Theories**

For individuals, the ethical theory they employ for decision making guidance emphasizes aspects of an ethical dilemma important to them and leads them to the most ethically correct resolution according to the guidelines within the ethical theory itself.

Four broad categories of ethical theory include;

- Deontology
- Utilitarianism
- Rights
- Virtues

**Utilitarian Ethics**

Utilitarian ethical theories are based on one's ability to predict the consequences of an action. Utilitarianism is often equated with the concept of "the greater good for the greater number". To a utilitarian, the choice that yields the greatest benefit to the most people is the one that is ethically correct. The idea behind utilitarianism is that the ethical decisions are made based on the consequences of the actions, which is why this ethic is also known as **Consequentialism**. There are two types of utilitarianism, act utilitarianism and rule utilitarianism. Act utilitarianism subscribes precisely to the definition of utilitarianism a person performs the acts that benefit the most people, regardless of personal feelings or the societal constraints such as laws. Rule utilitarianism takes into account the law and is concerned with fairness. A rule utilitarian seeks to benefit the most people but through the fairest and most just means available. Therefore, added benefits of rule utilitarianism are that it values justice and includes beneficence at the same time.

Both act and rule utilitarianism have disadvantages. Although people can use their life experiences to attempt to predict outcomes, no one can be certain that his/her predictions will be accurate. Uncertainty can lead to unexpected results making the utilitarian decision maker appear unethical as time passes, as the choice made did not benefit the most people as predicted.

### **Limitations**

Few concerns seem to arise when public relations professionals rely on utilitarian ethics to make decisions.

- **First**, rather than looking at choice or action itself, decision-makers are forced to guess the potential outcomes of their choice in order to determine what is ethical.
- **Second**, in utilitarian ethics there is a conflict with regard to which segment of society should be considered most important in weighing the "good" or outcome.
- **Third** objection is that it is not always possible to predict the outcome of an action.

While this idea initially may seem appealing, particularly in a field that has a core duty to the public, it does not provide a solid ethical framework for decision-making. For example, harming a minority and benefiting a majority doesn't fulfill the rule of beneficence, one of the most important things involved with the research.

### **Deontological Ethics**

The deontological class of ethical theories states that people should adhere to their obligations and duties when engaged in decision making when ethics are in play. This means that a person will follow his or her obligations to another individual or society because upholding one's duty is what is considered ethically correct. This idea suggests that humans should be treated with dignity because they have rights. For instance, a deontologist will always keep his promises to a friend and will follow the law. A person who adheres to deontological theory will produce very consistent decisions since they will be based on the individual's set duties.

### **Limitations**

Deontology contains many positive attributes, but it also contains flaws. The main challenges to this perspective, however, include;

- **First**, there is no agreement rationale or logical basis for the principles involved in deciding about an individual's duties.
- **Second** important issues are that sometimes; a person's duties are in conflict. These challenges are definitely ones that should be considered when relying on this as an ethical system.
- **Third** is the implications of making a "right" choice that has bad consequences.

However, despite these concerns, many have found that deontology provides the strongest model for applied public relations ethics because it is focused on giving positive benefits to a larger population. A key thought in this concept is the assumption that there needs to be some objective morals that professionals rely on in order to determine ethical behavior.

### **Rights Ethics**

In ethical theories based on rights, the rights established by society are protected and given the highest priority. A basic difference exists in the application of different rights (humans, animals) across different cultures of the world. Rights are considered to be ethically correct and valid since a large population endorses them. Therefore, it is important to consider how rights are viewed and practiced in a particular society. Individuals may also bestow rights upon others if they have the ability and resources to do so. For example, a person may say that her friend may borrow her laptop for the afternoon. The friend who was given the ability to borrow the laptop now has a right to the laptop in the afternoon.



**Limitations**

- **First**, the major complication of this theory on a larger scale is that one must understand what kind of rights are there in a society.
- **Second**, society has to determine what rights it wants to give to its citizens and it must decide what are society's goals and ethical priorities.
- **Third**, it is very hard to identify who should determine the rules and principles of moral behavior.

Therefore, in order for the rights theory to be useful, it must be used in conjunction with another ethical theory that will consistently explain the goals of the society.

For example, in America people have the right to choose their religion because this right is upheld in the Constitution. One of the goals of the Founding Fathers of America was to uphold this right to freedom of religion.

**Virtue Ethics**

This theory dates back to the Greek times and was presented by Aristotle. The virtue ethical theory judges a person by his/her character rather than by an action that may deviate from his/her normal behavior. It takes the person's morals, reputation, and motivation into account when rating an unusual and irregular behavior that is considered unethical. For instance, if a person plagiarized a passage that was later detected by a peer, the peer who knows the person well will understand the person's character and will judge the friend accordingly. If the plagiarizer normally follows the rules and has good standing amongst his colleagues, the peer who encounters the plagiarized passage may be able to judge his friend more leniently. Perhaps the researcher had a late night and simply forgot to credit his or her source appropriately. Conversely, a person who has a reputation for academic misconduct is more likely to be judged harshly for plagiarizing because of his/her consistent past of unethical behavior.

**Limitations**

While this theory is growing in popularity, there are several objections that can be made.

- **First**, the virtue ethical theory judges a person by his/her character rather than by an action that may deviate from his/her normal behavior.

- **Second** weakness of virtue ethical theory is that it does not take into consideration a person's change in moral character.
- **Third**, Virtue ethics require the decision-maker to understand what virtues are good for public relations and then decisions are made in light of those particular virtues.

These three theories of ethics form the foundation of normative ethics conversations. It is important, however, that public relations professionals also understand how to apply these concepts to the actual practice of the profession.

### **Limitations of Traditional Normative Theories**

We shall explore the limitations and criticism of the traditional normative theories. Crane and Matten (2007) sum up the critiques of these theories in five related points:

1. The 'reductionist' critique suggests that the focus on one particular aspect of ethics, such as rights or duties, reduces the complexity of ethical issues to one narrow parameter of reality when all are important. We'll have to view situations, sometimes, other than being bound by right or wrong. For example, breaking a signal on the road is unethical, however, ambulances in emergencies can do this.
2. The real world is complex and such a 'principled' approach to resolving day-to-day dilemmas about behavior is unhelpful and ignores real-world context of decision makers.
3. It can be said that, who are we to decide what everyone believes is right or wrong and how to decide between the two. Humans are autonomous and can make decisions for themselves.
4. The principles and their application suggest that ethical dilemmas can be solved by living by a given set of rules, whereas true decision-making requires high involvement of individuals and 'ownership' through using their own discretion and judgment.
5. The principles are enunciated in an impersonal context in which decision-making becomes 'formulaic' and human relations, instincts, and emotions are absent.

We as humans, society, and culture, are always changing, adapting and learning more about ethics and morals and what is more acceptable in our ever changing world. Ethical theories provide us with a moral map and can help us pinpoint the issues and give us answers to our dilemmas.

**Lesson 4****Ethical Principles**

We'll now discuss why ethical principles are important and to whom we fix the responsibility of implementing these ethical principles. The general ethical principles constitute the main domains of responsibility, within which ethical issues are considered. Ethical principles are developed, first and foremost, to fix responsibility to individuals so that they may behave responsibly in a particular setting.

The manner in which the ethical principles apply and the contexts that they apply in will inevitably change over time.

The existence of ethical Principles contributes to achieving the aims in scientific research, knowledge, honesty, and error avoidance.

For example, prohibition to falsify or misinterpret research data promotes fairness and helps to avoid mistakes. Basic definitions describing misconduct in science are fabrication, falsification, and plagiarism.

There are the following five (A-E) ethical principles:

- Principle A: Beneficence and Nonmaleficence
- Principle B: Fidelity and Responsibility
- Principle C: Integrity
- Principle D: Justice
- Principle E: Respect for People's Rights and Dignity

Each Principle is described in a statement of values, reflecting the fundamental beliefs that guide ethical reasoning, decision making and behavior. Under each principle we list issues and considerations that Psychologists should be aware of in applying the Principles in their work.

**Principal A: Beneficence and Nonmaleficence**

Beneficence involves balancing the benefits of treatment against the risks and costs involved, whereas non-maleficence means avoiding the causation of harm.

As many treatments involve some degree of harm, this principle would imply that harm should not be disproportionate to benefit of the treatment.

The beneficence and nonmaleficence principle guides psychologists to protect rights and welfare of those with whom they work professionally.

This includes their clients in clinical practice, animals involved in research and experiments, and anyone else with whom they engage in professional interaction.

This principle encourages psychologists to strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

It also includes acting independently in research and not allowing affiliations or sponsorships to influence results.

For example, it may be necessary to provide treatment that is not desired in order to prevent the development of a future, more serious health problem.

The treatment might be unpleasant, uncomfortable or even painful but this might involve less harm to the patient than if they do not have it.

**Statement of values:**

Psychologists focus on avoidance of harm and prevention of misuse or abuse of their contribution to society. In order to do so, they should:

- Respect for the welfare of human, non-humans and the living world
- Do not cause pain or suffering
- Do not cause offense to others

**Principle B: Fidelity and Responsibility**

This principle suggests that psychologists should establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.

Psychologists should uphold standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation/harm.

They should participate in activities that enhance the ethical compliance and conduct of their colleagues.

Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.

For example, serving as a mentor, taking part in peer-review, and pointing out ethical concerns or misconduct indicate how this principle might be put into action.

**Statement of values:**

Psychologists value the continuing development and maintenance of high standards of competence in their professional work. In order to do so, they should:

- Recognize limits of their skill, training, knowledge, education and experience.
- Uphold the professional accountability

**Principal C: Integrity**

The third principle summarizes what we are supposed not to do in our practice as researchers.

Acting with integrity includes being honest, truthful, accurate and consistent in one's actions, words, decisions, methods and outcomes.

It requires setting self-interest to one side and being objective and open to challenges in one's behavior in a professional context.

This principle suggests that Psychologists should promote accuracy, and honesty, and not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact.

For example, a somewhat recent widely publicized case of lack of integrity in research is that of Mr. Diederik Stapel, a Dutch social psychologist who fixed the results in over 30 of his papers, some of which were published in prestigious and esteemed journals.

**Statement of values:**

Psychologists value honesty, probity, accuracy, clarity and fairness in their interactions with all persons and peoples.

In order to do so, they should;

- Avoid exploitation and conflicts of interest
- Maintain the personal and professional boundaries
- Address the misconduct

**Principle D: Justice**

Justice is a concept intended to promote fair and equitable treatment of individuals within populations. The principle states “that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists”.

With regard to equality in the provision of care, some people are not treated with the same degree of respect as that accorded to others e.g. with indifference, unfriendliness, lack of concern or rudeness. Inequality and discrimination may also be based on structural violence such as racism, sexism and poverty.

Some people may need to be treated differently, justice is about meeting everyone’s individual needs fairly.

Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to the unjust practices.

For example, the long-term care (LTC) setting has a community of residents, all of whom live together and interact with staff on a daily basis.

The daily pressures of regulatory compliance, process improvement, and attention to clinical outcomes in LTC can threaten the consistent application of Justice.

**Statement of values:**

Psychologists value the needs of people and they make a reasonable effort to help them. In order to do so they should:

- Respect for individual’s ability and capability
- Provide everybody their reasonable share
- Avoid the discrimination and prejudice

**Principle E: Respect**

Respect for the dignity of persons and peoples is one of the most fundamental and universal ethical principles across geographical and cultural boundaries, and across professional disciplines. It provides the philosophical foundation for many of the other ethical Principles.

Respect for dignity recognizes the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or any other such group-based characteristics. This inherent worth means that all human beings are worthy of equal moral consideration.

For example, people may have specific concerns related to their age, socioeconomic status, race, gender, religion, ethnicity, or disability.

Psychologists should be aware of and respect cultural, individual, and role differences.

**Statement of values:**

Psychologists value the dignity and worth of all persons, with particular regard to people's rights.

In order to do so they should consider:

- Privacy and confidentiality
- Consent
- Issues of power
- Self-determination

### **Ethical Standards**

The ethical principles of psychologists and the code of conduct put forth by the APA consist of ten ethical standards.

These are written broadly to guide psychologists in varied areas and roles, addressing situations most psychologists may encounter in their professional roles.

The types of situations include those related to:

- Resolving ethical issues competence
- Human relations
- Privacy and confidentiality
- Advertising & public statements
- Record keeping and fees
- Education and training
- Research and publication assessment
- Therapy

The ethical standards are enforceable rules applicable to psychologists in academia and practice. These are enforced for the benefit of the psychologists, clients, students, and other individuals that work with psychologists.

Any psychologist that is a member of the APA is expected to adhere to the ethical standards. Any violation of an ethical standard may result in sanctions ranging from termination of APA membership to loss of licensure.

#### **1. Resolving Ethical Issues**

This section is broadly designed to guide psychologists through a variety of ethical issues.

##### **1.1 Misuse of Psychologists' Work**

If psychologists learn of misuse or misrepresentation of their work, they may take reasonable steps to correct or minimize the misuse or misrepresentation.

##### **1.2 Conflicts between Ethics and Law, Regulations, or other Governing Legal Authority**



In this situation psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If it does not resolve issue, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

### **1.3 Conflicts between Ethics and Organizational Demands**

If such conflict arises psychologists should clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

### **1.4 Reporting Ethical Violations**

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization, psychologists may take further action like referral to state or national committees on professional ethics, to state licensing boards, or to the relevant institutional authorities.

This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

## **1. Resolving Ethical Issues**

### **1.5 Informal Resolution of Ethical Violations**

When psychologists face ethical violation by another psychologist, they should attempt to resolve the issue by bringing it to attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

### **1.6 Cooperating with Ethics Committees**

Psychologists should cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong.

In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute non-cooperation.

### **1.7 Improper Complaints**

Psychologists should not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

### **1.8 Unfair Discrimination against Complainants and Respondents**

Psychologists should not deny persons employment, admissions to academic or other programs, or promotion, based solely upon their having made or their being the subject of an ethics complaint.

## **2. Competence**

### **2.1 Boundaries of Competence**

It is impossible for psychologists to be competent in all areas, and in fact, it is unethical to attempt to portray themselves as such. If a psychologist feels that he/she has not been trained to ensure competence in a specific area to treat a client, he/she should make an appropriate referral.

### **2.2 Providing Services in Emergencies**

In emergencies, psychologists may provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, but should be discontinued as soon as emergency has ended or appropriate services are available.

### **2.3 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

### **2.4 Bases for Scientific and Professional Judgments**

Psychologists' work is based upon established scientific and professional knowledge of the discipline.

### **2.5 Delegation of Work to others**

Psychologists delegating work to employees, research or teaching assistants or others, should authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience.

### **2.6 Personal Problems and Conflicts**

When psychologists become aware of personal problems that may interfere with their performance, they should take appropriate measures, such as taking professional consultation or assistance, determining whether they should limit, suspend, or terminate their duties.

**3. Human Relations****3.1 Unfair Discrimination**

Psychologists should not engage in unfair discrimination based on age, gender, race, culture, status, disability, religion etc.

**3.2 Multiple Relationships**

Psychologists having more than one relationship with the client beyond just being a client can be difficult to navigate, which can also lead to conflicts of interest.

**3.3 Sexual Harassment**

Psychologists should strictly not engage in any kind of sexual harassment. It can consist of a single intense act or of multiple persistent or pervasive acts.

**3.4 Avoiding Harm**

Psychologists should take steps to avoid harming people and should try to minimize harm where it is foreseeable and unavoidable.

**3.5 Informed Consent**

When psychologists conduct research or provide assessment, therapy, counseling, consulting services etc., they should obtain the informed consent of the individual first. It is necessary to protect the individual's rights and welfare.

**3.6 Conflict of Interest**

Psychologists should refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests could reasonably be expected to impair their objectivity, competence, or effectiveness in performing their duties or expose the person or organization to harm or exploitation.

**3.7 Third-Party Requests for Services**

When psychologists agree to provide services to a person or entity at the request of a third party, they should attempt to clarify all important aspects like role of the psychologist identification of the client, probable uses of the services provided etc.

**3. Human Relations****3.8 Exploitative Relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients, patients, students, supervisees, research participants, and employees.

### **3.9 Cooperation with Other Professionals**

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients, patients effectively and appropriately.

### **3.10 Interruption of Psychological Services**

Psychologists make reasonable efforts to plan for facilitating services, if psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client, patient's relocation or financial limitations.

### **3.11 Psychological Services Delivered to or Through Organizations**

**(a)** Psychologists delivering services to or through organizations provide information beforehand to clients and those directly affected by the services about the following issues;

- Nature/objectives of services.
- The intended recipients.
- Who will be the clients?
- Psychologists' relationship with each person and organization.
- Probable uses of services provided and information obtained.
- Who will have access to the information?
- Limits of confidentiality.
- Information about the results and conclusions of such services to appropriate persons.

**(b)** If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

**Lesson 6****Ethical Standards II****4. Privacy and Confidentiality****4.1 Maintaining Confidentiality**

Psychologists have a primary obligation and take reasonable precautions to protect the confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. It is advised for researchers to assign codes to their participants in order to ensure their identities and information remains confidential.

**a.2 Discussing the Limits of Confidentiality**

Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship. There are however, some relevant limitations of confidentiality to adhere to. For example, when involving the child in research, consent from the parents must be taken as well. Psychologists also have to ensure that they foresee the use of information generated through their psychological activities. For example, in cases of legal matters and involvement of legal stakeholders, the psychologist is required to break the confidentiality clause and provide all the necessary information upon inquiry.

Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the start of the relationship, and if new circumstances arise later on. A psychologist at the start of the therapy or even during the therapy, at any given point, can and must inform the client about the limits of confidentiality. Psychologists who offer services, products, or information via electronic transmission inform clients of the risks to privacy and limits of confidentiality. For example, data is collected via a phone recording and this recording can be used in any foreseen situation, the psychologist must inform the client about this limitation in confidentiality.

**4.3 Recording**

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. No recording can take place

without the permission of the participant, however, there are some certain practices where this can be done.

#### **4.4 Minimizing Intrusions on Privacy**

Only information relevant to the reason for which the communication is made is included in written/oral reports. A psychologist only reveals pertinent information about the client's problem in the report. The focus lies on the disorder and its background only. Confidential information obtained in the work is discussed only for appropriate scientific or professional purposes and strictly with concerned persons only. In short, the information gathered should only be used for research, rehabilitation and therapeutic purposes, instead of using it for penalizing or labeling the participant/client.

#### **4. Privacy and Confidentiality**

#### **4.5 Disclosures**

Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law. If a client's psychological condition is such that they pose a potentially harmful risk to the society and other people, the psychologist or the psychological organization must disclose this information to the relevant people (family, law enforcement agencies) for proper rehabilitation.

Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to;

- Provide needed professional services.
- Obtain appropriate professional consultations.
- Protect the client/patient, psychologist, or others from harm.
- Obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

#### **4.6 Consultations**

When consulting with colleagues, confidential information can't be disclosed that reasonably could lead to the identification of their client, with whom they have a confidential relationship unless they have the consent of the person. Any information which may reveal the client's identity, other than the client's actual name, should also not be revealed. The information can only be revealed for the purpose of consultation only.

#### **4.7 Use of Confidential Details for Didactic or Other Purposes**

Psychologists can't disclose in their writings/lectures etc., confidential, personally identifiable information concerning their clients, unless;

- (a) They take reasonable steps to disguise person or organization.
- (b) Person or organization has given consent in a legally written agreement.
- (c) They have legal authorization.

### **5. Advertising and Other Public Statements**

#### **5.1 Avoidance of False or Deceptive Statements**

Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. A psychologist must not give an opinion unless or until he is directly involved with a particular matter or has developed expertise in that particular field.

Psychologists do not make false, deceptive, or fraudulent statements concerning their,

- Training, experience, or competence.
- Academic degrees, credentials.
- Institutional or association affiliations.
- Services, fees.
- Publications or research findings.

Psychological practices in Pakistan are sometimes performed by people who are not licensed. Psychologists also need to claim degrees as credentials for their health services only if those degrees:

- Were earned from a regionally accredited educational institution.
- Were the basis for psychology licensure by the state in which they practice.

**5.2 Statements by Others**

A paid advertisement relating to psychologists' activities must be identified or clearly recognizable. Similarly, psychologists who engage others to create or place public statements that promote their professional practice, products, and activities retain professional responsibility for such statements. For example, an advertisement running for a psychological organization must only mention those things which are actually present or fulfilled by the organization. Unnecessary claims should be avoided at all costs. Furthermore, psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. It is unethical for a psychologist to compensate media employees for a good image of themselves and their organizations. The public image of a psychologist must not be built on through monetary resources. This image should only be followed by expertise and skills.

**5. Advertising and Other Public Statements**

It is important for a psychologist to keenly observe the advertisements and public statements.

**5.3 Descriptions of Workshops, Seminars etc.**

Psychologists are responsible to ensure that advertisements describing workshops, seminars, or other non-degree-granting educational programs, accurately inform the audience for which the program is actually planned, the educational objectives of the program, the presenters presenting in the program, and the fees which the psychologist shall charge the participants for attending the program. All of these should also be justified accordingly. For example, a psychologist may charge a heavy sum but does not provide the participants with a proper learning experience.

**a. Media Presentations**

When psychologists provide public advice or comment via print, internet, or other electronic medium, they take precautions to ensure that their statements should not indicate that a professional relationship has been established with the recipient. The public statements should, therefore, be carefully given in such cases. Secondly, the psychologist must be consistent with Ethics Code and finally, the statement issued by the psychologist must be aligned with the theoretical concepts which have been discussed in the past in literature and clinical practices.

**5.5 Testimonials**



Psychologists cannot solicit testimonials from current therapy clients/patients. The same principle applies to other people who, because of their particular circumstances, are vulnerable to undue influence. For example, people who are working in junior positions cannot be implored to provide positive testimonials for the psychologist.

### **5.6 In-Person Solicitation**

Psychologists cannot engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons, who because of their particular circumstances, are vulnerable to undue influence. A psychologist cannot engage with people who are willing to provide fame because they are overcome by your influence either in terms of business or any other dealing.

However, this prohibition for in-person solicitation does not develop for the following:

1. Collaborating with the clients/patients and organizations who carry a good reputation for the psychologist and provide a positive statement by their own will.
2. Providing disaster or community outreach services. For example, in times of crisis relief (community outreach activities, national disasters and etc.), a psychologist or psychological organization might be recommended by someone.

## **6. Record Keeping and Fees**

### **6.1 Documentation of Professional and Scientific Work and Maintenance of Records**

Maintaining records is very important for a psychologist. Psychologists create, and maintain the records relating to their professional and scientific work in order to;

- Facilitate provision of services later by them or by other professionals. A psychologist might need to review the data of a client at a later time or share it with another professional, therefore, it is important that the data is stored and maintained both in the hard form and soft form systematically.
- Allow for replication of research design and analyses. Sometimes, previous researches are replicated a few years later. Therefore, in order to access the research design, protocols and other relevant data, it is important that the information is systematically stored and remains available accordingly.

- Meet institutional requirements. The data of the patients in a psychological facility should be stored such systematically that it can become accessible with one click. This makes it easy to access the data.
- Ensure accuracy of billing and payments.
- Ensure compliance with the law. Practices of storing data should be aligned with legal orders.

## **6.2 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work**

Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of different kinds of records under their control, whether these are written, automated, or other mediums. Even in such cases, it is important that we see that the confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

Psychologists also make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice, for example, moving to a new place or having a promotion.

## **6. Record Keeping and Fees**

### **6.3 Withholding Records for Nonpayment**

This is often experienced that clients visit a psychologist but do not provide the fee for the service which they're availing. However, a psychologist may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

### **6.4 Fees and Financial Arrangements**

Psychologists and the clients reach an agreement specifying compensation and billing arrangements as early as it is feasible. It is better to agree on an arrangement at the start of the service in order to avoid inconvenience. Similarly, some possible limitations to services due to any reason, it is necessary and recommended that the client and the psychologist discuss this limitation at its earliest.

Furthermore, the law can dictate the possible fee for the practices and services provided and the psychologist must adhere to and remain consistent with the law. In addition to this, the psychologist must not misrepresent their fees and should actually inform the client prior to the provision of the service.

If the client is not paying for services and psychologists intend to use legal measures, they must first inform the person about it and provide them an opportunity to make prompt payment.

### **6.5 Barter with Clients/Patients**

Barter is known as the acceptance of goods, services, or others from clients/patients in return for psychological services. Psychologists may barter only if;

- It is not clinically contraindicated.
- The resulting arrangement is not causing any harm or damage.

Barter system is not usually practiced and a fee in the form of money is charged, but barter can be opted as an option too.

### **6.6 Accuracy in Reports to Payers and Funding Sources**

Psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted including the fee, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis.

### **6.7 Referrals and Fees**

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided and is not based on referral itself. In short, the payment provided shall be based on the level of professional input provided by each professional.

## **Ethical Standards III**

### **7. Education and Training**

When we design any educational and training program, the following things are to be considered:

#### **7. 1 Design of Education and Training Programs**

Psychologists take reasonable steps to ensure that the education/training programs are designed to provide appropriate knowledge and proper experiences, and to meet the requirements for license, certification, or other goals for which the program claims. This is done in order to ensure that people remain informed themselves and do not engage in misusing their training. For example, many unlicensed people, who only have academic degrees are providing therapeutic services in Pakistan.

#### **7.2 Descriptions of Education and Training Programs**

Psychologists take reasonable steps to ensure that there is a current and accurate description of the program content available to all interested parties regarding training goals/objectives, benefits, and requirements that must be met for satisfactory completion of the program. This also includes the content which shall be educated and the competency of the trainer.

#### **7.3 Accuracy in Teaching**

Psychologists make sure that course syllabi are accurate regarding the covered subject matter, based on the progress and evaluation, and the nature of the course. The teaching should be aligned and inclusive with the modern practices, theories and domains.

Furthermore, if engaged in teaching or training, psychologists present psychological information accurately and this can only occur, if the trainers are competent enough themselves.

#### **7.4 Student Disclosure of Personal Information**

Psychologists do not require students or supervisees to disclose personal information in the course or program-related activities, regarding sexual history, history of abuse/neglect, psychological treatment, and relationships with significant others except if;

- The program or training facility has clearly identified this requirement in its admissions and program materials. For example, training programs with intelligence and law enforcement agencies who have asked you to mention such information.
- The information is necessary to evaluate students whose personal problems could prevent them from performing their training or professionally related activities appropriately or posing a threat to students or others.

## **7. Education and Training**

### **7.5 Mandatory Individual or Group Therapy**

When an individual or group therapy is a program or course requirement, psychologists responsible for that program allow undergraduate and graduate students to get administered the therapy by the practitioners who are not affiliated with the program.

Similarly, faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. Hence, there shall be two different and unaffiliated individuals. One who shall provide the therapy and the other who shall evaluate the therapist's competency?

### **7.6 Assessing Student and Supervisee Performance**

In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. This is usually done during their internships and case recordings by making a process for providing them with feedback and information regarding the process is provided to the student at the beginning of supervision.

Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

### **7.7 Sexual Relationships with Students and Supervisees**

It is extremely important to ensure for psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. Often enough, students and young individuals are inclined toward their supervisees, teachers and evaluators. It lies on the psychologist to act responsibly by condemning such unhealthy inclinations.

## **8. Research and Publication**

### **8.1 Institutional Approval**

The first and foremost step is to seek the approval of the institution from the researcher who is planning on taking the data. For getting approval from an institution, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol. An institution often enough disapproves of the collection of data as well due to the violation of ethical conduct. For example, not being sensitive and empathetic when collecting data from rape victims.

### **8.2 Informed Consent to Research**

When obtaining informed consent as required by ethical standards, psychologists inform participants about;

- The purpose of the research expected duration, and procedures.
- Their right to decline to participate and to withdraw from the research anytime.
- Foreseeable consequences of declining or withdrawing. Psychologists must inform the participants about the consequences of withdrawing from the study. For example, leaving a therapeutic intervention halfway.
- Factors expected to influence their willingness to participate i.e., potential risks, discomfort, or adverse effects.
- Any prospective research benefits.
- Limits of confidentiality.
- Whom to contact for questions about the research and research participants' rights.

Psychologists conducting intervention research use experimental treatments and clarify the participants at the beginning of the intervention. This includes information regarding the nature of the treatment, whether they're part of the control or the experimental group, services that will or will not be available to the groups and means through which the assignment to experimental and control groups will be decided. Furthermore, available treatment alternatives are also informed to the participants particularly for an individual who does not wish to participate in the research or wishes to withdraw once the study has begun. Compensation for or monetary costs of participation

are also considered, if appropriate, whether reimbursement from the participant or a third-party payer will be sought.

## **8. Research and Publication**

APA's code of ethics is to be considered when it comes to research and publication in Psychology.

### **8.3 Informed Consent for Recording Voices and Images in Research**

One of the most important considerations in research and publication is informed consent. In certain situations, we have to be careful in the use of informed consent as not using it may make our study unethical. For example, psychologists obtain informed consent from participants prior to recording their voices or images for data collection. However, informed consent at the beginning of the research may not be taken because of the following reasons:

- Research design includes deception, and consent for the use of the recording is obtained during debriefing. This is done so that natural responses are observed from the client. Clients, in some cases, when informed about the actual research alter or try to manipulate their responses which in turn affect the findings of the study.
- The research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.

### **8.4 Dispensing with Informed Consent for Research**

Psychologists may dispense with informed consent only;

**(a)** If permitted by law or federal or institutional regulations.

**(b)** Research would not reasonably be assumed to create distress or harm and involves;

- Study of educational practices, curricula, or class management.
- Only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk.
- The study of factors related to job or organization effectiveness is conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected.

**8. Research and Publication**

Following are some areas where research and publication need different code of ethics.

**8.5 Offering Inducements for Research Participation**

Offering of inducements is not allowed. Psychologists make efforts to avoid excessive/inappropriate inducements to participation, if these could coerce participation. However, in some circumstances we can use them. For example, in studies involving children, building rapport may include offering inducements, i.e., sweets, toys and etc.

In addition to this, offering professional services as an inducement, clarifying the nature, risks, obligations, and limitations of the service should be carefully dealt with. It is better to avoid such commitments in research studies.

**8.6 Deception in Research**

Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible. We need to be careful with using deception. Deception cannot be used in every situation. A researcher must provide a strong rationale for using deception in the research. Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress. Psychologists, also, explain any deception that is an integral feature of the design/conduct of an experiment to participants as early as is feasible, i.e., once the study is completed, the researcher shall inform the participants about the deception used.

**8.7 Debriefing**

Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware. The psychologist must share all the information of the research with the participants. However, if scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm. In case, psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm. These



harms can include physical injury or psychological distress and these harms, irrespective of their magnitudes, should be removed by the researcher.

## **8. Research and Publication**

Research, often enough, involves animal subjects as well.

### **8.8 Humane Care and Use of Animals in Research**

Psychologists trained and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment. Since we keep them in captivity for research purposes, therefore, it is required that an attendant attends to the needs of these animal subjects. Psychologists acquire, care for, use, and dispose of animals in compliance with professional standards and current federal, state, local laws and regulations. Psychologists, also, ensure that all individuals under supervision who are using animals have received instruction in research methods care, maintenance, and handling of the species being used.

Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects. This is considered in order to avoid any brutality towards the animal subjects. However, procedures subjecting animals to pain, stress, or privation is used only when an alternative procedure is not available and goal is justified by its possible scientific, educational, or applied value. For example, experiments where humans cannot be directly used. This could involve surgical procedures which are performed on the animals for scientific research purpose. Appropriate anesthesia using techniques are to be used to avoid infection and minimize pain during and after the surgery. In situations, when it is appropriate that an animal's life be terminated, psychologists proceed rapidly, in an effort to minimize pain and in accordance with accepted procedures.

## **8. Research and Publication**

This topic covers specifically the issues of research and publication in regards to the reporting of the research results.

### **8.9 Reporting Research Results**

First and foremost, psychologists do not fabricate data. If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means. It is highly unethical if the researcher does not rectify the error in the published research.

### **8.10 Plagiarism**

Psychologists must not present portions of another's work or data as their own, even if the other work or data source is cited occasionally. Credit should be given where it is due. It is extremely unethical for a researcher to mention someone else's work as his own.

### **8.11 Publication Credit**

Psychologists take credit and responsibility, including authorship credit, only for work they have actually performed or substantially contributed. It is unethical and a crime for a researcher to not be involved in a particular study, yet take credit for it. Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions. For example, the first author of a research is the one who has contributed the most to the study, followed by the second author whose contribution is less.

### **8.12 Duplicate Publication of Data**

Psychologists do not publish previously published data as original data but only republish it with proper acknowledgment. For example, comparing the change in public opinion regarding a certain political leader from the data collected now and the data collected 5 years ago. By doing so, the previous data can be republished with due credit along with your own original findings as well.

### **8.13 Reviewers**

Psychologists who review material submitted for publication, grant, or research proposal review respect the confidentiality and proprietary rights of those submitting. A reviewer cannot plagiarize their work or publish their work with their own name.

**8.14 Sharing Research Data for Verification**

After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims. A researcher is bound to provide the research data when asked for reanalysis.

Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose only. Such requests are obtained in the prior written agreement for all other uses of the data.

**Ethical Standards IV****9. Assessment****9.1 Bases for Assessments**

Psychologists take reasonable steps to ensure that the assessment procedures have been done correctly and ethically.

1. Psychologists base the opinions contained in their reports, recommendations, and diagnostic or evaluative statements, on information/techniques necessary to support their findings. This is done in order to achieve reliable and valid results which then can be generalized.
2. Psychologists provide opinions of the psychological attributes of the individuals only after they have adequately observed individuals to support their conclusions. Any tool used by the researcher for collection of data should be aligned with the observations of the participant's attributes or behaviors, made by the psychologist. For example, a tool designed for people of America cannot be administered to the people of Pakistan, as it is not culturally appropriate and will give opposite results to the behavior which is observed by the researcher.
3. If in a consultation or supervision individual examination is not necessary for the opinion, psychologists explain it and the source of information on which they base their conclusions.

**9.2 Use of Assessments**

Psychologists adapt, administer, interpret, or use interviews, tests, or instruments in a manner appropriate for usefulness and proper application of techniques. Different scenarios require different techniques to be used. For example, telephonic interviews when travelling is not easy or online surveys are conducted to find customer's responses towards a certain product. Furthermore. Psychologists use instruments whose validity and reliability have been established for use with members of the population tested. Instruments developed for one particular culture cannot be administered in another culture at all, therefore, administering only culturally appropriate instruments shall yield accurate results. Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language

is relevant to the assessment issues. For example, having a test translated from English to Urdu in order to minimize or remove the issue of language competence.

### **9.3 Informed Consent in Assessment**

Informed consent in assessments is also very important. Psychologists obtain informed consent for evaluation, diagnostic services or assessments. They inform people with questionable capacity to consent or for whom testing is mandated by governmental regulations or law about the nature and purpose of proposed assessment services. Informed consent is taken in order to secure the permission of the client to avoid complaints about using the data.

## **9. Assessment**

### **9.4 Test Construction**

In certain circumstances, the assessment tool which we require for our research is not available. In such cases we construct a new test is constructed. Psychologists developing tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test designing, standardization, validation, reduction or elimination of personal biases, and recommendations for use. The construction of test is a specialized field in which we have to do different logistics and follow different procedures.

### **9.5 Interpreting Assessment Results**

When interpreting assessment results, psychologists take into account purpose of assessment as well as the various test factors other characteristics of the person being assessed and just the score, which might affect psychologists' judgments or reduce the accuracy of their interpretations. A psychologist must try to minimize or control these factors to the maximum extent in order to not allow them to affect our study.

### **9.6 Assessment by Unqualified Persons**

Psychological assessment techniques by unqualified persons are not promoted, except for training purposes with appropriate supervision. It is unethical to administer psychological assessments by unqualified individuals as these individuals lack appropriate clinical judgement.

**9.7 Obsolete Tests**

Assessment/intervention decisions cannot be based on the tests that are outdated for the current research purposes. Tests need to be revised from time to time as factors measured by the test have now changed. For example, intelligence tests from 20 years ago can only be used if it is revised according to the current concepts of intelligence.

**9.8 Test Scoring & Interpretation**

Psychologists who offer assessment or scoring services to other professionals accurately describe norms, validity, reliability, and applications of the procedures. If the process of scoring is not followed properly and accordingly, the results may be inaccurate and therefore, only an expert should score and interpret a test. Scoring and interpretation services should be used on the basis of evidence of its validity, and other appropriate considerations, i.e., it is important to follow the scoring manual properly in order to achieve proper interpretation.

**9.9 Explaining Assessment Results**

Psychologists take reasonable steps to ensure that the explanations of results are given to an individual or designated representatives unless nature of the relationship stops the provision of an explanation of results (such as in some security screenings, organizational consulting & forensic evaluations).

**9.10 Maintaining Test Security**

Psychologists make reasonable efforts to maintain the integrity and security of test materials (manuals, instruments, protocols, and test questions) and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code. A researcher does not provide open access to the construction of his test so that the test manual is readily available to everyone and people may start using it for profitable gains. All tests are copyrighted, they are kept secure and the manuals can only be accessed in a closed, supervised environment i.e., a psychology lab.

**10. Therapy****10.1 Informed Consent to Therapy**

Informed consent is also necessary to be taken in therapeutic settings. When obtaining informed consent to therapy, psychologists must inform the clients/patients about the nature and anticipated course of therapy, fees, involvement of third parties and the limits of confidentiality. Psychologists should also provide sufficient opportunity for the client/patient to ask questions and receive answers. This process should be in harmony and should be transparent with no ambiguity. In cases where obtaining informed consent for a treatment whose techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of treatment, the potential risks involved, alternative treatments that may be available, and voluntary nature of their participation. For example, a new vaccine developed for a disease will involve the aforementioned points to be considered.

When the therapist is a trainee and legal responsibility for the treatment provided resides with the supervisor, the client/patient, as a part of the informed consent procedure, is informed that the therapist is in training and is being supervised but is given the name of the supervisor. A supervisor makes the decision and deems the internee competent enough to conduct the therapy, under the supervision of the senior supervisor.

### **10.2 Therapy Involving Couples or Families**

The psychologists agree to provide services to several persons who have a relationship but they clarify at the start of the therapy the following things:

1. Which individuals are clients?

This is to determine who is the primary individual and who is the secondary individual.

2. The role of psychologist toward the primary and secondary clients and probable uses of services provided or the information obtained.

If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist witnessing for one party in divorce proceedings), psychologists take reasonable steps to clarify, modify or withdraw from the roles appropriately.

## **10. Therapy**

### **10.3 Group Therapy**

Psychologists describe at outset the roles and responsibilities of all parties and limits of confidentiality.

**10.4 Providing Therapy to Those Served by Others**

Psychologists carefully consider treatment issues and the potential client's/patient's welfare, to minimize risk of confusion/conflict.

**10.5 Sexual Intimacies with Current Therapy Clients**

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

**10.6 Sexual Intimacies with Relative of Current Therapy Client**

Psychologists do not engage in sexual intimacies with close relatives, guardians, or significant others of current clients.

**10.7 Sexual Intimacies with Former Therapy Clients**

Psychologists do not engage in sexual intimacies with former clients for at least two years after cessation or termination of therapy, and consider other important related factors (Nature, duration of treatment, current mental state of client, and impact of decision on client).

**10.8 Interruption of Therapy**

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in event that employment or contractual relationship ends, with paramount consideration given to welfare of client/patient.

**10.9 Terminating Therapy**

Prior to termination psychologists provide counseling and suggest alternative services as appropriate. Termination takes place;

- (a) When it becomes clear that client/patient no longer needs the service or it is not likely to benefit.
- (b) If the client or person with whom client has a relationship threatens psychologist.

**Applying Research Ethics**

Additional considerations in the research ethics include following:

**Principal Investigator's Relationship with Staff**



A responsible principal investigator will:

- Obtain team management skills.
- Encourage questions from colleagues and staff.
- Listen to the concerns of the research staff, as they may be the first to point out problems with the protocol and with compliance.
- Build consensus with the research team.
- Eliminate intimidation by those in supervisory positions.

Authority relationships are not limited to the principal investigator and the staff, but can also include:

- Authority of the sponsor over the principal investigator.
- Authority of the principal investigator over the subject.
- Authority of the protocol over the principal investigator.

**Investigator-Subject Relationship**

- The investigator must place the subject's rights, welfare, and safety above all other personal and scientific concerns.
- The relationship between researcher and subject is similar to a physician-patient relationship, but different in the following ways:
- Informed consent is required for participation in research.
- Withdrawal from a study is at the discretion of the subject.
- Investigators should be sensitive to power relationships.
- The investigator has a moral fiduciary relationship with the subject.

## **Research Ethics and Regulations**

Research regulations are derived from all the ethical concerns. These regulations provide three basic protections to human subjects involved in the research:

### **1. Institutional Assurances**

The Institution could be any place where the research is being conducted or from where the data for the research is being collected. For example, hospitals, schools, universities and etc. Institutional assurances are a mechanism to apply research regulations to all human subject research. When institutions sign institutional assurances, they may also elect to apply the Health and Human Services Regulations and terms of the assurance to all researches of the institution, regardless of the source of funding. The purpose for this is to ensure that the participants remain safe and unharmed.

### **2. Review by an Institutional Review Board**

Institutional assurances are given by an Institutional Review Board, which is present in every organization. Review by the Institutional Review Board is the glue that holds the evaluation process together. The review board develops rules which allow or do not allow research to be conducted in or with their institution.

IRB review is guided by the ethical principles described in the Belmont Report and takes the following points into consideration:

#### **Respect for persons**

Research should take care of the vulnerable population and autonomy of participants.

#### **Beneficence**

Research design should be adequate, with minimizing harm.

#### **Justice**

Participants will benefit from the research and inclusion/exclusion criteria should be fair.

### **Institutional Review Board**

Institutional Review Board reviews the research proposals involving human participants and their data to ensure that they agree with local and international ethical guidelines. They have their meetings at different times in order to approve or disapprove research based on the rules which they've established. It is clear that poor regulation can cause severe harm, thus, reliable and independent committees are essential to ensure high ethical standards in scientific community. These ethical standards are revised and updated both by local and international bodies. For example, APA and etc. The main responsibility of the IRB is to protect the subjects involved in the study and also consider the possible risks to the community and the environment. If the research involves stakes which are in conflict with the organization's policy, the research design would be slightly changed or revised before getting an approval.

Most journals do not publish any results unless they have been approved by Institutional Review Board (IRB) and they may even withdraw published articles that exhibit any ethical problems.

### **Authority of the Institutional Review Board**

- An IRB has the authority to approve or disapprove research.
- IRB can modify your research
- Conduct continuing reviews of your research
- Observe and verify changes which they've asked you to do.
- Suspend or terminate approval which can be done at any stage of research if ethics are not being maintained.
- Observe the consent process and the research procedures

### **Members of an Institutional Review Board**

Members of an IRB consist of both individuals with scientific expertise and non-scientists. Non-scientists are included to ensure that social, legal, or cultural considerations, maybe more easily identified by non-scientific members, whereas the procedures and scientific validity of study design must be evaluated by all the experts in the field.

There are several situations where researchers and review board must work together, like:

- Identifying and weighing up risks and benefits of a study. Sometimes there are risks and potentials which are not considered by a researcher but they're discussed by the review board.
- Recognizing any financial or personal interest that may affect the research. For example, conflict of interest of one of the researcher.
- Evaluating the recruitment process and any incentives that will be given to the participants.
- Assessing the procedures and methods used to ask participants for their informed consent.
- Ensuring that all the research activities are recorded properly and reported in a responsible, honest, and objective way. Objectivity of the research must be maintained at all costs.
- Guaranteeing confidentiality and privacy for all the subjects involved or full transparency about data-sharing where confidentiality is not possible.

### **Exempt Research**

Exempt research are projects that meet specific criteria and fall into one of the following six categories. It must be initially reviewed by IRB, but is then exempted from further review.

#### **1. Educational Settings, Practices**

Research on regular or special education instructional strategies, on effectiveness of or comparison among instructional techniques, curricula, or class management.

#### **2. Educational Tests, Surveys, Interviews, Observations**

Research that only includes interactions involving the use of educational tests (cognitive, diagnostic, aptitude), survey procedures, interview procedures or observation of public behavior, (including visual or auditory recording) is also exempt if at least one of following three criteria are met;

- Identity of human subjects is kept confidential and not disclosed outside of the research. For example, anonymous surveys.
- Disclosure of responses outside research would not place subjects at risk of criminal/civil liability, or be damage to financial standing or reputation.
- Information obtained is recorded by investigator in such a manner that identity of subjects can be discovered, if needed be, at any point of time.

**3. Research involving Benign Behavioral Interventions**

Benign behavioral interventions which mild and do not cause any significant change in a person's behavior. They are brief in duration, harmless, painless and not likely to have an adverse impact on the participant which can be lasting. For example, benign behavioral interventions would include having the subjects play an online game or having them solve puzzles under various noise conditions. With research involving benign behavioral interventions, the researcher is sure that the participants would not feel any embarrassment or offensive with the research.

**Exempt Research**

Exempt research could involve research of higher or secondary level.

**4. Secondary Research Studies using Identifiable Private Information or Bio specimens**

Secondary research that uses identifiable private information or identifiable bio specimens is exempt of review if at least one of the following criteria is met:

- Identifiable private information or identifiable bio specimens are publicly available.
- Information, which may include information about bio specimens, is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be discovered.
- Research is conducted by, or on behalf of, a Federal department or agency using government-generated information obtained for non-research activities.
- 

**5. Educational Tests, Surveys, Interviews, Observations of Public Officials**

Research projects conducted or supported by Federal department or agency, or otherwise subject to the approval of department or agency heads, and are designed to study, evaluate or improve public benefit or service programs. For example, if the police department has launched a women protection application. A survey could be conducted regarding the usability of this application and other features and benefits.

**6. Taste and Food Quality and Consumer Acceptance**

It is important to conduct research in fields pertaining to the food industry in order to identify the problems. For example, restaurants, manufacturing and delivery of food and etc. This research is exempt:

- If the food is consumed containing ingredients found to be safe.
- Food containing agricultural chemical or environmental contaminant at or below safe level, and checked by Food and Drug Administration.

**Risks to Research Participants**

We are going to identify the risks which the research participants may face. These risks may be identified by the Institutional Review Board.

One of the most important and challenging tasks that the investigators face is identifying and evaluating risks associated with participation in research. Situation varies as the research begins or progresses and new confounding variables are observed which impact the study. For example, participant's unpredictable behavior during a research.

Unlike biomedical research studies or clinical trials, risks associated with participation in social and behavioral science research are often more ambiguous and less predictable. For example, the personal health concerns of a participant may impact the results of your study and this might not be predicted by the researcher at the beginning of the research.

When considering risks, the IRB considers only those risks related to research, i.e., psychological, physical, social, legal and emotional.

Investigators should be aware that risk in social and behavioral sciences generally falls into three categories:

**Invasion of privacy**

It can occur if a subject's personal information or participation in a study is revealed without the subject's knowledge. For example, communicating with a participant via email. Email is not a very secure medium as it can be read by other people involved in the organization and the identity of the participant might get revealed.

**Breach of Confidentiality**

Most likely the primary source of risk in the social and behavioral sciences is disclosure of information outside of the research setting. For example, unauthorized release of data, could have a negative impact on the subjects' psychological, social, or economic status. This is most likely one of the main reason people feel stigmatized and avoid opting for clinical and counselling sessions.

**Psychological Harms**

In some cases, simply participating in the research can cause social or psychological harm (depression, stress, guilt, and loss of self-esteem). For example, research may induce psychological distress in a participant responding to questions regarding a sensitive topic or past traumatic event as this may enforce the client to relive those painful memories.

**Social and Economic Harms**

Some invasions of privacy and breaches of confidentiality may result in embarrassment within one's business, social group, loss of employment, or criminal prosecution. For example, sensitive information pertaining to alcohol or drug abuse, mental illness and illegal activities.

**Assessing Risk**

We'll look at the assessment of risk in different situations in this module.

The risk assessment process is a careful examination of what could cause harm, who/what could be harmed and how. Harm comes in many shapes and forms to different people and how it will impact these people. Researchers assess the risks involved and work toward avoiding it. Risk assessment helps to determine what risk control measures are needed, whether existing resources and facilities are sufficient to control the risk, or if the project needs to be altered in order to avoid these risks.

**a) Probability and Magnitude of Harm**

There are two main elements associated with the assessment of risk and they are as followed:

- **Probability of harm:** It is the likelihood that a specific harm might occur. Not all possible harms are equally probable, and this fact should be taken into consideration.
- **Magnitude of harm:** It is the intensity of the harm involved in research. It is either low or strong. We need to eliminate this magnitude at all costs.

It may not be possible to identify clearly probability and magnitude of risks involved in a study. For example, the harm caused by traumatic memories cannot be predicted at the beginning. This may include a severe panic attack or any other response shown by the participant. Thus, researchers need to be prepared to timely respond to the distress.



**b) Situation and Time**

Few risks in research participation are specific to time, situation, and culture. Thus, what may be a socially sensitive issue or topic at one time or place may not be so at another time or place.

For example, asking women if they have had abortions would carry very different risks in different cultures and their religious/legal attitudes towards it.

**c) Subject Population**

Risks will differ according to the subject population, as well. It is difficult to determine what the impact of the harm will be on the population. For example, while studying the effectiveness of an intervention for smoking cessation in adults and teenagers. Purchasing tobacco products is generally illegal for teenagers but not for adults. Thus, assessment of risk for teenagers need to consider that the research focuses on an illegal activity. Difference between the populations of our subjects is extremely important.

The main objective of research in social sciences is primarily concerned with minimizing and removing the risk.

**Minimizing and Managing Risk**

The benefits of the research often lie in the importance of the knowledge to be gained, the contributions it makes to science, or the contributions to society in general. On the other hand, the risks involved should be considered as well and these risks need to be minimized or managed in such a way that the larger benefit is not compromised.

Most research in the social and behavioral sciences poses little or no risk to the subject. However, there are some areas where the risk is involved.

**When the Primary Source of Risk is the Data**

In situations where the presence of data itself poses risk, the protection of data is becomes important and needs to be managed properly.

When a possible disclosure of subject's responses poses harm, data protection from unauthorized access can be accomplished in various ways including:

- Collect data without identifiers.
- Substitute codes for identifiers.
- Remove all the direct identifiers as soon as possible.

- Maintain the code lists and data files in separate secure locations.
- Use and protect computer passwords.
- Access and store data on computers without Internet connections.

### **Certificates of Confidentiality**

Once the risk for the data has been minimized and managed, the next thing is to see in which circumstances we are sure that we can provide a certificate of confidentiality.

Certificates of Confidentiality are provided to protect identifiable research information from forced disclosure. It may be granted for studies collecting information that, if disclosed, could have adverse consequences for subjects or damage their financial standing, employability, insurability, or reputation of the participant. Certificates of Confidentiality do not overrule the requirement to report the suspicion of child abuse/neglect, elder abuse or any other state mandated reporting requirements. If a researcher feels that a participants can be saved from abuse by breaking the bond of confidentiality, the researcher is bound to do that.

Following information can be protected by a certificate of confidentiality:

- Substance abuse, illegal behavior
- Sexual attitudes or preferences
- Genetic information
- Psychological well-being

### **Managing Other Risks**

Participants may be involved in the research, whereby, only the participation puts them at risk. Such researchers may pertain to any stigmatization or involve any illegal activity. For example, study involving a socially inappropriate behavior. One way to diminish the risk of exposure in such situation is considered by applying for a waiver of documentation of consent, only if the consent form is the document that links them to the study. Research involving prostitutes usually does not include a consent form but rather a certificate of confidentiality is issued. This is because the research solely focused on their experiences and personal identifiers are neither asked nor mentioned.

Subjects may also be placed at risk by the nature of the inquiry or trauma. In certain situations where participants have a history of physical or psychological traumas, exposing them to sensitive

questions allows them to relive those traumatic memories. Investigators in such cases need to plan appropriate resources such as supportive counseling, referral, or access to research staff.

## **Informed Consent I**

Informed consent is one of the founding principles of research ethics. We cannot conduct a research without taking an informed consent. Its intent is that participants can enter research freely with full information about what it means for them to take part, its risks and benefits, and they give consent before they enter research.

### **Stages of Informed Consent**

Informed consent is a process that begins with recruitment and screening of subjects and continues throughout the subject's involvement in the research. This is done in order to determine if an individual can make a potential participant or not.

It includes:

- Providing specific information about study to participants in a comprehensible manner.
- Answering questions to better ensure participants understand the research and their role in it.
- Giving subjects adequate time to consider their decisions.
- Obtaining voluntary agreement of subjects to participate in the study. Subjects may withdraw at any time, decline to answer specific questions or complete specific tasks.

### **Informed Consent Procedures**

Informed consent procedures involve informing respondents (orally or in writing) as well as getting their (oral or written) consent. Depending on the type of research, different ways of obtaining informed consent are possible. For example, in a study where data is being collected from a mall, the participants are busy with shopping, therefore, taking informed consent orally would be sufficient.

### **Written Informed Consent**

A written consent process is used where:

- Reading and signing forms is not problematic.

- The research is complex or has multiple stages.
- First access to the research participants is by providing written information.

**Oral Informed Consent**

An oral consent process is where:

- Literacy is a problem. Participants may have trouble reading the written informed consent.
  - There are cultural or political concerns with signing contract-like documents.
  - Time for consent is limited. The interaction between researcher and participant is limited.
- For example, in a natural disaster where victims are injured and not in the state to read any document.

**Essential Elements of Informed Consent**

Valid informed consent for the research must include three major elements including

- Disclosure of information.
- Competency of the patient (or surrogate) to make a decision
- Voluntary nature of the decision.

Essential elements of the informed consent are following:

**1. Statement explaining the important information about research including;**

- Purposes of the research must be given.
- Expected duration of subject's participation must be elaborated.
- A description of the procedures which the participants shall follow.
- Identification of any procedures that are experimental.

**2. Description of any foreseeable risks or discomforts to subject.** For example, informing the participant at the beginning of the research that they might feel light-headed or experience nausea during the process.

**3. A description of the benefits to the subject or to others.**

**4. A disclosure of any alternative procedures or treatments that may be of advantage to the participant.**

**5. A description explaining how investigator will maintain the confidentiality of records.**

6. For research involving more than minimal risk, a description of compensation provided and an explanation regarding whether medical treatment is available.
7. If research-related injury is possible, participants must be told whom to contact for further information about the research study and their rights.
8. Description of therapeutic measures that would be available to the participants in case of adverse reactions or injury as a result of being a participant in the study.
9. A statement that participation is voluntary, that refusal to participate involves no penalty or loss of benefits, and that the subject may discontinue at any time.

### **Additional Elements of Informed Consent**

Depending upon the nature of the research and the risks involved, IRBs may invoke additional regulatory requirements, such as:

1. A statement that any significant new findings that might relate to a subject's willingness to participate will be provided to the subject. For example, the effectiveness of an intervention shall be informed to the participant when asked by the participant and an IRB may include this as part of the informed consent.
2. A description of costs a participant might incur. For example, transportation to support group or childcare costs.
3. A statement that there may be unforeseeable risks. For example, the research involving medical treatments and procedures, primarily for biomedical researches.
4. A description of consequences of participant's decision to withdraw from a study, including how compensation will be affected. For example, how compensation will be affected if subjects choose not to complete an interview. If an institution uses a subject pool of students, the subjects will need to know under what circumstances they will receive partial payment.

### **Exceptions to Informed Consent**

Several exceptions to the requirement for informed consent include:

- The patient is incapacitated.
- Life-threatening emergencies with inadequate time to obtain consent.
- Voluntary waived consent.

**Children and Informed Consent**

Children (typically under 17) cannot provide informed consent. As such, parents must permit treatments or the interventions that are to be used in study. In this case, it is not termed as informed consent but informed permission.

**Waivers of the Elements of Consent**

We'll now explore in which situations; the elements of informed consent can be waived off.

These waivers allow researchers to modify the informed consent process by withdrawing one or more elements of information or to provide no information at all.

Research regulations allow for a waiver or alteration of any or all of the elements of consent provided if, and only if, four criteria are met.

**Criteria for Waiver**

The four criteria for a waiver of any of the required elements of informed consent are:

**1. The research involves no more than minimal risk to the participants.**

The risk involved with the research should be minimal meaning that the probability and magnitude of harm are not greater than those ordinarily encountered in the daily life.

**2. The waiver or alteration will not adversely affect the rights and welfare of the subjects**

Subjects do have certain legal rights which allow them to remain protected from several harms involved in the research. **For example**, parents have legal rights with regard to research with their school-aged children and they may not allow for a certain information to be used. Researcher, IRBs or subject involved in research process may not always agree on how to define subjects' rights/welfare.

**3. The research could not practicably be carried out without the waiver or alteration.**

Researchers will have to provide acceptable evidence to his or her IRB that securing consent is not feasible, regardless of cost and time. This is only possible in situations where the researcher proves

foreseeable circumstances where the informed consent cannot be taken. For example, patients of cancer at fourth stage who are not able to give an informed consent. However, confidentiality needs to be maintained at all costs.

**4. Whenever appropriate, the subjects will be provided with additional pertinent information after participation.**

This process is often referred to as “debriefing.” It is an opportunity to provide participants with information not disclosed during the initial consent process, for example, incomplete disclosure of purpose of the research.

### **Common Uses of Informed Consent Waivers**

There are certain situations where we cannot take informed consent because the participants become aware of the true purpose of the research. The participants in such a case may alter their responses and behavior.

Waivers of the informed consent in social and behavioral sciences are often needed when the research involves the following situations:

- Incomplete Disclosure
- Covert Observation
- Deception

#### **Incomplete Disclosure**

In social sciences research, the requirement to describe purpose of the research may be waived in order to counter “demand effect.” Demand effect is a process in which the subtle cues makes participants aware of what researcher expects to find. They will often alter their behavior to conform to the expectations and thus, natural behavior is not observed. Therefore, it is important to not disclose all the information to the participants in order to achieve accurate results.

#### **Covert Observation**

Covert observation requires a waiver of all of the elements of consent. If people know their behavior is being observed, they may alter their behavior in such a way that obtaining the



meaningful and actual results is not possible. For example, if the altruistic (charitable) behavior of participants is being observed, the participants will not act natural and will alter their behavior completely.

**Deception**

Outright deception can sometimes be justified as essential for investigating a particular phenomenon. For example, participants in a research may be told that study is about perception of visual phenomenon, but in fact it is about susceptibility of pressure from the researcher. In such situation, it is important to make sure that harm is avoided to the participant when using deception.

## **Informed Consent II**

### **Documentation of Informed Consent**

When documentation is required, there are two methods available:

#### **a) Written Consent Form:**

This is a formal process in which participants or their legal representative sign a form containing all elements of consent. The person who signed the consent form is given a copy as a reference and a reminder of the information conveyed. One copy of the document is given to the participant and the other remains with the researcher.

#### **b) Verbal Presentation with Short Form:**

Short form refers to a summary of consent information given to the participants. Consent is done orally and is documented by an impartial witness. The witness must document that the process has occurred, and also the content of the process.

### **Waivers of Documentation**

Documentation of the consent process is not always required. It may be waived under following two circumstances:

**a)** If the participants want to hide their identity, the breach of their confidentiality could be harmful to them in many situations. For example, research about women who have left abusive partners, assessing the factors that affected their ability to leave.

**b)** The study involves minimal to no risk to participants, and involves no procedures requiring consent outside the context of participation. For example, a telephonic survey by environmental educators asked participants about global warming phenomenon and its possible impact on the environment.

### **Renewal of Informed Consent**

In certain circumstances, the informed consent needs to be renewed. Re-consent may be appropriate when the original consent was invalid. Other times, due to technical reasons, the

methodology of the research or any other significant change to the research or the participant's condition may require us to renew the informed consent.

Sometimes research participation may no longer be consistent with the participant's interests and preferences and they may need to reconsider the decision. For example, in longitudinal research, the enthusiasm of the participants decreases with time and they may rethink their decision to participate in the research.

Some examples of the situations that might warrant re-consent include:

- Failing to inform the participants about important risks related to the study. For example, if newer risks are observed at a certain stage of the research, renewal of informed consent should be done.
- Taking the consent when participant's decision-making capacity was compromised or they were under pressure. For example, a student influenced by their teacher may become part of the research.
- Significant changes in research procedures, risks, potential benefits, or alternatives.
- The participant's medical condition worsens or does not respond to a treatment given during the research.
- Using an ineffective representative for a person who is unable to make an informed decision.
- Research in which pediatric participants will reach adulthood while study is still in progress. For example, a longitudinal, prospective cohort study that follows children from birth through adulthood.
- Re-consent may be considered appropriate when children reach adulthood so that research participation reflects their own choices, rather than the choices of their parents or guardians.

### **Informed Consent: Issues and Challenges**

We would now discuss the possible issues and challenges while taking informed consent from the population.

### **Language Issues**

The consent process should be conducted in the research population's primary language and the consent forms should be translated into that language. This is done in order to make the informed consent easy to read and comprehended by the participants. For example, participants who are illiterate. An IRB may require independent confirmation of the accuracy of the translation.

**Cultural Issues**

There are few cultural differences other than language, such as comfort in asking questions. In some cases, while proficient in a language, a researcher would ask a community member to help with consent procedure, because participants will be more comfortable with that person. For example, having a female member ask body related questions from a female participant. Another example could be questions related to religion.

**False Expectations**

This is very common. Even when there are no language or cultural barriers, still few participants may have some false expectations related to the study. For example, some patients fear being treated as an "experimental model", or refuse to take part because of clinical trial fraud and misconduct which they've heard about in the past.

**Layered Consent**

Sometimes participants may need to choose among several options. For example, they may agree to be interviewed but not agree to be videotaped, or they want their real names to be used or not. Multiple options must be given to the participants. They should be on separate lines and easy to select for the participants.

**Informed Consent: Issues and Challenges**

We shall explore a few more issues and challenges experienced with informed consent. These issues are particular to the participants involved in the research.

**Participant Perceptions**

Most participants perceived that study trials will put an extra burden on them. So receiving informed consent from them is difficult. For example, in some clinical trials disclosing too much

information about the potential side-effects may unnecessarily scare the patient away from taking part in study. However, there is minimal harm involved in the actual study but the client might get fearful and tend to avoid participation.

**Children**

Where research involves children (under age of 18) consent has to be obtained from parents, as discussed in previous topics. If the child is above 7 years of age, then “child assent” is also mandatory. The child also needs to be asked if he or she wants to be part of the research or not. There are some situations where parents give their consent while the child refuses to assent.

**Vulnerable People and Groups**

It includes people who are absolutely or relatively incapable of protecting their interests. For example, working with people with some learning or other disabilities, special care needs to be taken while taking consent from them. This is because such people may lack an appropriate understanding to comprehend informed consent. Proper and adequate measures need to be taken in such cases.

**Format**

If the material is complex and participants may have difficulty understanding the material, the IRB may suggest that researchers format their consent forms so they are easier to read and understand. Techniques such as the following can help to achieve that goal:

- Bold-faced titles within the document.
- Headings that describe the basic structure of study.
- Liberal use of white space.
- Readable font size.
- Bulleted lists.

### **Ethical Issues in Psychological Assessment**

#### **Psychological Assessment**

Psychological assessment is a sub-discipline of scientific psychology devoted to the study of a given subject with different purposes (describing, diagnosing, predicting, etc.) and in different settings (clinical, educational, etc.).

A psychological assessment can include numerous components such as:

- Norm-referenced psychological tests
- Informal tests and surveys
- Interview information
- School or medical records
- Medical evaluation
- Observational data

Psychologists usually undertake the psychological assessment in diverse settings taking into account cultural and other related factors.

This awareness may influence psychologists’:

- a) Choice of assessment methods
- b) Interpretation of results
- c) Compilation of their reports
- d) Communication to their clients regarding the assessment

#### **Use of Psychological Assessment**

A psychological assessment may be used as a foundation for:

- a) **Understanding** - a person and her/his behavior in a better way.
- b) **Diagnosis** - for example, cognitive impairment, intellectual ability, psychiatric illness, learning difficulty, etc.
- c) **Measure an individual’s functioning** at a specific point in time and provide a “snapshot” of a person.

- d) Planning and intervention** - obtaining a baseline measure prior to implementation of a behavior change program, identifying preferences to guide career counselling.
- e) Monitoring interventions** – for the purpose of assessing behavior change, and psychological improvement in subjects
- f) Decision-making** - for example, pre-employment testing.
- g) Development of individuals** or groups in organizations.

### **Informed Consent in Assessments**

Psychologists obtain informed consent for assessments, evaluations, or diagnostic services from the clients, and they ensure consent is informed by:

- a)** Explaining the nature and purpose of the procedures they intend to use.
- b)** Explaining how the information will be collected and recorded.
- c)** Clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend to use.
- d)** Explaining confidentiality and limits to confidentiality.
- e)** Explaining how, where, and for how long, information will be stored, and who will have access to the stored information.
- f)** Advising clients that they may participate, may decline to participate, or may withdraw from methods or procedures proposed to them.
- g)** Explaining to clients what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures.
- h)** Clarifying frequency, expected duration, administrative & financial basis of any psychological services that will be provided.
- i)** Making clear, where necessary, the conditions under which the psychological services may be terminated.
- j)** Providing any other relevant information.

Psychologists fully inform clients regarding the psychological services they intend to provide, unless an explicit exception has been agreed upon in advance, or it is not reasonably possible to obtain informed consent.

While taking informed consent psychologists provide all the information using plain language.

**Conducting Psychological Assessments**

Psychologists only provide psychological services within the boundaries of their professional competence.

This includes, but is not restricted to:

- a) Working within the limits of their education, training, supervised experience and appropriate professional experience.
- b) Basing their service on the established knowledge of the discipline and profession of psychology.
- c) Complying with the law of the authority in which they provide psychological services.
- d) Adhering to the Code and the Guidelines of psychological assessment.
- e) Ensuring that their emotional, mental and physical state does not impair their ability to provide a competent psychological service.

**Competent conducting of psychological assessments**

Competent conducting of psychological assessments includes, but is not limited to, the following steps:

- a) Determining the need to undertake a psychological assessment.
- b) Choosing appropriate and sound procedures and, where necessary, making adaptations to allow for cultural differences.
- d) Considering assessment data in the context of all available information about the client, rather than interpreting assessment data in isolation.
- e) Accurately scoring and interpreting the results.
- f) Drawing conclusions from the assessment of the client that are based on data obtained from a range of sources.
- g) Effectively communicating the results by oral or written feedback to the individual client, or by a written report to the commissioning party.
- h) Making sound decisions and recommendations on basis of the results, ensuring each component of the assessment is appropriately weighted.



## **Cultural Competence**

### **Assessing Culturally Diverse Clients**

We'll now explore the assessment of culturally diverse clients.

While working with culturally diverse clients, psychologists avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis. The psychologist does not discriminate against the client on the basis of these things and if discrimination exists, the assessment shall be culturally biased.

For this purpose, psychologists need to develop the cultural competence for the assessment and treatment of clients. Therefore, cultural competence is required to remove discrimination and biases.

### **What Is Cultural Competence?**

Cultural competence is defined as the:

- Capacity to increase the understanding of cultural differences because every culture is different from other cultures.
- Ability to acknowledge cultural assumptions and biases. For example, each culture has its own superstitions.
- Willingness to make changes in thought and behavior to address those biases. A psychologist cannot be offended by a particular bias. Instead acceptance is required before going on-board with the therapeutic process of the client.

Cultural competence is an ongoing process of examination and change, not a goal to be attained once. It develops over the period of time through learning and practice.

A culturally competent program demonstrates the empathy and understanding of cultural differences in the treatment design, implementation, and evaluation of the assessment being administered.

A culturally competent program is characterized by the following:

- Knowledge of or sensitivity to the first language of clients.
- Understanding and respecting the cultural practices of the client population.
- Inclusion of the client population in program policy-making and decision making.

- Employing treatment methods that reflect the culture-specific values and treatment needs of clients.

**Topic No. 65****Why Cultural Competence Matters?**

Cultural competence encourages the acknowledgement and acceptance of differences in appearance, behavior & culture. In a society in which diversity is imperative, the ability to understand and address differences across various cultural parameters helps to bridge gaps between the client and the psychologist and help towards better connectedness. This reduces chaos caused by individual differences.

Following are compelling reasons for importance of cultural competence:

- In some diverse cultures the individuals from minority groups can be a significant number of potential clients. For example, people from a different religion.
- Understanding and appreciating a client's cultural background may expand the treatment opportunities. We may be able to extend our knowledge in a better way if this understanding and appreciation exist.
- Cultural competence is increasingly a requirement of the funding and accreditation bodies to improve the standards for culturally and linguistically appropriate services. For example, WHO develops guidelines for the entire world and data from every country should be considered for cultural relevance.
- Improvements in cultural competence may contribute to improved client retention. As cultural competence helps with rapport building and makes it easier for the client to stay.
- Enhancing the sensitivity and capacity to treat clients from other cultures improves a psychologist's ability to treat all clients and promotes cultural diversity.

The empathy and trust that a person needs to practice to move toward cultural competence are an extension of the qualities that make a good psychologist.

**Stages of Cultural Competence**

We'll now explore the stages involved with cultural competence.

In the process of learning the psychologist and staff might find it useful to think of cultural competence occurring along a continuum. The continuum includes six stages, ranging from cultural destructiveness to cultural proficiency.

**Stage 1. Cultural Destructiveness**

In this stage people fit the same cultural pattern and those people are excluded who do not fit well with the culture - forced assimilation. People use differences as barriers. A psychologist may not get involved in a certain culture and in turn will not be able to work with the people of this particular culture.

**Stage 2. Cultural Incapacity**

In this stage, segregation is supported and is treated as a desirable policy. Racial based policies and discrimination are practiced and stereotypes are maintained. For example, lacking the capacity or will to help minority clients in the community such as on the basis of religious differences. In cultural incapacity, the distribution of resources is unfair.

**Stage 3. Cultural Blindness**

In this stage, a belief prevails that color or culture makes no difference and that all people are the same. Treating all the people from all the cultures as the same will, in turn, result in ignoring the cultural strengths which each culture holds. For example, people from Kailash are moving out to newer places due to the lack of resources available to them. Thus, the culture is diminishing. In cultural blindness ethnic minorities are culturally deprived.

**Stage 4. Cultural Pre-competence**

In this stage, a desire to deliver quality services exists. This stage involves commitments to civil rights and treating people on an equal basis. This stage focuses on the realization of its weaknesses and attempts to improve some aspects of services. For example, improving skills in order to provide better services and exploring how to serve minority communities better.

**Stage 5. Cultural Competence**

In this stage, acceptance of and respect for differences in a culture are observed. Psychologist engages with a culture and it expands cultural knowledge and resources. It also provides the self-assessment and pays attention to the dynamics of difference to meet client needs better. This is done in order to better understand and remove cultural differences.

**Stage 6. Cultural Proficiency**

In this stage, all cultures are held in high esteem and equal respect and regard is given to each culture. This stage seeks to add to the knowledge base. Psychologist can contribute to a culture through their services for the betterment. This stage continuously advocates for cultural competence.

## **Psychological Tests**

### **Varieties of Tests**

For psychological assessments to be made, tests are conducted. We'll explore these tests used for assessments.

One can classify test instruments across a number of dimensions. This may range from the purpose of designing them, the population which shall be used for standardization, the nature of their administration, the mode of interpretation and their psychometric properties.

### **Types of Tests**

Following are the types of tests, listed according to their intended use:

- Personnel selection, promotion, or classification
- Professional licensure or certification
- Educational admission and placement
- Certification testing in elementary and secondary schools
- Ability and achievement testing in schools
- Special education testing (including instruments designed for use with the blind, hearing impaired, and other people with disabilities)
- Clinical assessment (including cognitive, neuropsychological, and personality testing)
- Counseling and guidance (including vocational interest inventories)
- Specialized instruments designed for program evaluation and programmatic decision making
- Research instruments intended to draw inferences about the true or absolute standing of a group or individual on some hypothetical or investigative psychological dimension.

### **Key Concepts in Tests and Measurements**

Many important technical concepts necessarily come into play when attempting to understand the proper use of psychological tests for the purpose of psychological assessment. These include the concepts of reliability, validity, sources of error, and standard errors of measurement. This will help us to determine the usability of our psychological test.

**Reliability**

Reliability refers to the property of repeatable results. A test measures the same thing across the time in an accurate manner, this accuracy will determine the reliability of our test. If a test is designed to measure a trait (such as introversion), then each time the test is administered to a subject, the results should be approximately the same.

Tests of relatively stable phenomena should have high test–retest reliability. For example, intelligence is a stable measure. Every intelligence test shall yield the same score for a particular individual.

**Validity**

Validity is the extent to which a test measures what it claims to measure. For example, if a test claims that it measures intelligence then the items of that test should be testing intelligence only and not anything else.

It is vital for a test to be valid in order for the results to be accurately applied and interpreted. If a test is measuring something else other than what it claims to measure, inaccurate results would be obtained. A valid test ensures that the results are an accurate reflection of the dimension undergoing assessment.

**Types of Validity**

Validity isn't determined by a single statistic, but by a body of research that demonstrates the relationship between the test and the behavior it is intended to measure.

There are three types of validity:

- Content Validity
- Construct Validity
- Criterion-Related Validity
- Face Validity

**Content validity**

Content validity assesses whether a test is representative of all aspects of the construct. A construct is something which has an additional meaning to a concept. The concept will remain the same everywhere but a construct will provide a new significance to the concept. For example, the

concept of justice would be the same across the entire world but the construct of it would be different across different cultures. Therefore, in order to produce valid results, the content of a test, survey or measurement method must cover all relevant parts of the subject it aims to measure.

**Construct validity**

Construct validity evaluates whether a measurement tool really represents the thing we are interested in measuring. It's central to establishing the overall validity of a method. For example, a scale or tool for depression should only measure depression and not measure intelligence.

**Criterion-Related Validity**

It is the general term to describe how well scores on one measure (i.e., a predictor) predict scores on another measure of interest (i.e., the criterion). There should be a certain criterion against which the scores are assessed.

There are two different types of criterion validity:

- i. Predictive validity
- ii. Concurrent validity

**i. Predictive validity:** This is when the criterion measures are obtained at a time after the test. For example, if a student scores 90% marks on a test, it can be predicted that this student has excellent aptitude or has good intelligence skills.

**Examples** of tests with predictive validity are career or aptitude tests, which are helpful in determining who is likely to succeed or fail in certain subjects or occupations.

**ii. Concurrent validity:** This occurs when criterion measures are obtained at the same time as test scores. **For example**, on a test that measures levels of depression, the test would be said to have concurrent validity if it measures the current levels of depression.

**Face Validity**

Another method that is used rarely is face validity. It is based only on the appearance of the measure and what it is supposed to measure, but not what the test actually measures.

**For example**, the test of happiness appears to actually measure levels of happiness.

**Test User Competence**

The competency of a test user is as important as the test.

A competent test user will use tests appropriately, professionally, and in an ethical manner. The test user will pay due regard to the needs and rights of those involved in the testing process. There are many people involved in the testing process and they should be given due regard along with the reasons for testing, and the broader context in which the testing takes place. For example, if a test is being administered for diagnostic purposes, we need to ensure the proper protocols which need to be maintained.

### **Competencies for Proper Use of Tests**

It is highly recommended and would be unethical if competencies are not considered when using psychological tests. Following points should be considered with the use of tests:

- Avoiding errors in scoring and recording. It is not trivial. It holds a special purpose and should be treated as such, for example, giving a diagnosis, or assessing the personality of an individual.
- Keeping scoring keys and test materials secure. This is important because misplacing or change in material information might produce invalid results.
- Refraining from labeling people with personally derogatory terms like *dishonest* on the basis of a test score that lacks perfect validity.
- Seeing that every examinee follows directions so that test scores are accurate. This will result in scores being reliable and valid.
- Using settings for testing that allow for optimum performance by test takers (e.g., adequate room, temperature and etc.).
- Willingness to give interpretation and guidance to test takers in counseling situations. For example, if a person is feeling panicked, appropriate measures could be used to calm the individual.
- Refraining from using homemade answer sheets that do not align properly with scoring keys. Tests usually have standardized scoring keys and templates and only they should be used when scoring a test.
- Establishing rapport with the examinees to obtain accurate scores.



- Refraining from answering questions from test takers in greater detail than the test manual permits. The examiner should not let out too much information about the test. It should be within the lines of the test manual instructions only.
- Refraining from coaching or training individuals or groups on test items, which results in misrepresentation of person's abilities and Competency. The examiner must not inform the client about the particular purpose and details of a test item. However, general instructions must be given.
- Not assuming that a norm for one job applies to a different job (and not assuming that norms for one group automatically apply to other groups).

**Lesson 16****Credentialing Issues**

Credentials exist as a tangible indicator of the accomplishment in a given field, with a purpose to measure the competence of the holder. In psychology, there are at least three levels of credentials, distinguished by their intrinsic characteristics and the data on the basis of which they are awarded.

**Primary Credentials**

Primary credentials are those earned over time by direct contact with trained instructors. They are based on longitudinal samples of the practitioner's behavior, with person-to-person supervision and direct observation by senior colleagues.

For example, course work, graduate training programs or internships. The outcome measures may include transcripts, degrees, certificates of completion, or evaluative letters from supervisors or instructors.

**Secondary Credentials**

Secondary credentials not only use primary credentials as prerequisites but also incorporate other elements in determining qualifications. Such credentials include the licensing and certification, as well as recognition by reputable specialized certification boards.

**Tertiary Credentials**

Tertiary credentials are based solely on the evidence that primary and secondary credentials have been obtained. In a sense, they simply attest to the fact that the professional holds primary and secondary credentials.

For example, Membership in certain professional organizations such as APA divisions, state or local professional associations, or listing in the National Register of Health Service Providers in Psychology.

### **Important Issues in Assessment**

#### **Test Construction**

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures.

Current scientific or professional knowledge is used for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

#### **Interpreting Assessment Results**

While interpreting assessment results, psychologists take into account purpose of assessment as well as various test factors, and characteristics of the person being assessed, such as:

- Situational
- Personal
- Linguistic
- Cultural differences
- 

#### **Assessment by Unqualified Persons**

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with the appropriate supervision.

#### **Obsolete Tests and Outdated Test Results**

Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are:

- Outdated for the current purpose.
- Obsolete and not useful for the current purpose.

#### **Test Scoring and Interpretation Services**

- (a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.
- (b) Interpretation services are selected on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.
- (c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments.

**Explaining Assessment Results**

Psychologists take reasonable steps to ensure that explanations of results are given to individual or designated representative.

Unless the nature of relationship precludes provision of an explanation of results (such as pre-employment or security screenings, and forensic evaluations etc.).

**Release of Test Data**

a) Psychologists only provide test data to the client or other persons identified in the release.

Psychologists may refrain from releasing test data to protect a client or others from substantial harm or misuse of the data or the test.

b) When a client has not provided a release, psychologists will only release the data when there is a legal mandate, perhaps by virtue of a court order or as required by law.

**Test security**

It refers to continuous maintenance and control of all test material within a testing program by only those individuals who are qualified or designated to have access to them.

Breach of security can have strong impact on standardization of test, integrity of results, and the long-term value of test itself.

**Common Forms of Security Breach**

Breaches of test security come in many forms; some common examples include the following:

- Unauthorized removal of test materials from a test site
- Posting of test answers over the Internet

- A test taker asking another person to take the test in his or her place
- Unauthorized copying of copyrighted test materials
- Hacking into data storage locations to gain access to test results

**Consequences of Security Compromise**

Breaches in test security not only affect measurement integrity and reliability; they also diminish the potential financial and social benefits associated with testing.

Several risks associated with a poorly secured testing program are elaborated as follows:

**a) Decreased validity and reliability:**

Test scores affected by a breach of security may not reflect the target construct of the assessment, it also restricts the ability of test to measure consistently over time.

**b) Ineffective Selection Procedures:**

Reduced validity in testing processes can have a significant impact on the effective selection of examinees into organizational settings, as validity declines, the number of selection errors increases.

**c) Decreased Organizational Performance:**

Ineffective selection procedures may further affect organizational performance outcomes and eliminate any advantage provided by the use of well-constructed assessments.

**d) Lowered Confidence in Psychological Assessment:**

High-profile cases of cheating and pirating of copyrighted content may also have an impact on social perceptions of the overall fairness of specific testing applications or even of the testing industry in general.

**Ensuring the Security of Test Materials**

Several practical challenges in securing test content, processes, and data exist.

Threats to test security may be thought of as a series of factors that interact to influence test responses, test reliability, and validity.

These factors include following:

- Physical and electronic security of testing sites, content, and data.
- Appropriate qualification levels of the test users and the administrators.

- Cultural values within which the tests are administered.
- Differences in delivery technology (e.g., paper-and-pencil, interactive voice response, and computer-based)
- Differences in stakes (e.g., educational admissions vs. self-development).

**Methods for Securing Testing Programs**

- Psychologists and other test users have devised several methods for protecting testing material and procedures, including:
  - Developing alternate/parallel test forms
  - Proctoring testing sites;
  - Physically and electronically securing locations of test materials and results.
  - monitoring and analyzing test response data for abnormal response patterns;
  - Regularly searching the Internet for test content and test preparation materials
  - Copyrighting all testing materials.

## **Psychotherapy**

Psychotherapy, or talk therapy, is a way to help people with a broad variety of mental illnesses and emotional difficulties.

Psychotherapy can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing

Therapeutic relationships are complicated because:

- The issues and problems of the client are often complicated
- The nature of the therapist and client's relationship itself is complicated

### **Psychotherapy and Medication**

Psychotherapy is often used in combination with medication to treat mental health conditions. For many people combined medication and psychotherapy treatment is better than either alone.

### **Functions of Psychotherapist**

Healing function or alleviation of emotional suffering through understanding and support. An educational function, including promoting growth, insight, and maturation. Technological function, by which we may apply various techniques to change or modify behavior.

To provide competent treatment, therapists need to:

- Only provide services for which they are qualified.
- Therapist has the knowledge and skill required to deliver a treatment to the clients.
- Accurately represent their credentials and qualifications
- Keep up on current information of the field, especially in specialty areas.
- Seek counseling when they have personal issues.

### **Types of Psychotherapy**

The choice of therapy type depends on the patient's particular illness and circumstances and his/her preference.

Therapists may combine elements from different approaches to best meet the needs of the person receiving treatment.

### **Cognitive Behavioral Therapy**

It helps people identify and change thinking and behavior patterns that are harmful or ineffective, replacing them with more accurate thoughts and functional behaviors.

It can help a person focus on current problems and how to solve them.

### **Interpersonal therapy (IPT)**

It helps patients understand underlying interpersonal issues that are troublesome, like unresolved grief, changes in social or work roles, conflicts with significant others etc.

It can help people learn healthy ways to express emotions and ways to improve communication and how they relate to others.

### **Dialectical Behavior Therapy**

It is often used to treat people with chronic suicidal thoughts and people with borderline personality disorder, eating disorders and PTSD.

It teaches new skills to help people take the personal responsibility to change unhealthy or disruptive behavior.

### **Psychodynamic Therapy**

It is based on the idea that behavior and mental well-being are influenced by childhood experiences and inappropriate repetitive thoughts or feelings that are unconscious.

A person works with the therapist to improve self-awareness and to change old patterns to fully take charge of his/her life.

### **Psychoanalysis**

Psychoanalytic therapy is a form of in-depth talk therapy that aims to bring unconscious or deeply buried thoughts and feelings to the conscious mind.

It aims to bring the repressed experiences and emotions, often from childhood, to the surface and examine them.

### **Supportive Therapy**

This therapy uses guidance and encouragement to help patients develop their own resources.



It helps build self-esteem, reduce anxiety, strengthen coping mechanisms, and improve social and community functioning.

**Lesson 19****Ethical Issues in Psychotherapy****Informed Consent to Therapy**

a) When obtaining informed consent to therapy psychologists

Should inform clients as early as is feasible about:

- Nature and course of therapy
- Fees
- Involvement of third parties
- Limits of confidentiality
- Answer to any related questions about therapy

b) Obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients about:

- Developing nature of treatment
- Potential risks involved
- Alternative treatment if available
- Voluntary nature of their participation.

b) In some situations the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor. So, during the informed consent procedure clients are informed that the therapist is in training, being supervised and is given the name of the supervisor.

c)

**Group Therapy**

When psychologists provide services to several persons in a group setting, they describe at outset the responsibilities and roles of all parties and the limits of confidentiality. Psychotherapists may treat unrelated clients in groups for a variety of reasons. **For example**, a group may consist of people with similar problems:

- Recently hospitalized mental patients
- Divorced males or females
- Cardiac rehabilitation patients

- children with handicaps etc.,

**Advantages of Group Therapy**

Influence and support of peers in the treatment process may facilitate gains that would be slow or unlikely in individual treatment. The group may also become a special therapeutic ecology within which special insights and awareness may develop.

**Disadvantages of Group Therapy**

Significant hazards to group members exist when:

Group leader lacks proper training or ability to adequately monitor the experience for all members.

- Pressures toward cohesion and emotional expressiveness common in group therapy can be inappropriate for some clients.
- The group therapist has much less control over the content and direction of the session than does an individual therapist.
- Problems might include stresses resulting from confrontation, criticism, threats to confidentiality, or even development of dependency on the group.

Therapist leading group should ensure few important points to control the negative outcomes:

- Provide informed consent.
- Ensure voluntary participation.
- Conduct proper screening of participants.
- Carefully differentiate roles based on whether the group is intended as therapeutic or educational.

**Therapy Involving Couples or Families**

When psychologists agree to provide services to several persons who have a relationship (spouses, parents & children, friends), they take reasonable steps to clarify at the outset:

- Which of the individuals are clients.
- The relationship psychologist will have with each person.

This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.

If it becomes apparent that psychologists may be called on to perform potentially conflicting roles, psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. For Example, Family therapist asked to witness for one party in divorce proceedings.

### **Providing Therapy to Those Served by Others**

In such cases psychologists carefully consider treatment issues and potential client's welfare. Psychologists discuss these issues with the client or another legally authorized person on behalf of the client in order to minimize the risk of confusion and conflict.

### **Sexual Intimacies with Current Therapy Clients or their Relatives, Significant Others**

Psychologists do not engage in sexual intimacies with:

- Current therapy clients
- With the individuals they know to be close relatives
- Client's guardians
- Significant others of current clients.

### **Interruption of Therapy**

Psychologists make reasonable efforts to plan for facilitating care if the psychological services are interrupted by factors such as:

- The psychologist's illness
- Death
- Unavailability, or relocation
- By the client's relocation
- Financial limitations

When entering into employment or contractual relationships, psychologists ensure that responsibility for patient or client care is resolved in a timely and appropriate manner.

- Taking care of client's welfare is also important in the situation if the employment or contractual relationship ends.

### **Special Obligations of the Therapist**

#### **The Client's Frame of Reference**

Therapists unfamiliar with social, economic, and cultural pressures on women, minority groups, and poor may fail to recognize contribution of such stresses in creating psychological problems. They should take account of the client's unique frame of reference when deciding whether and how to organize treatment.

#### **The Right to Refuse Treatment**

If client does not like therapy of risk–benefit statement offered by therapist, generally they can decide not to seek treatment or to seek alternative care.

These clients may include patients confined in mental hospitals and minors brought for treatment by their parents or guardians.

#### **Conflicting Values**

Sometimes in psychotherapy goals and values of client and therapist are at variance.

Therapist must take responsibility for avoiding the imposition of personal values on client or example, conflict in whether to encourage a client to rebel against a repressive environment or attempt to adjust to it.

#### **The Exceptionally Difficult Client**

Some clients would be considered difficult by virtually any therapist. These include:

- Client who makes frequent suicidal threats
- Who is intimidating or dangerous
- Who is actively decompensating and acting out
- Who fails to show for appointments or fails to pay bills
- Who is overly dependent and telephones with urgent concerns at all hours of the day and night

- Who harasses the therapist's family?

## **Therapy Termination I**

### **Special Obligations of the Therapist**

#### **When a Client Threatens**

Clients who threaten are often:

- Facing personal, family distress.
- Many have serious mental illness and impulse control issues.
- Problems with anger control.
- A history of antisocial behavior.

Few things that can help the psychologist to deal with such situations include:

- Clinical competence
- Good diagnostic skills
- Understanding of the confidentiality issues involved
- Being mindful of the potential danger
- Careful advance planning

#### **Terminating Therapy**

- a) Psychologists terminate therapy when it becomes reasonably clear that the client no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- b) Termination is also often useful when a client and therapist disagree on other major treatment issues.
- c) Psychologists may terminate the therapy when threatened or otherwise endangered by the client or another person with whom the client has a relationship.
- d) If the conflict between therapist and client occurs, they should discuss the issues.
- e) Except where precluded by the actions of clients, psychologists should provide pre-termination counseling and suggest alternative service as appropriate.

### **Therapy Termination**

The process of terminating psychotherapy often goes smoothly and offers an opportunity to review progress made in treatment.

It also helps to plan for managing any recurrence of symptoms and gain closure regarding the therapeutic relationship.

### **Ethical and legal framework**

The APA Ethical Principles of Psychologists and Code of Conduct (Ethics Code) provides both an excellent framework and specific guidance for handling treatment terminations.

The Ethics Code Principle a **Beneficence and Nonmaleficence** requires the psychologists to “strive to benefit those with whom they work and take care to do no harm.”

This principle applies to the course of therapy as well as its termination.

Ethics Standard specifically addresses terminations as follows:

(a) Psychologists terminate therapy when it becomes reasonably clear that the client;

- no longer needs the service
- is not likely to benefit
- or is being harmed by continued service

(b) Psychologists may terminate therapy when threatened or endangered by the client or another person with whom the client has a relationship.

(c) Psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.

### **Guidelines for Therapy Termination**

Therapy termination can make both the therapist and client feel insecure:

Therapists may wonder if they did enough to serve the client and may feel defensive if the client is unsatisfied. Clients may worry that termination is their fault or may fear leaving therapy means they will no longer have support.

Following guidelines can aid the therapy termination discussion regardless of the reason for the termination:



- Remember that purpose of therapy is to support the client, not the therapist.
- Therapists should not get defensive about the reason for termination, especially if the client is unhappy.
- Do not argue with the client or use the discussion to ease your own hurt feelings.
- Be compassionate, clear, and direct no matter why the client is leaving.
- Never blame the client, even if you must terminate therapy because the client is difficult or you are not a good fit.
- Do not abandon a client without warning.
- Be willing to answer questions about therapy termination, such as where a client can seek additional help if necessary.
- If necessary, refer a client to a highly qualified therapist who specializes in their issues.
- Termination therapy can offer opportunities for therapeutic intervention.
- Also the Clients who struggle with grief, attachment, or loss may need help managing the termination process.

### **Guidelines for Therapy Termination**

#### **Sending Termination Letter to the Client**

A termination letter records the end of therapy as well as the reasons for termination.

It can help clarify the nature of and reason for termination, especially if a client is emotional or angry during your termination meeting.

While a termination letter may feel needlessly formal, particularly in the case of a long-term client whom you like and trust, it's wise to go on the side of caution.

Some therapists send a brief termination letter to every client who leaves.

If Therapist don't want to use a termination letter with every client, send one in the following scenarios:

- When terminating with a client who has difficulty processing the rejection.
- When terminating with a client because of a poor fit.
- If a client repeatedly no-shows, a termination letter may be the only way to ethically terminate therapy.

- If a client later claims you abandoned them, the termination letter may offer some protection.

## **Therapy Termination II**

### **Terminating Therapy Due to Client's Progress**

Therapy should ideally have clear and specific goals.

When a client achieves their goals, it may be appropriate to transition them to a new therapist or to terminate therapy altogether.

For example, a therapist counseling a new parent with postpartum depression might mutually agree with the client to terminate therapy when depression symptoms go into remission.

The client might stop therapy altogether or transition to a therapist with expertise in other issues.

These strategies can help ease the transition:

- Reflect on the client's growth and on how they plan to continue that growth.
- Discuss the therapeutic process, both what went well in therapy and what could have been better.
- Discuss any feelings of grief or anxiety about ending the treatment relationship.
- Talk about personal growth as an ongoing process and give the client guidelines for when it might be appropriate to return to therapy.
- Leaving the door open can also be a powerful way to help clients feel secure in their decision.
- Knowing that can also ease the discomfort clients may feel in ending their treatment.

### **Terminating Therapy with an Unhappy Client**

Client may terminate the relationship when a client is;

- Unhappy with therapist's services
- Objects to therapist's philosophy
- Accuses the therapist of wrongdoing
- If the client does not, the therapist must assess whether the relationship can continue.
- When there are serious disagreements between the therapist and client, the relationship usually must end.

The following strategies may help:

- Avoid defensiveness. The client is the customer, and the goal of therapy is to help and support them, not defend yourself or protect your ego.
- Listen to the client's feedback, since it may help you be a better therapist.
- Explain why therapy must end without accusations or blame.
- If the client accuses you of wrongdoing, take careful notes about the incident and consider memorializing the termination in a letter.
- Addressing the termination of treatment is an important phase of the therapeutic process.
- For termination to be handled properly, discussions between the therapist and client should occur in advance and be addressed in a thoughtful and sensitive manner.

**Termination of Therapy When the Therapist is Not a Good Fit**

Sometimes a therapist is just not a good fit for a client according to their problems.

A therapist may become a less good fit as a client's needs change with time.

For example, a client who originally sought help from an eating disorders specialist may need a different therapist when the eating disorder is in remission.

And their new challenges involve some anxiety problems, workplace issues or parenting.

To terminate the relationship in such situations:

- Explain to the client that your job is to ensure they get excellent care and that you do not feel you can meet their needs.
- Offer a referral to a therapist who might be a better fit.
- Give the client space to process their feelings.
- Some clients will feel rejected, particularly if they felt therapy was going well.
- Termination of therapy could also happen when a situation arises that could negatively affect the therapist's judgment or objectivity.
- For example, when an inappropriate secondary relationship forms between therapist and the client.
- Therapists' personal beliefs, values, and attributes may limit their ability to treat certain types of clients.
- They should strive for awareness of such characteristics and limit their practices appropriately.

**Therapy Termination When a Client Repeatedly No-shows**

Therapists must deal with both practical and mental health concerns.

When a client repeatedly no-shows or poses other practical concerns, a therapist loses time they could spend with other clients.

A therapist may also need to terminate therapy with a client who:

- Makes unreasonable demands
- Whose insurance will not pay for therapy
- Or who otherwise presents practical or logistical concerns
- If the client does not come to therapy sessions, therapist should send them a termination notice.
- Notice should be sent using the clients preferred method of communication, such as call or email and ideally, via several communication channels.
- Therapist should also take care that if there is another practical issue.
- It should be presented to the client in non-stigmatizing, objective terms.
- Ethical problems arise if the therapist attempts to play on the client's fears, insecurities, or dependencies as a basis for initiating or continuing unnecessary treatment.
- If the client is not willing to continue therapy due to any of the above reasons, therapist should respect their decision.

## **Guidelines for Record Keeping**

### **Terminating Therapy with a Child**

Termination of the therapy can be difficult for children.

Especially when the child does not have many stable adults in their life or when the child has experienced numerous losses.

It is important to discuss termination at the beginning of therapy and to prepare the child for the process as far in advance as possible.

Explain to the child clearly, in age-appropriate terms, why the therapy must end.

For example, you might emphasize that the child has made so much progress so far, that they no longer need the therapy.

Highlight that you care about the child, and that if they need help again, you will be there for them. But only if this is true, it might not be if there is conflict with the parents or another reason for termination.

Some other strategies include:

- Talk about termination in the last session.
- Encourage the child to share their feelings.
- Plan a termination activity to memorialize therapy and the progress the child has made.
- Talk to the child about strategies for managing painful emotions when they are no longer in therapy.
- Help the child develop a list of supportive people, especially adults, whom they can contact when they need help.
- Discuss termination with the parents.
- Identify strategies for helping the child adjust, and develop criteria for returning to therapy.

APA provides guidelines designed to educate psychologists and provide a framework for making decisions regarding professional record keeping.

Psychologists should be familiar with legal and ethical requirements for record keeping in their specific professional contexts and jurisdictions.

Records benefit both the client and the psychologist through documentation of treatment plans, services provided, and client progress.

The nature and extent of the record will vary depending upon the purpose, setting, and context of the psychological services.

The record of psychological services may include information of three kinds.

**Information in the client's file:**

- identifying data (e.g., name, ID)
- contact information (e.g., phone number, address)
- fees and billing information
- guardianship status where appropriate
- documentation of informed consent or assent for treatment
- documentation of waivers of confidentiality/authorization
- presenting complaint, diagnosis
- plan for services
- health and developmental history
- or consent for release of information

**For each substantive contact with a client:**

- date of service and duration of session
- types of services (consultation, assessment, treatment, training)
- nature of professional intervention or contact (e.g., treatment modalities, referral)
- Formal or informal assessment of client status.

**The record including other specific information:**

- client responses or reactions to professional interventions
- current risk factors in relation to dangerousness to self or others
- other treatment modalities employed, such as medication
- emergency interventions (e.g., special sessions, hospitalizations)
- plans for future interventions
- information describing the qualitative aspects of the professional– client interaction

- Prognosis
- Assessment or summary data (e.g., psychological testing, structured interviews etc.)
- consultations with or referrals to other professionals

**Responsibility for Records:**

Psychologists have a professional and ethical responsibility for the maintenance and retention of their records.

In some situations, records are the only way that psychologist or others may know, what the psychologist did and their rationale for those actions.

**Content of Records:**

A psychologist strives to maintain accurate, current, and pertinent records of professional services as appropriate to the situations and as may be required by the psychologist's authority.

The Ethics Code sets forth reasons why psychologists create and maintain records.

Based on various provisions in the Ethics Code, in decision making about content of records, a psychologist may determine what is necessary in order to:

- (a) Provide good care.
- (b) Assist collaborating professionals in delivery of care.
- (c) Provide for supervision or training if relevant.
- (d) Ensure continuity of professional services in case of the psychologist's injury, disability, or death or with a change of provider.
- (e) Provide documentation required for reimbursement or required administratively under contracts or laws.
- (f) Effectively document any decision making, especially in high-risk situations.
- (g) Allow the psychologist to effectively answer a legal or regulatory complaint.

**Confidentiality of Records:**

Therapy is based on privacy and secrecy, and a breach of confidentiality destroys the therapeutic relationship.

The psychologist should take reasonable steps to establish and maintain the confidentiality of information arising from service delivery.



Confidentiality of records is mandated by law, regulation, and ethical standards.

The assurance of confidentiality is critical for the provision of many psychological services.

**Disclosure of Record Keeping Procedures:**

When appropriate, psychologists inform clients of the nature and extent of record keeping procedures (including a statement on the limitations of confidentiality of the records).

**Maintaining and organizing the Records:**

The usefulness of psychological service records often depends on records being updated and logically organized.

Organization of client records in a manner helps in efficient retrieval, benefits to monitor ongoing care and interventions.

In the case of the death or disability of the psychologist or of an unexpected transfer of the client's care to another professional, current, accurate, and organized records allow for continuity of care.

The psychologist may use various methods to organize records to assist in storage and retrieval.

Methods reflecting consistency and logic are likely to be most useful. For example, a logical file labeling system facilitates the search and recovery of records.

**Retention of Records:**

The psychologist strives to be aware of applicable laws and regulations and to retain records for the period required by legal, regulatory, institutional, and ethical requirements.

It is beneficial for psychologist to retain information concerning the specific nature, quality, and rationale for services provided.

The retention of records is also good for society's interests in a fair and effective legal dispute resolution and administration of justice, when those records are sought to illuminate some legal issue.

**Preserving Context of Records:**

Psychologist should strives to be attentive to situational context in which records are created and how that context may influence the content of those records.

It protects the client from misuse or misinterpretation of those data in a way that could prejudice or harm the client. Information in a client's record is specific to a given temporal or situational context (e.g., the time frame and situation in which the services were delivered and the record was created).

When that context changes over time, the relevance and meaning of the information may also change. Preserving the context of the record protects the client from the misuse or misinterpretation of those data in a way that could prejudice or harm the client.

**Electronic Records:**

Electronic records, like paper records, should be created and maintained in a way that is designed to protect their security, integrity, confidentiality, and appropriate access, as well as their compliance with applicable legal and ethical requirements.

Ease of creating, transmitting, and sharing electronic records may expose psychologists to risks of unintended disclosure of confidential information.

**Record Keeping in Organizational Settings:**

Organizational settings may present unique challenges in record keeping.

Organizational record keeping requirements may differ substantially from procedures in other settings.

Psychologists working in organizational settings (e.g., hospitals, schools, community agencies, prisons) strive to follow the record keeping policies and procedures of the organization as well as the APA Ethics Code.

Record ownership and responsibility organizational settings is not always clearly defined that may lead to conflicts.

**Multiple Client Records:**

Psychologist carefully considers documentation procedures when conducting couple, family, or group therapy in order to respect the privacy and confidentiality of all parties. In such situations the issues of record keeping may become very complex.

Because records may include information about more than one individual client, legitimate disclosure of information regarding one client may compromise the confidentiality of other clients.

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**Access to Records & Personal Information I****Guidelines for Record Keeping****Financial Records:**

The psychologist strives to ensure accuracy of financial records. Accurate and complete financial record keeping helps to ensure accuracy in billing nature of the payment obligation and exactly which services have been billed and paid. Up-to-date record keeping can alert the psychologist and the client to accumulating balances that, left unaddressed, may adversely affect the professional relationship.

**Disposition of Records:**

The psychologist plans for transfer of records to ensure continuity of treatment and appropriate access to records when the psychologist is no longer in direct control, and in planning for record disposal. Client records are accorded special treatment in times of transition (e.g., separation from work, relocation, death).

The psychologist endeavors to employ methods that preserve confidentiality and prevent recovery. In some circumstances, in accordance with legal and regulatory requirements, the psychologist may consider a method for notifying clients about changes in the custody of their records.

**Access to Records & Personal Information**

Mental health practitioners keep records of their work and clients for a variety of reasons like:

- legal obligation
- reluctance to rely on memory,
- communication to other professionals
- ready availability of important data
- documentation of services provided
- Such records will often contain confidential material, and as long as they exist, someone other than the therapist who collected the material may seek access to them.

In addressing this issue psychologist should,

- Consider process of securing a client's informed consent for the release of information.
- Consider the claims and circumstances under which various parties might seek access, as well as the nature of the information sought.
- Consider the use of client records for teaching or research purposes, including the use of recordings and photographic materials.

Consent for the Release of Records Transferable records can be of great assistance or substantial detriment to clients, depending on their contents and uses. Under HIPAA regulations each consent or release form must at minimum contain following details;

- A description of the information to be used/disclosed in a specific and meaningful form.
- The name or specific identification of the person(s) or class of persons authorized to disclose the information.
- A description of the purpose or requested use of information.
- The name or specific identification of the person(s) or class of persons authorized to receive the information.
- An expiration date or event related to the purpose of the disclosure.
- Signature of the person making the authorization and date of signing

### **Client's Access to Records**

Clients' access to their mental health records has historically been a matter of some controversy. Although the issues have varied somewhat as a function of the precise type of the records are generally involved. Therapists should generally assume that any patient may someday ask to see his or her records. And also that all who persist will ultimately be able to obtain copies, whether the therapist agrees this is a good idea or not. In consideration of HIPAA, practitioners will want to recognize four special categories of records:

- (a) Medical records
  - (b) Psychotherapy notes
  - (c) Forensic reports
  - (d) Working notes
- Medical records:

Include the general office or institutional records that chronicle appointments kept, diagnoses, prescriptions, insurance claims, procedures. These records are kept by non-physician mental health clinicians as well as the records of psychiatrists.

**Psychotherapy notes:**

Such notes include observations that therapists wish to record for their own use. It could include details of the content and process of psychotherapy beyond the more standard documentation typically included in general medical records. Such notes must be stored in a separate file from medical records. Disclosure of psychotherapy notes requires special designation in the release or waiver form signed by the patient.

**Client's Access to Records****Forensic reports:**

These reports involve data collected and reports written specifically for use in legal contexts. Such reports for the courts might, for example, include information on competency to stand trial, criminal responsibility, or child custody evaluations. Although such reports may occasionally include health information, their purpose and utility focus on the legal system and may be governed by court rules or orders. For example, some court-ordered forensic reports may be sealed by the court and not released even with the consent of the person addressed in the report.

At times, a client may also agree in advance not to have access to some data or reports prepared by mental health professionals. For example; in the case of some pre-employment or independent medical evaluation examinations Forensic practice standards typically ensure that the client has reasonably informed consent regarding the purpose of the interviews and the parties who will have access to the data, even though unenthusiastically given.

**Working notes:**

These refer to those impressions, hypotheses, and half-formed ideas that a mental health professional or trainee may jot down to assist in formulating more comprehensive reports or recommendations later. Often, these notes are reworked into psychotherapy notes or a report, used for discussion with a supervisor, or simply discarded as new data come to light. Because of the speculative, impressionistic, and temporary nature of such working notes, they may not have meaning or utility to anyone except the person who made them.

**Access to Records by Family Members**

Occasionally, a concerned family member will seek access to a client's records. Therapists should recognize the unique problems that arise when working with minors or families and should remain sensitive to each individual's right to privacy and confidentiality in such circumstances. From the outset of any such relationship, all parties should receive information about the specific nature of

the confidential relationship. A discussion about what sorts of information might be shared and with whom should be raised early.

When the client is a child or deemed legally incompetent, parents or guardians generally have full legal entitlement to record access. Ensuring strong privacy protection is critical to maintain individuals' trust in their therapist and willingness to obtain needed health care services. There are few rule for a health care provider to share the protected information of a client:

- Communicate with a patient's family members, friends, or others involved in the patient's care.
- Communicate with family members when the patient is an adult.
- Communicate with the parent of a patient who is a minor.
- Consider the patient's capacity to agree or object to the sharing of their information.
- Involve a patient's family members, friends, or others in dealing with patient failures to adhere to medication or other therapy.
- Listen to family members about their loved ones receiving mental health treatment.
- Communicate with family members, law enforcement, or others when the patient presents a serious and imminent threat of harm to self or others.

### **Access to Adult's Record**

For therapy to be optimally effective, a person must be able to disclose their thoughts, feelings, experiences, and behaviors without fear of judgment. They must also be confident that their therapist will not share this information with third parties. The ability to be vulnerable in therapy can support a strong therapeutic alliance and can help a person recover more quickly. Access to records sought by family members of an adult should generally be denied unless some special reason justifies considering the request.

Special reasons might include the imminent danger test or the legally adjudicated incapacity of the client. For Example: A Patient lived with cancer for many years, and during that period she occasionally consulted a therapist, about her fears and concerns related to the illness. During a surgical procedure, due to some complications the patient alive on life support equipment.

Although with little chance of recovery. Members of her family planned to seek court authorization to discontinue mechanical life-support equipment. They wanted to access the records or conversations of patient with therapist that might provide some guidance to them and the court about her wishes. In such a case, when the client cannot speak for herself, the situation becomes difficult for the therapist to decide. According to rules it probably would not be unethical for the therapist to respond openly to a duly authorized request for information from the next of kin.



**Lesson 24****Access to Records & Personal Information II****Issues in Access to Child's Record****Why is Confidentiality Important for Children?**

Therapeutic confidentiality is key to effective treatment for numerous reasons, including building and preserving a strong therapeutic alliance. The benefits of confidentiality include:

**Increasing cooperation in treatment**

A child has little reason to disclose information they don't want shared with their parents if there is no guarantee of confidentiality. But often, information they don't want disclosed is the information that is most important for them to discuss in therapy.

**Ensuring a child gets effective treatment**

If due to the concerns related to confidentiality a child cannot safely disclose whatever they want, the therapist may not have enough information to know what kind of help the child needs.

**Protecting the child from risk of abuse or homelessness**

Not all parents have unconditional love for their child. For example, some parents may abuse or disown a child for their sexual orientation or behavior. If this information is disclosed, it could make a client vulnerable to unkind or abusive treatment.

**Protecting the child from third parties**

Confidential information can be used for a wide range of purposes bullying, marketing, even stealing a person's identity. So even when a minor has no right to confidentiality from a parent, they still have a right to privacy from third parties.

**Improving the parent-child relationship**

Some parents may worry that "secrets" will undermine their relationship with their child.

But when a child can openly discuss their feelings in therapy, their relationship with others, including their parents, may improve.

**Issues in Sharing Child's Record**

With respect to general treatment situations, a parent, or guardian usually is the personal representative of the minor child. A health care provider is permitted to share client's information with a client's personal representative under the Privacy Rule. There are several important exceptions to this general rule. A parent is not treated as a minor child's personal representative when;

- State or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service.
- The minor consents to the health care service
- The minor child has not requested the parent be treated as a personal representative
- A parent agrees to a confidential relationship between the minor and a health care provider
- If parents are separated and each one of them is not willing to share the therapy details with the other parent.
- For example, in some contentious custody cases, a court may appoint a lawyer for the child often called a **guardian ad litem** to represent the child's best interests.
- Depending on the case, the state, and the court's order, that lawyer may get to determine whether and when parents can view information about mental health treatment.
- When a court order specifically prohibits the parent from accessing the child's information.
- When a parent has lost or given up their parental rights. For example, the biological parent of an adopted child would not typically have a right to treatment information.
- When the child is emancipated. (Child emancipation is when a minor becomes legally responsible for their own care before the age of 18).

**Discussing Confidentiality Issues with Youth**

One of a therapist's most important ethical duties when treating minors is to discuss confidentiality concerns with the parent(s) and the child. The therapist should be clear about the law and their own confidentiality policies. Some important topics to discuss include:

- The therapist's disclosure policies are very essential to follow.
- Some therapists require parents to consent to a certain level of confidentiality, even when state or federal law affords the child fewer confidentiality rights.
- The circumstances under which a therapist would disclose information the child shared in therapy.

- When parents understand that confidentiality is key to effective treatment, they may be more willing to respect their child's need for privacy.
- In most cases, a therapist will provide the child and their parents with a HIPAA disclosure statement that offers details about how and when treatment information may be disclosed to others.
- Many children do not discuss challenging topics with their parents because they fear judgment or punishment.
- When parents understand the importance of open and communication with their children, they may be less likely to overreact.
- The clear discussion of the matters that are important for children or causing any kind of disturbance for them help improve the parent-child relationships.

**Legal Protections for Minors**

Therapists, parents, and others who have specific concerns about confidentiality may wish to talk to an attorney knowledgeable about the laws in their state.

- In general, the right to privacy in the treatment is connected to the right of client to the consent to treatment.
- Because a child cannot legally consent to the treatment, the parent often acts as a personal representative for the child.
- Most children do not have a legal right to privacy from their parents, as a parent may need certain information in order to consent to treatment.
- A parent generally has the right to request a child's medical record.
- This may include a child's diagnosis, symptoms, and treatment plan.
- However, the parent does not have the right to view treatment notes unless a court orders otherwise.
- Professionals take psychotherapy notes to analyze the contents of a conversation.
- These notes are for personal use rather than the official documentation.
- There are few rules and regulations regarding the data sharing conditions for therapist.
- It requires health care providers, including therapists, to take reasonable steps to protect client privacy.
- It protects minors from disclosures to third parties who are not their parents.

- Depending on the case, the state, and the court's order, that lawyer may get to determine whether and when parents can view information about mental health treatment.

**Access to Child's Record**

There are few conditions in which the therapist identifies some problem and finds it crucial to share the records with parents, even it is the breach of confidentiality. In such cases the therapist analyses the situation critically and harms of not sharing the information, then decides accordingly. For Example, in the following case the therapist face the situation mentioned previously; Case study:

A therapist has treated 7-year-old boy Max for about a month. He was referred for treatment because of secondary enuresis and acting-out behaviors of recent onset. The birth of a new sibling in the family several weeks ago seems to have contributed to the problem. Near the end of the fifth therapy session, Max expresses some anger about his new sibling and tells therapist, "Tonight after my parents go to bed, I'm going to kill that little baby!" In the case of Max, Therapist must consider several factors, not the least of which concerns the seriousness of Max's threat. Does Max have a history of violence toward others? Has he exaggerated his anger in the context of therapy for emphasis?

Therapist could express her concern and discuss with Max to help keep him from doing something he might later regret. If all else fails and Child cannot otherwise stop Max from hurting his sibling, she must discuss the matter with his parents as a duty-to-protect issue. Not to do so would constitute malpractice.

**Lesson 25****Access to Records & Personal Information III****Court Access to Records**

Despite privilege, and the confidentiality policies however, some courts or litigants may still seek access to privileged information as well as other confidential material. The mental health professionals must certainly respect the appropriate requests emanating from the courts. Some practitioners assume that their working notes fall outside the realm of materials subject to disclosure in court. They may feel stunned when a condition, demanding that they appear in court and bring with them “any and all, files, documents, reports etc., in whatever form they exist” regarding the case in question. In such instances, understanding the differences between a subpoena and a court order becomes critically important.

A subpoena simply compels a response, it usually requires you to appear at a certain place, date, and time to testify as a witness about a particular case. A court order, on the other hand, typically follows a hearing before a judge and compels a disclosure unless appealed to a higher court. In the end, the court must decide what qualifies as protected or not. While facing such types of situations therapist must also reasonably safeguard the records of client and material from the inappropriate release.

**Secrets of Dead People**

It's a mental health professional's duty to maintain the confidentiality of a client even after his/her death. Often mental health professionals will encounter circumstances in which the solution must rely on ethical principles as well as legal standards. Consider the following actual case:

After the deaths of the client, the therapist, made unsolicited disclosures regarding her deceased former client. Commenting in public that the client had allegedly reported experiencing abuse at the hands of some person. The court subsequently barred therapist from seeing patients for 90 days and placed her on 3 years' probation. Court announced the decision, commenting, “Therapy is based on privacy and secrecy, and a breach of confidentiality destroys the therapeutic relationship”

The key to resolving such issues will involve remembering that clients do have some rights to confidentiality, even after their death. These rights guard them from defamation and other issues, and also gives due consideration to the welfare of the survivors. So a therapist needs to make a reasonable assessment of when and where it's appropriate to maintain that confidentiality.

**Records & Cyber-Confidentiality**

Rapid changes in the ways we store, retrieve, and transmit data, including sensitive clinical and financial material, raise many new types of confidentiality concerns. Use of the Internet for communications provides great convenience as well as considerable unresolved confusion and controversy related to rights and obligations of users. Vast amounts of information can now be stored in small, easily transported electronic, magnetic, or optical devices that can often be misused, stolen, or misplaced.

Mental health professionals making use of new technology must remain thoughtful and cautious about the hazards to confidentiality that may result. Special attention should be given to create strong passwords, backup, and encryption. The most secure passwords involve combinations of upper- and lowercase letters, numbers, and symbols; are changed periodically; and are not taped to the computer monitor. Using a locking code for cell phones/tablets, and setting desktop computer to auto lock if idle for a period of time helps to maintain security of data.

If a portable device routinely have confidential material stored on it, a software program or application should be used to help track the computer or give a command to erase the stored data remotely in an event of theft.

**Issues in Electronic Record Keeping**

With the advent of the personal computer more and more of us are directly responsible for creating and filing our own documents without the benefits of training within the records management process. Further complicating matters is that of the issue of the preservation of data. There are few guidelines to avoiding errors in institutional electronic records;

- Take care to avoid entering or repeating incorrect information.
- When records are being converted, uploaded, or used in a hybrid record system, check your work for conversion problems.
- Consider how you will access data if the system becomes unusable for a period of time.
- Take great care when using prefilled forms or attempting to copy and paste text.
- When adopting or entering a new system, check to ensure that the design aligns with the clinical needs of your clients.
- Guard against electronic routing failures.
- Make sure that your clients understand the nature and security of the record-keeping system, including which other practitioners will have access to their mental health records.
- Check the appropriateness of access levels for the data you will enter.

**Third-Party Access: Insurers & Managed Care**

When clients decide to submit a claim for mental health benefits to an insurance company, they may not realize that, in doing so, the provider of services will share certain information e.g.,

- Diagnosis
- Type of service offered
- Dates services took place
- Duration of treatment, etc.

In some circumstances, insurers or companies designated to manage mental health benefits may have authorization to seek detailed information from case files, including;

- A client's current symptom status
- Details of a treatment plan
- Other sensitive material
- HIPAA regulations address many of these concerns, but once information leaves a practitioner's office, it lies beyond the practitioner's control.
- The insurance companies may not exercise the same caution and responsibility as the individual practitioner.
- A therapist should inform his clients about issue of disclosure to insurance companies in the following manner:
  - He should inform clients who have coverage, "If you choose to use your coverage, I shall have to provide the company with information (i.e., psychotherapy, consultation, diagnosis or evaluation).
  - The company is supposed to provide you with a copy of their privacy policies, although I have no control over the information once it leaves this office.
  - You should check with company providing the coverage of mental health service. Or you may certainly choose to pay for the services out of pocket and avoid the use of insurance altogether.

**Accessing Client's Information on Internet**

None of the ethics codes for health or mental health professions specifically addresses the behavior of mental health practitioners as clinicians, trainers, teachers, or employers when they wish to obtain information via the Internet. Searches using public records are lawful and not ethically proscribed. However, therapist must be prepared to deal with the consequences of information they discover when not provided to them by the clients.

Therapist routinely gather information on clients as part of assessment or intake procedures and over the course of their work with them. Traditionally, clients have controlled disclosure of such information except for stories that might attract attention through mainstream media, but times are changing. **For example** in following case;

One therapist has argued that Googling has taught him valuable things about the client that do not come up during the routine history taking and the usual patient-therapist interactions. He expressed the belief that knowing more about his client helped him to build empathy. The key ethical challenge involves how a therapist handles the client's data that he/she may discover from the internet.



**Lesson 26****Confidential Information****Taking Advantage of Confidential Information**

Occasionally, psychotherapists have an opportunity to gain personally as a result of the information received in confidence. It is impossible to know how often psychotherapists may benefit in some way from information they receive in the course of work with clients.

**For Example;**

During the course of treatment, a therapist learned of business events related to stock exchange in the life of his client. The information communicated during treatment was not public knowledge. Therapist made some strategic investment decisions based on the information and earned a handsome amount as a result. Later on, therapist was caught, prosecuted, and fined by the Securities and Exchange Commission for “insider trading”.

Sometimes the information obtained in the previously mentioned situations could be related to general areas of life or personal skills and knowledge. The information obtained may also not necessarily be related with the client’s mental health or the services being provided by therapist at a given period of time. The use of such information basically does not constitute ethical misconduct. **For example**, a client who reports distress about an unreliable automobile mechanic may lead the therapist to avoid using that business. However, that same sort of information is generally available to many people by word of mouth and would not lead to personal gain at the expense of others.

**Confidential Material in Teaching**

Ideally, any materials prepared for teaching that make use of sensitive or confidential material involve the full informed consent of the client. The client or client’s legal guardian should have consented to the use of the material for teaching purposes. Consent is necessary when adapting videotapes or audiotapes, detailed summaries of case material, or other accounts of psychological material not otherwise in the public domain. This becomes especially important when the nature of the material (e.g., visual reproductions or recognizable facts) might make it possible to identify the client.

Formal consent may not be necessary if disguising the material makes identification of the client impossible. The chances of having a relative, friend, acquaintance, or colleague of a client in the audience is not as small as one might imagine. And the consequences of revealing a confidence or sharing intimate details of a client’s personal life in recognizable fashion may have devastating effects.

When in doubt, however, therapist should review the material with a colleague to ensure that some identifying facts have not inadvertently escaped attention. Likewise, one should delete any such facts that might help to identify the client while not adding meaningful detail to the example.

### **Confidential Material in Research**

Not all confidential data become so threatening, and in fact, at times the revelation of sensitive or confidential research data provides enormous social benefit. Sometimes, the unexpected findings hold legitimate interest to research participants. But such kind of the information may not come to light until long after they had enrolled in a study with a promise of the confidentiality. For Example, The in the study of long-term use of arthritis medications and their impact on person's health.

It would become necessary to locate and track an identifiable individual over time to establish data of meaningful long-term risk to clients as individuals and society as a whole. But in majority of cases the careless handling and the breach of confidentiality of the research data creates many problems for the client and therapist as well. On some occasions, even the naturalistic study data can put people at risk. The release of data might in cases also endanger the safety of the researcher. For example, in studies of criminals the reporting of a crime to the police could expose the researcher to the risk of retaliation.

### **Use of Confidential Material**

There are few guidelines for the therapist to consider strictly while including the case studies of their clients in the teaching, research or any other type of documentation to be presented to general public. The following identifiers should be removed or altered when preparing material for release or discussion in public statements, teaching, or research:

- Names
- Geographic subdivisions smaller than a state (although the initial three digits of a zip code may be used)
- Any dates (except years) directly related to an individual
- Telephone, fax, Social Security, medical record, health plan, account, or medical device identification, or license numbers
- E-mail addresses, web universal resource locators (URLs), IP addresses
- Biometric identifiers, including finger- and voice prints
- Full-face photographic or comparable images
- Any other unique identifying number, characteristic, or code

In some circumstances, in accordance with legal and regulatory requirements, the psychologist may consider a method for notifying clients about changes in the custody of their records.

**Lesson 27****Marketing Professional Services****Challenges in Marketing Professional Services**

Advertising spins all around us, and a successful private practice of mental health professionals obviously requires attracting clients. Advertising mental health services poses challenges because the “product” is difficult to characterize succinctly compared to, say, ice cream, or automobiles etc,. The APA ethics code does maintain some mandates to guide ethical practice in advertising.

- Therapist must avoid making false or deceptive public statements, including any related to one’s practice, research, or professional credentials.
- Therapist must maintain the integrity of statements made by others on his/her behalf.
- In so doing, advertisements must be identified as such, and therapist should retain the responsibility for those they engage to promote their work.
- A therapist should not compensate those in the media for publicity in news items.
- Therapist don’t ask present treatment clients or other people whose circumstances make them vulnerable to inappropriate influence for testimonials.
- While offering the public advice (broadcast and Internet communications), the therapist must clarify the scientific basis of the advice and make any professional roles with respect to the advice recipients clear.
- Therapist must uphold the accuracy of any workshops or non-degree educational programs they offer.
- Therapist should not try unwanted in-person solicitation of business from actual or potential clients whose circumstances render them vulnerable to undue influence, either directly or through agents.

**Modes of Advertisement****The Older Standbys**

Before the Internet explosion, listing oneself in the classified pages of the local telephone directory seemed an important way to attract clients. Business cards remain an advertising staple ever ready to pass out to anyone who might be interested to gain information.

**Direct Solicitations**

While there is nothing wrong with a therapist’s announcing general availability to the community through advertising.

Direct solicitations of individual clients has considerable potential for abuse and distress. The therapist's special expertise and knowledge are generally accorded a degree of respect or deference, predisposing clients to follow their advice and recommendations. Therapists must recognize this social influence and consider its use carefully.

**Referral Services**

In some parts of the country, professional associations operate a service by which callers can specify a needed type of consultation or intervention and be given the names of potential providers. Clients are advised that the service is not endorsing any particular provider but rather providing a list of qualified practitioners who seem to meet the client's stated needs.

Clients unable to pay normal therapy fees are referred to those who offer sliding-fee scales or to community clinics.

**Modern Advertising Methods****Internet Advertising**

Websites are simple, easy to navigate, with free content, and enough writing to convey target population.

Websites range from those offering plain looking, simple referral information and links to reputable resources, to those with sound and animated graphics.

If a mental health professional maintains a website for the marketing purposes, there is an ethical obligation to keep it truthful and current with respect to following;

- Services
- Fees
- Other relevant data of interest to potential consumers

**Advertising on Social and Other Electronic Media**

- Some social networking sites (i.e., LinkedIn) focus on professional contacts, while others (i.e., Facebook) have a much broader range of content and usage.
- First step to advertise online, is the realization that what is being advertised is visible to everyone.

If one chooses to utilize such sites for the marketing purposes, there are few important things to consider;

- Maintaining professional decorum
- An awareness of who has access to what information

- Avoiding blurring boundaries with clients pose special challenges **Buying Publicity**
- Attracting publicity from media outlets serves many needs, ranging from a personal desire for acknowledgment to a practical way to acquire clientele.
- However, it is considered unethical to compensate the media or its personnel in exchange for publicity that viewers would assume is news rather than an advertisement.

### Important Issues in Advertisement

If a psychotherapist intends to advertise using any outlet, there are several recommendations to be considered:

- Therapist should consult with colleagues regarding the nature and content of their plan, as well as for a sense of community standards.
- Do not delegate the details of the advertising to others, in particular those with aggressive marketing strategies and little understanding of ethics in the mental health fields.
- Proofread or carefully monitor the final product before distribution or broadcast.
- Should retain a copy of the advertisement, whether in print or broadcast, so that they will have documentation of exactly what was being communicated should questions arise later.
- The advertisement should be proactive about welcoming marginalized community.
- For Example, therapist should consider that their services are open for all irrespective of their race, religion or any other factor.
- The advertisement should not stray from the realm of one's own competence.
- For Example, a therapist should not advertise themselves as trauma-informed therapist, if they don't have the training or experience in that specific field.
- The aim of advertisement should be focused on their target audience.
- For Example, if one is specialized in postpartum depression, their ad will be more relevant to the parenting related website.

**Lesson no. 28****Mental Health Professionals & Media**

While interacting with media, mental health professionals have to consider many ethical issues like;

- Social responsibility
- Competence
- Conflicts of interest
- The public image of the helping professions

**Media Portrayals of Mental Health Professionals & Researchers**

- Society clearly benefits when practitioners, educators, and social or behavioral researchers actively disseminate relevant information that teaches and enlightens.
- Yet, unfortunately, some within the ranks may fail to inform responsibly or even misinform.
- Misguidance can occur sometimes unintentionally, as when the journalists or producers edit an interview or interject their own, in such situations the data interpretation is frequently incorrect.
- Misinformation might be intentionally spread as well.
- As when authors who are also mental health experts and their publishers want to sell more books than a sober and reasoned presentation of the facts would be compromised.

**Distortions of Psychotherapeutic, Diagnostic, & Research Concepts**

- Sometimes the portrayals of successful therapy in media focus on trauma or dramatic emotional breakthroughs in a way that grossly misrepresents the actual process.
- Legitimate research results, when cited by journalists, often seem selected on the basis of curiosity or controversy rather than scientific quality or significance.
- Isolated or minor findings, if intriguing, may give the impression that far more was discovered than the evidence supports.

**Interaction with Mass Media**

Many ethical and professional issues may arise when a psychologists appear on television and radio shows, write articles or advice columns for public consumption, and are interviewed by the journalists.

**Interviews with Reporters**

Few important things to consider about an interview with journalist;

- Journalists have a control over what actually gets through to the public.
- Inevitable alterations occur in the form of small selected segments that fit today's soundbite media needs.
- And in some situations a mental health professional could be accountable for inappropriate disclosures to journalists.
- To avoid such scenarios one should ask the journalist some questions first.
- A well-presented story can provide a genuine contribution to public understanding. **Guest**

### **Appearances**

- Mental health professionals are often interviewed live on TV/radio.
- This format can produce positive and educational interchanges, such as getting cut off before the point was fully made or being repeatedly referred to incorrectly (as a psychiatrist when one is a psychologist).

### **Popular Publications Created by Mental Health Professionals**

- Mental health practitioners have a more receptive audience given the pervasive fascination with mental and emotional issues and self-help.
- In case of a self-help book, often consumers are given instructions on how to solve their difficult problems or manage their lives.
- But they don't provide a support system to sustain through process, to correct errors, clarify misunderstood directions, or to alleviate any negative consequences resulting from following the program.

### **Socially Responsible Public Acts**

Individuals with mental health problems are often victims of discrimination or have insufficient access to desperately needed services. People with a psychiatric history, particularly if they were ever hospitalized, are still met with fear, mistrust, stereotyping, and avoidance, which limits their opportunities.

### **Advocating for Those with Mental Health Issues**

The need for adequate services for the mentally ill is a primary social responsibility of mental health professionals. Professionals who work with the mentally ill have more favorable sentiments toward them than members of the general public. The helping professions are in the most legitimate position to replace misinformation with useful, solid data, including disconfirming inaccurate stereotypes. These include collaboration with public education, monitoring negative portrayals of mentally and emotionally disabled, and advocating for availability of mental health services.



**Public Disclosure at a Risk to Oneself**

Difficult choices arise for mental health professionals, when they observe an unlawful, immoral, or illegitimate act, but lack capacity to intervene on their own. Anticipated regret for keeping silent is also relevant during the decision to speak out or turn aside. The overall spirit of the ethics codes by professional organizations holds as paramount maintaining the well-being of consumers and making positive contributions to the human condition.

**Lesson 29****The Mental Health Business****Money and Managed Care**

Digital mental health is no longer solely restricted to talk therapy or medication management. Earning a living in the private practice of psychotherapy and assessment services has become increasingly challenging since the advent of managed care and growth of integrated health care services. Managed care is a broad term that represents a service delivery system concerned with managing health care cost, quality, and access to services.

**What to Charge?**

Determining the customary charges for one's services is a complicated task that mixes issues of economics, business, self-esteem, and a variety of cultural and professional taboos. Because psychologists think of themselves as members of the helping professions, discussing money may seem insensitive, or heavily laden with unconscious issues. Comparison of fees is further complicated by differences in procedures, length of sessions, and other variables.

**For example**, rates can differ depending on whether the service provided involves psychotherapy, psychopharmacology, forensic services, neuropsychological assessment, or group therapy. This may explain why client complaints and ethical difficulties frequently arise in connection with billing for mental health services. Often, the problems flow from miscommunications, procedural ignorance, or naiveté rather than greed.

**Important Issues in Mental Health Business**

As with the people they serve, the financial situations of therapists can vary greatly.

Some have more flexibility than others to adjust their fees in the interests of accessibility.

It is up to each of us to figure out to make these changes sustainably within our own practices.

From the outset of a relationship with a new client, the therapist should take care to explain few things;

- The nature of services offered
- The fees charged
- The mode of payment used

Or any other financial arrangements that might influence the potential client's decision. If a prospective client seems unable to reasonably afford one's services, the therapist should be prepared to make a sensitive and appropriate referral. In this situation, it is important for all mental health professionals to keep informed of hospitals, clinics, community mental health centers, training programs, and other resources that might offer more affordable services for those with

financial difficulties. It is critical that the therapist consider these issues early in the professional relationship and raise them openly with the client in a realistic, yet supportive, fashion. If the issue is not dealt timely, the resulting anxiety may take precedence over other issues, and the business aspects of the therapy may be overlooked..

**Fee Splitting**

Fee splitting, often termed a kickback, refers to a general practice under which part of payment received for a product or service is returned or paid out because of some prearranged agreement or coercion. More simply in a fee split arrangement, the employer and employee agree to divide any client fees brought in by employee in a proportional manner.

For example, a pre-licensed therapist working in a private practice might be paid 40% of the fees their clients pay, while the employer/supervisor keeps the other 60%. As occasionally encountered in medicine and the mental health professions, the client usually remains unaware of the arrangement. Unfortunately, fee splitting may exist in rather complex and subtle forms that tend to mask the fact that it is occurring. Traditionally, nearly universal agreement existed among medical and mental health professionals that such practices are unethical.

Mainly because they may inhibit a truly appropriate referral in the client's best interests, result in delivery of unneeded services, lead to increased costs of services, and generally exploit the relative ignorance of the client. A continuum of types of fee-splitting or sharing agreements exist, ranging from reasonable and ethical to clearly inappropriate. In between these two extremes, one can find a range of business practices with varying incentives that raise ethical questions. At one end of the continuum, we find employer–employee relationships in which one party hires another to perform services. At the other end, we find arrangements in which the person making the referral gets money solely for sending business to another.

## Lesson 30

**Group Practice**

A group practice is one type of therapy business. While a private practice typically involves one therapist providing mental health services to people seeking treatment, a group practice employs multiple therapists and counselors who may have varying credentials and qualifications. A group therapy practice may have less appeal if a mental health professional prefer to work alone or manage their own business. However, many mental health professionals find group practice offers a number of financial and professional rewards. Many mental health providers work in group practices or collaborative arrangements by sharing certain costs, such as rent, secretarial services, utilities, and answering services. This charge may differ somewhat depending on the nature of the group (incorporated partnership or informal arrangement). Despite the fact that these types of arrangements may be lawful, and also help the therapist to a great extent, there are few conflicting issues involved also. **For example**, sometimes compensation is paid to some party simply for referring clients within the group or when percentages of gross income are charged against a therapist automatically rather than for services legitimately provided. In such instances, the clients' welfare is too easily ignored.

**Advantages of Group Practice**

There are few key advantages of group therapy practice that make it a better choice for therapist.

**Financial benefits of group practice**

Working for a group practice can prove rewarding both for the practice owner and the clinicians working for the practice. Group practices may have higher income potential because operating expenses and administrative costs are shared. The counselors employed by the practice typically won't do their own billing, which allows for more time spent working with clients and increases potential number of clients paying for therapy at any given time.

**Coworkers**

Some therapists find private practice a lonely business, though this certainly depends on the personality type and unique need for professional interaction. In a group practice, colleagues may also be able to cover missed sessions due to illness and other issues faced by the main therapist. It is very helpful because the clients won't need to worry about finding an unfamiliar location when already potentially stressed by the need to work with an unfamiliar counselor.

**Shared responsibility of the business side**

Skillfully managing a business, however small it is, requires a range of talents. This includes managing the taxes, insurance payments, and any legal issues that come up, just to name a few. A group practice may suit the therapist having little interest in business and don't mind having less

control over potential clients you'll work with. Different people have different strengths, so some group practices might also operate by sharing business responsibilities, such as billing, depending on personal interest.

**Referrals within group practice**

Having a pool of qualified mental health professionals in the same office can make it easy to provide referrals when necessary. Instead of terminating therapy by referring your client to a professional in another location, one might recommend their colleague in same place.

**Drawbacks of Group Practice**

Working for a group practice, or managing one, may not match everyone's personality or career goals:

- If a therapist have established his/her therapy niche and practice a less common specialty, or one that's not in much demand, they may not easily find a practice seeking their skill set.
- Group practice work may sometimes seem overly routine or offer less outlet to choose one's own clients.
- It's possible to earn a higher income with a group practice, but this isn't always the case, as many factors can contribute to both revenue and profit.
- The tendency to refer clients to other therapist's one knows is also a critical issue.
- While referring therapist one must offer the client a choice among clinicians that includes at least one with no linkage to the referring party.
- In a group practice, therapist may have little control over any aspect of the practice beyond what takes place in the privacy of their therapy sessions.
- A fair determination of costs and service use is important, e.g., when one of the therapists is in a position of power over others by virtue of being senior party or owner of the practice.
- Office politics may be less of an issue in a therapy practice, since the colleagues probably spend most of their in-office time with clients, but they can still present issues for people who'd rather avoid anything of the sort.
- If the above factors don't pose a problem for the therapist, a group practice could potentially be a good fit.
- According to the APA, group practice work often serves new therapists well by encouraging professional development and offering numerous other benefits as helping one begin established in the mental health field.

**Lesson 31****Referrals****Making Referrals**

Giving and taking on referrals should be made thoughtfully, taking the needs and resources of the client as the first priority. The person asking for the referral has the right to expect the best recommendation available, regardless of any financial interests that might accrue to the colleague being asked for names. Making appropriate referrals is part of professional conduct for therapist in practice. A referral procedure should provide a seamless journey from one professional helper to another.

**Reasons for Onward Referrals:**

Working within one's own competence is key, and thus there will be times when making a referral is the ethical decision.

For example, this situation could occur if:

- Therapist feel unsafe with the client (e.g. if alone working in private practice). In this situation therapist needs to refer the client to some other mental healthcare facility where better clinical facilities are available.
- The client needs help with other issues (e.g., housing problems, financial difficulties, lawrelated matters or medical issues) instead of or before being ready to engage in counselling.
- The client has a mental-health issue that prevents establishment of psychological contact (e.g., they are delusional or are hearing voices).
- The counselling issue that the client is bringing is not within your area of competence (e.g. if they need specialist counselling for substance misuse or addiction).
- The agency offers a limited number of sessions, and thus therapist know this amount will be insufficient to work safely with the client.
- Therapist's modality is not a good match for the client's issue. For example, the client needs help to overcome a fear of flying before an imminent holiday abroad, and therapist is a person-centered counsellor rather than a cognitive behavioral therapist.
- The client is experiencing difficulties that mirror those faced by therapist, i.e. there is parallel process. For example, if a client wishes to work on feelings related to their divorce, and therapist is currently struggling with this in their own life)

**Steps in Making a Referral**

Before telling the client about your specific plan to refer them, therapist should make sure few important things;

- Therapist should know where they will refer to
- Therapist have ascertained current waiting times for the new provider
- Therapist are familiar with the referral pathways and processes (including any documentation needed).
- If therapist need to transfer any personal information about the client, they should make sure that they do this in a way that fits with the ethical principles. For example, sometimes the situation justifies the breaking of client confidentiality (e.g. if client is at imminent risk of causing serious harm to themselves or others, or has knowledge of a serious crime). Then therapist should ensure that they get the client's written consent for the information they will transfer before doing so.
- Even though if therapist is not able to help the client fully with their issue (hence the need to refer), the ability and willingness of therapist to accompany them as they wait, offering them the core conditions to support them during this time, could be invaluable to them.

**Important Issues in Making Referrals**

There are certain issues faced by the mental health professionals while making referrals of the client. They may raise ethical concerns for the client therefore should be dealt carefully by the mental health professionals. These issues are given below:

- Understanding when and how to refer the clients to another therapist produces the best outcome for clients and therapists alike. Therapists who provide skillful referrals prioritize their clients' well-being and find them the effective, specialized care they need.
- It is important that clients are not taken by surprise by the therapist's suggestion that referral maybe be needed. This could feel like a rejection, and lead them to believe their problems are particularly complex and therefore difficult to solve.
- Preparation for referral should ideally begin during contracting, before properly starting the counselling process. The therapist should introduce the idea that this is a process that sometimes happens, because different professionals are trained and have strengths in different issues. In this way, the client is aware from the very start that referral is not threatening but is instead intended as a genuinely helpful action to support them in getting the right help at the right time.

**Deciding Whether to Refer:**

While considering referring a client, it is always important to explore the possibility of referral with the supervisors, who can help decide whether this is the right course of action. For example, sometimes therapist might be thinking of referring because they are lacking confidence in their ability to help a certain client. Discussion in supervision may help therapist to reveal that they are in fact competent to work with the client.



## Lesson 32

**Mental Health Professionals in Legal System**

Mental health and behavioral science professionals have increasingly found themselves involved with the legal system as experts and defendants. Forensic clinicians play important roles as expert witnesses or consultants for many different types of legal matters. While conducting forensic mental health assessments, the practitioners must be especially careful when treading into legal system as they are about to enter philosophically alien territory. Litigants may arrive for mental health evaluation along at least three different routes.

**First**, some litigants may come for evaluation under a court order (e.g., to assess the defendant's competence to stand trial or offer guidance in child custody cases). **Second**, some are sent by their lawyers seeking an assessment of their mental or emotional state relevant to a potential claim or defense (e.g., an evaluation relative to a potential insanity defense). **Third**, the parties may agree to have a litigant evaluated in the absence of a court order (e.g., in many civil and criminal cases, the parties understand that the opposing side has a right to an evaluation conducted by their own experts and informally agree to do so).

**Responsibilities of the Forensic Psychologist**

Term forensic psychologist includes varied roles that may be employed in a wide variety of settings.

Roles include, but not limited to:

- Trial consultant
- Expert witness
- The Evaluator
- Treatment provider
- The Researcher
- Academic psychologist

**Trial Consultants**

They work with the legal professionals, mainly attorneys to assist in case preparation, jury selection and development of case strategy or witness preparation. They may be involved in both civil and criminal cases, and typically hold advanced degrees

**Expert Witness**

They testify in court about specialized knowledge. Clinical forensic psychologists typically testify as experts after evaluating defendant's mental state. They may also serve as general expert witnesses and testify about broader psychological principles.

**The Evaluator**

Forensic psychologists also undertake the evaluation of criminal defendants/parties to civil litigation with respect to mental health issues related to the legal issue at hand. They are typically trained in clinical psychology and licensed, with forensic specialization.

**Treatment provider**

Forensic psychologists provide psychological treatment to individuals requiring/desiring services. They may work in forensic hospitals, state psychiatric hospital, private practice, etc.

**The Researcher**

They design and implement research on issues relevant to forensic psychology and the law. They may be employed in universities, colleges, research institutes, psychiatric hospitals etc., and conduct research on mental health law and policy or program evaluation

**Academic psychologist**

They get involved in teaching, and other education-related activities such as training and supervision of students. They are typically employed by institutions of higher learning (e.g., colleges or universities).

**Specific Functions of Forensic Psychologists**

Apart from the responsibilities of forensic psychologists mentioned earlier, there are some other functions that forensic psychologists are asked specifically to perform in different areas including:

- Police Psychology
- Psychology of Crime and Delinquency
- Victimology and Victim Services
- Legal Psychology

**Police Psychology**

Mental health experts are also working in the police department. They help the police staff in developing psychological profiles of serial offenders (e.g. serial killers). They are also teaching and training the police officers on how to deal with mentally ill individuals. In addition, providing the counselling services to police personnel after a shooting incident is also the crucial service given by the mental health experts.

**Psychology of Crime and Delinquency**

Mental health professionals working in forensic settings conduct research on the development of psychopathology, i.e. which etiological factors can contribute towards a particular crime or delinquent behavior. They also assess the risk among the mentally ill, by developing and administering several psychological tests for this purpose. They are also working as a research policy advisor consults with legislators and governmental agencies to develop new strategies. Furthermore, mental health professionals consult with the school personnel, for identifying youth which can be dangerous for the society.

**Victimology and Victim Services**

The mental health experts are also involved in Interviewing the victims or witnesses of crime; providing training to victim service providers on the psychological reaction of criminal victimization, e.g. posttraumatic stress disorder. They also provide education to service providers on the impact of multiculturalism.

**Legal Psychology**

Mental health experts while working in forensic setting conduct evaluation of child custody and child abuse. Through community surveys and other research methods, they assist attorneys in jury selection. In addition, they also evaluate the defendant's competency to stand trial.

**Specialty Guidelines for Forensic Psychology**

Because the practice of forensic psychology differs in important ways from more traditional practice areas the "Specialty Guidelines for Forensic Psychologists" were developed and published in 1991 by the American Psychology–Law Society.

The goals of Specialty Guidelines for Forensic Psychology are;

- To improve the quality of forensic psychological services
- Enhance the practice and systematic development of forensic psychology
- Encourage a high level of quality in professional practice
- Encourage practitioners to respect rights of those they serve

The Specialty Guidelines for Forensic Psychologists focus on the following points:

**1. Responsibility**

Forensic psychologists have an obligation to provide services in a manner consistent with the highest standards of their profession. It is their responsibility to make a reasonable effort to ensure that their services and the products of their services are used in a responsible manner.

**2. Competence**

Forensic psychologists only provide services in areas in which they have specialized knowledge, skill, experience, and education. They have an obligation to present to the court, the proofs of their competence (knowledge, skill, experience, training, and education). Forensic psychologists recognize that their own personal values, moral beliefs, or personal and professional relationships with parties to a legal proceeding may interfere with their ability to practice competently. In the face of such circumstances, forensic psychologists are obligated to decline participation or to limit their assistance.

They are responsible for a fundamental knowledge and understanding of the legal and professional standards that govern their participation as experts in legal proceedings. Similarly they are also responsible to develop an understanding of civil rights of parties in legal proceedings in which they participate

**Further Guidelines for Forensic Psychology****3. Relationships**

During initial consultation with the legal representative of the party forensic psychologists have an obligation to inform the party about the factors that might reasonably affect the decision to contract. These factors include, but are not limited to;

- i.** Fee structure for anticipated professional services
- ii.** Prior and current personal or professional activities, obligations, and relationships that might produce a conflict of interests.
- iii.** Their areas of competence and limits of their competence.
- iv.** The known scientific bases and limitations of the methods and procedures that they employ and their qualifications to employ such methods and procedures.

**4. Confidentiality and Privilege**

Forensic psychologists have an obligation to be aware of the legal standards that may affect or limit the confidentiality or privilege that may attach to their services or their products. They conduct their professional activities in a manner that respects those known rights and privileges. They establish and maintain a system of record keeping and professional communication that safeguards a client's privilege. For this purpose, they maintain active control over records and information. They only release information pursuant to court order, or the consent of client.

**5. Methods and Procedures**

Forensic psychologists have an obligation to maintain current knowledge of the scientific, professional and legal developments within their area of their claimed competence. They are obligated also to use that knowledge, consistent with the accepted clinical and scientific standards,

in selecting data collection methods and procedures for an evaluation, treatment, consultation or scholarly / empirical investigation.

**6. Public and Professional Communications**

Forensic psychologists make reasonable efforts to ensure that the products of their services, as well as their own public statements and professional testimony, are communicated in ways that will promote understanding and avoid deception.

**Lesson 33****Mental Health Professionals in Academia**

The role of educators extends well beyond just transmitting a body of information, especially in case of being mental health professionals. When a psychologist as a teacher is interacting with the students, his/her purpose is coaching, supervising, mentoring and extending the knowledge to the clinical interns. Whether they realize it or not, those who teach are influential role models also who will, to an extent, determine the quality of tomorrow's practitioners. The subject knowledge of these teachers should be so vast and enriching that can inspire the students and motivate the students to become competent in their field. Colleges and universities with the best records of accomplishment have typically given robust support to academic freedom, openness of expression, and institutional autonomy. This includes allowing a wide latitude for framing course content, teaching styles, creative assignments, and free expression of (sometimes controversial) ideas. When we are talking about the practice of psychology, it should not be limited to book reading, lectures and assignments, rather interesting discussions, psychodramas and role-plays must also be a part of it. All these activities enhance the practical knowledge of students.

**Teachers Complaints about Students**

Mostly teachers have complaints about the irresponsible attitude of their students, instructors feel despair when carefully crafted lectures appear to fall on indifferent ears. This is very common complaint of teachers. Thus, students are unable to understand the lecture, grasp the concept, critically analyze the topic and respond to teachers accordingly. Ethical educators present accurate information and remain within the boundaries of their competence, based on such indicators as educational background, continuing education, and supervised experiences

**Student Complaints about Teachers**

College and university students offer many complaints about the educators like, inferior course planning, weak lecturing skills (e.g., monotonic, too stiff) unapproachability etc. More commonly students complain about;

- Uninspiring or difficult-to-understand teachers. Teachers are not conducive with the students.
- Unclear grading criteria
- Teachers who are unavailable for advising or assistance
- Those teachers who are arrogant and demeaning
- Those teachers who demand too much or assign seemingly irrelevant work.

**Competency Issues in Teaching**

Effectively imparting knowledge to others requires distinct competencies. It requires specific training and specific material to knowledge and skills to students.

These include enthusiasm for and mastery of subject matter, having proficiency in teaching methods, evaluating students appropriately and impartially, and interacting professionally with students in and outside of the classroom. Therefore, having expert knowledge of a subject is not enough, rather being enthusiastic, passionate and empathetic are the qualities leave an impact on student's learning. Few competency issues are; **a) Teaching Skills and Course Preparation**

Keeping current in one's field is an ethical mandate for effectively educating students. Teacher's knowledge of theory and practice should be updated with the evolving trends in the subject. For example, quick advancements in the course of psychopathology can be seen i.e. a shift from DSM IV (Diagnostic and Statistical Manual of Mental Disorders) to DSM IV-TR and then DSM 5. The manual is changing constantly because of evolving trends in the symptomatology of various disease.

Options to update knowledge & skills include taking courses, self-directed reading, mentoring, and attending professional meetings and teaching conferences. **b) Infusing Diversity Content**

Courses attracting future mental health professionals require educators to possess, teach, and practice cultural competency and a command of diversity issues. As the world has turned into global village and there are individuals with different cultural backgrounds in an educational institute. Infusion of diversity occurs mainly in the planning of course topics and designing of course activities and assessment criteria.

**c) Teaching Courses without Formal Training**

Sometimes, by choice instructors seek proficiency to teach in areas for which they have received no or little formal training. For example, teaching the course of Data analysis without prior formal training is very challenging task for a teacher.

Often enough, instructors may find themselves assigned several unrelated courses, including those for which they possess only the rudiments/ limited knowledge. **d) Impaired Instructors**

Mental health professionals who teach can themselves be impaired, ranging from mild to debilitating. Thus students recognize the profile of their teachers very early and respond accordingly.

**e) Assessment and Coaching**

The balanced assessment and feedback to improve student learning is an essential element. Applying the formative and summative assessment strategies could be helpful along with clear, timely and observable feedback for student and families.

### **Evaluating Student Performance**

As part of an assessment, teachers provide students with descriptive feedback that guides their efforts towards improvement.

Evaluation refers to the process of judging quality of student work on the basis of established criteria (which is usually predetermined and specific to every institute) and assigning a value to represent that quality.

Most professional ethics codes contain a message for individuals to do no harm to those with whom they work. Educators are in an unenviable position in that, at times, they have a duty to inflict what will be perceived as harmful. Students feel distress when issued a failing (or unwanted) grade, experience a highly critical supervisory evaluation is entered into the record, or they are terminated from a program. Therefore, in an educational institute it is important for teachers to maintain a decorum and be professional while analyzing student's performance.

### **Important Issues in Assessment**

In order to ensure that assessment and evaluation are valid and reliable, and that they lead to the improvement of student learning, teachers must use assessment and evaluation strategies which:

- Address both what students learn and how well they learn.
- Are based both on the categories of knowledge and skills and on the achievement chart descriptions given in Ministry.
- Are varied in nature, administered over a period of time, and designed to provide opportunities for students to demonstrate the full range of their learning.
- Are appropriate for the learning activities used, the purposes of instruction, and the needs and experiences of the students.
- Are communicated clearly to students and parents at the beginning of the course and at other appropriate points throughout the course. For example if a course is Practicum based, then its requirements are different from other theoretical subjects. These different requirements must be communicated to students beforehand.
- Ensure that each student is given clear directions for the improvement.
- Promote students' ability to assess their own learning and to set specific goals for themselves.
- Are fair and transparent to all the students.



**Respect for Student Privacy**

The rules and requirements regarding the confidentiality in academic settings are not same as duty owed to psychotherapy clients. Whereas student academic records are protected by law what is revealed in the classroom and informally among faculty and the students is not uniformly explained by law. Nevertheless, the ethical considerations apply, and the careless disclosures that violate a reasonable right to privacy can cause students harm. For example if a student is openly declared as fail, it can cause a lot of distress for the student and very serious consequences can be seen out of it.

There are few important points, mentioned below, that should be considered by the instructors to protect the privacy of their students.

**1. Don't share students' faces or names without explicit, parental consent.**

Unless you've made some arrangement with parents and students, always make sure that students' faces and names are obscured.

**2. Don't make any grades, assessments, or any other part of a student's educational record public.**

This is a core part of FERPA (Family Educational Rights and Privacy Act) and casts a wide net. If in doubt about something that might count, don't share. Pay particular attention to how you reply to publicly posted student work.

**3. Don't use students' names when naming files.**

It's not just what's inside the picture or artifact you share but also how that file is titled or contextualized that could disclose students' information. For example, it is unethical to name file as "File of students scoring F grade".

**4. Do be mindful of how you commercialize your classroom.**

Social media can be a great way to offer feedback to developers of educational products.

But teachers should consider how posts about products that include students can make them nonconsensual spokespeople. For example, a teacher has uploaded an activity of their students on social media for encouraging students, but due to public comments the students end up getting more distressed and disappointed.

**Academic Advisement**

Academic advisement is a relationship between advisor and student to support the student's educational and career success. Academic advisor provides guidance on academic policies and regulations, decision making regarding course selection and refer to resources available on campus

offering academic and personal support. The key to successful academic advisement depends on the ability of the adviser and of the advisee to enter into a relationship which; □ Addresses specific components of academic advising.

- Recognizes the nature of the academic advising process. An advisor needs to understand that he is playing a very important role of guiding students and thus keep him/herself relevant to the specific education related matters.
- Stresses that both the adviser and advisee carry responsibilities in the advising process.

The roles performed by the academic advisor are given below:

**Take Ownership of Your Role**

An academic advisor should be well versed in his field. As the ultimate responsibility for making choices about students' educational plans and goals rests with them, advisor should act as their partner in college journey. For example, an advisor should guide the students on their educational plans and career goals keeping in view their abilities, interests and potential. A good advisor recognize that they have power to intervene, refer and advocate for their students and take an active role in their students' academic lives.

**Short-Range Program Planning**

Short range program planning includes advice and consultation on scheduling sequences and course planning, registration and schedule adjustments.

**Long-Range Planning**

Long range program planning includes advice and consultation about educational & professional objectives consistent with the student's demonstrated academic abilities and interests.

**Know When and Where to Refer:**

For good academic advisors, it's important to acknowledge their own limits and create the partnerships across. They must be aware of campus and community resources that support student success and should be able to make them effective referrals.

**Lesson 34****Ethical Challenges in Work Settings****Challenging Work Settings**

A wide range of work settings that have traditionally employed the mental health professionals usually adheres to common ethical values that cut across the professions.

Increasingly, however, mental health practitioners and behavioral scientists have found interesting employment opportunities in nontraditional work settings. As the psychology subject is evolving, the need of a psychologist is being felt in each field/discipline. For example there are several fields which are not exclusively relevant to psychology, but we see a need of Psychology there. The disciplines such as Law, industry, Police and many require a psychologist for functions such as hiring, mentoring and assessment of personnel.

Ethical pressures or challenges within such workplaces may trigger reactions, leading from subtle erosion of professional values to overwhelming emotional distress. Some settings seem especially likely to evoke ethical dilemma. Thus the right or best outcome for one person may be the worst outcome for another. For Example, a psychologist evaluates children's reactions to prototypes of video games for a large computer media company that hopes to sell many copies to young by using graphic violence, and addictive game play strategies.

He/she may be criticized by public for infusing bad habit in children during the evaluation process, instead of stopping them from it.

Let's take another example of a school setting. If a teacher announces that the student who will attempt this assigned task (quiz or assignment) in the best way will be announced as a top rated student of this class. This announcement of teacher may be a positive message for intelligent and hardworking student but at the same time distressing for low achievers. A low scorer might think that he will never be a top rated student of a class because there are many bright students already present in this class.

In categorizing the sorts of difficulties linked to specialized work settings, consider three distinct areas of focus:

- The special skills or the competencies (including ethical sensitivities) professionals should have to work in such settings.
- The nature and demands of the agency, organization, or special context within which the professional renders services. They need to be very careful about how and what services they are providing. They need to justify the reasons of accepting certain work assignments from clients.

- How the ethical issues relate to the particular nature of the clients and their problems. The settings in which the psychologists are working, they need to follow some ethical guidelines

### **Ethical Challenges in Work Settings**

#### **Government Employment**

The government employs mental health professionals on many levels and in all branches. These individuals serve at the municipal, state, and federal levels and have roles in the legislative, judicial, and the executive branches (Psychologists are working in Child Beareu, Judiciary, forensic settings, air lines, social work settings).

Working for government involves upholding an important degree of public trust while potentially falling under high levels of political pressure. Functioning as a public servant behavioral scientist/clinician can provide both rewards and frustrations, especially at the level of integrating professional judgment with policy making. For example, in cases of death sentences psychologists are frequently being taken on board. This is a very challenging role for a psychologist a psychologist has to consider the positive and negative consequences of death sentence. Similarly dealing with rape victims is also challenging for a mental health professional. Similar is the case while making certain laws for the state such as laws of rape victims. Being a psychologist, he/she has to analyze what kind of conditions (from victim point of view) can be added in the law. Thus sometimes it turns out to be a frustrating environment while other times it may be rewarding.

**For Example,** A municipal govt. hired Mr. Sad, to explore question if racist attitudes among certain officials influence hiring practices. The analysis confirmed presence of active racial discrimination. The officials ordered him to keep these findings confidential, and after several months had done nothing to alter the illegal personnel practices. The company kept the results confidential and decided not to public the findings because the company has its own stakes. In these cases a psychologist cannot disclose the results on his own keeping in view the ethical code of conduct.

When a mental health professional works for a government agency, it is no less important to explore these issues. Understanding the importance of these issues help to assess the degrees of freedom and ethical comfort one may expect to enjoy in the job. This case illustrates importance of the issue that a consultant must assume the burden of articulating the nature and expectations of his or her professional role in a responsible manner.

#### **Ethical Issues in Armed Services**

There are variety of roles that behavioral scientists trained in mental health perform for the military in the nonclinical realm. It includes both clinical and non-clinical realm. Clinical realm includes the roles and responsibilities of a psychologist in times of wars. Non-clinical role includes the recruitment of personnel in army. These may include;

- **Training:** It includes skill acquisition, leadership development, teaching, and effectiveness enhancement. A new recruiter requires all these skills for his professional grooming.
- **Development of specialized training** e.g., simulators and assessment centers. Simulations such as attack of outside forces and bloodshed are created during the training process of army personnel.
- **Personnel functions** e.g., selection, assessment, classification, and retention of military personnel. Similarly a psychologist carries out tasks like personality profiling and behavioral assessment of personnel.
- **Health-related research:** The research work on health related issues like sleep deprivation, fatigue, and physical fitness is carried by psychologists in order to find out the correlations among these variables. The findings of these researches help army officers in making different rules and regulations for the personnel.
- **Human performance research** e.g., job design, information process, and decision-making studies

Confidentiality issues are a key source of concern in mental health service delivery to military personnel.

### **How to Deal with Confidentiality Issues**

One way to deal with the issue, as noted, is to make certain that clients are informed from the outset of the professional relationship of all limitations placed on their confidentiality. For example military personnel will be informed, before assessment, that their profiles will be shared with the military headquarter. The obligation to provide such information applies in both military and civilian settings.

**Lesson 35****Ethical Issues in Education & Criminal System**

Many important issues of special ethical concern have come to light in educational settings including;

- Informed consent for assessment and intervention
- Privacy and confidentiality
- Competence
- Professional & academic honesty
- One of the most frequent ethical issues that psychologists confront in the schools settings especially is the process of parental consent and involvement. Sometimes it becomes challenge for a school psychologist to take consent of parents for various activities being carried out with their children.
- Different family acts and related state laws give parents access to the relevant records as well as control over whether their child will receive evaluations or special services. For example, a school psychologist assesses some issues with a child (such as stealing or bullying) that might cause criminal tendencies in his later life. But the parents of the child do not willingness for delivering counselling services to their child by a school psychologist. Hence it becomes challenging for a psychologist to convince parents for providing counselling services to their child for any particular problem (based on the psychological assessment of the child by a school psychologist).
- Another important issue observed mostly in public school systems is pressure to control costs to meet the needs of special students. There is a bulk of students in public and private schools and therefore, there is a pressure on school psychologist to complete the assessment of students in a stipulated time. Thus, the psychologists have to compromise on the quality of assessment e.g. detailed assessments cannot be done in very short time frame.
- It also applies to other non-school institutions in which the administrators without credentials in assessment may attempt to limit or modify professional standards as a way to meet the institutional needs. For Example, A psychologist was hired to assess “special needs children” in a school. When the special education budget began to show signs of strain, the superintendent instructed the psychologist to administer shorter evaluations, produce briefer reports, and refrain from recommending additional services or evaluations for the children he assessed.

**How to Deal with these Issues**

Educational institutions with joint clinical and training components should frame the policies that ensure;

- Competent treatment: making brief reports should be avoided. A detailed assessment is usually required for providing relevant counselling services to the needy.
- Adequate supervision and Appropriate privacy
- Careful balancing of trainee and client needs. A psychologist should not solely rely on interns for the assessment results of clients, rather adequate supervision of interns is usually required in order to get accurate results of client's assessment.

### **Ethical Issues in Criminal Justice System**

Mental health practitioners in the correctional settings find themselves using their expertise to perform a wide range of duties including;

- Evaluating & classifying inmates: the inmate classification is carried out on the basis of the crimes they have committed. Afterwards, psychologist evaluates the level of guilt (if any) the criminal may have after committing the crime. Psychologist also play role in deciding the kind of punishment based on the nature of crime committed by the criminal.
- Conducting psychotherapy or crisis intervention
- Participating in the personnel selection process
- Providing the employee assistance services
- Serving as consultants for institutional decisions and policies related to the correctional climate The key ethical issues involve the degree to which a mental health professional's ethical standards and professional role become compromised by any given correctional setting. For example consider the following case;

A psychologist, works at a prison as a correctional counselor. During an individual treatment session, a new inmate reports that an escape attempt involving taking hostages will soon take place. Following this revelation, the client begs, "Please don't tell anyone about this. If the people involved find out I snitched, they'll kill me." A mental health professional facing such a decision might have an obligation to warn certain potential victims. But as a psychologist it is the responsibility of the practitioner to protect the rights and welfare of his client. To deal with such issues;

- A mental health practitioner should clarify their professional & legal obligations with prison authorities relative to their expectations.
- Should clarify limits of their role & nature of their relationship.
- Should never surrender their professional integrity to competing pressure of work site.

**Ethical Issues in Community Agencies**

A community agency, might include a government-funded community mental health center, a nonprofit community-run clinic, a municipal hospital, or some similar service delivery system. These facilities provide critically important community service resources but function in a politically reactive mode by their very nature.

Such agencies often have competing demands placed on them by various interests, and mental health professionals working in these agencies are likewise subject to multiple demands that occasionally conflict. At times, these conflicts become significant ethical issues. For example, a community mental health regulation that required centers to have a wide range of services operational within a limited amount of time if they hoped to obtain continued funding. For example, a community center will deal with the speech problems, general mental health concerns, drug addicts, crisis intervention, and child protection. In such scenarios the working of a psychologists becomes very challenging because psychologists have different expertise and a psychologist competent for dealing with one kind of issue might be unfit for any other kind of problem/issue being brought in the community agency. This will place substantial pressure on the value systems of practitioners working in the community settings.

Sometimes, the mental health professionals at community agencies run into unusual issues as they attempt outreach different work assignments. Few issues reported on an attempt to deliver homebased services especially. The individual long-term psychotherapy is expected to suffer as a service option in the favor of more cost-effective treatment options.



## Lesson 36

Ethical Issues in Business & Medical SettingsEthical Issues in Business & Industry

Behavioral scientists and mental health professionals are often involved as participants in, or consultants to, businesses or industries. Their roles might include;

- **Management consulting, personnel selection:** various multinational companies are now hiring mental health professionals for hiring personnel selection and recruitment. It helps the companies reduce the turnover rate of employees. A psychologist analyzes the employee's profiles including their work commitments, challenges faced in previous jobs, and make a conclusion about their hiring.
- **Organizational research:** the research on several products of organization, its buying behavior, and psychology of consumers etc. is also carried out by industrial/organizational psychologists.
- **Program evaluation:** An Organizational psychologist also evaluates the different programs being launched by the industry. For example, he can assist to marketing managers in designing advertisement of their products that can generate more positive response in the consumers.
- **Training:** Industrial psychologists also play a role of designing and implementing various programs to help advance the skills and expertise of employees. For example, employees are usually trained for e-learning, in-house classes, off-site classroom training and computer based training in different organizations and industries.
- **Consumer psychology:** Mental health experts also study the human buying behavior, their customs and preferences for buying and their inclinations towards specific packaging; advertising and shop and return policies; and dealings with the customers etc.
- **Advertising applications:** Mental health experts also perform the role on advertising of different products. For example, what kind of product features, color scheme and visuals of advertisement are more attractive for consumers.
- **Public relations service:** for example an organizational psychologists analyzes what kind of customer services can make a brand more popular say, after sale services of a brand, its return and exchange policy, and customer dealing etc. these kind of services will enhance consumer's connection with that specific brand.
- **Marketing studies:** analyzing which products should be advertised at what time is also a role played by the organizational psychologist.

The ethical difficulties such professionals face in business settings derive both from,

- The special demands of their particular role: advertising of controversial products such as cigarettes. The advertisement of such products, which are hazardous to health but its selling is also important from business view point, creates ethical dilemma for a psychologists. Here the expertise of an organizational psychologist play great role. From the fact that the ethics of mental health professionals and the ethics of business often seem contradictory. For Example, An industrial psychologist assigned to a job-enrichment program aimed at improving the quality of life, and hence quality of work, among assembly-line workers at a company. After a careful job analysis, many hours of interviews, and considerable effort, he produced a report with many potentially useful suggestions. The management thanked him and shelved the report, which they regarded as “ahead of its time.” Company wanted information and ideas but was not necessarily prepared to act on them.
- Psychologist felt frustrated that his efforts and the potential benefits of his hard work has seemingly been wasted. Although company paid him, and his client, company, seems satisfied. The psychologist may want to violate his duty of confidentiality to client by revealing information to unions. But he has an obligation to respect proprietary rights of his employer as long as it is possible to do so and still maintain standards of ethical practice.

### **Ethical Issues in Medical Settings**

Typically, mental health professionals working in medical settings will be employed under the supervision of physicians (e.g., in departments of psychiatry or pediatrics). Clinical psychologist and health psychologists can both be employed in medical settings.

At other times, they may be administratively organized in a separate department (e.g., medical psychology, social work, or family services).

Successful diagnosis and the treatment of few complicated patients requires a close, collaborative, and collegial relationship that includes good integration of social, psychological, and medical care. For example, a patient has come to hospital with the complaint of ulcer, but history of patient reveals that this disorder is linked with the stress or anxiety of the patient in the patient. Psychologists help the patient identify the source of stress that may be his home, work setting or any other. In this way an integrative and collaborative approach is necessary to be adopted by the health psychologist.

**For Example,** a teenage girl referred to the hospital for the treatment of anorexia nervosa.

The staff working in hospital psychosomatic Unit easily identified family stressors that might account for her emotional problems. At the end of 2 months of treatment, with the collaborative efforts of physicians and psychotherapist, she continued to do well in response to the treatment for her disease.

Many cases of eating disorders come to psychiatry department through referrals rather than direct cases of Anorexia Nervosa and Bulimia Nervosa. The reason is that clients of eating disorders also

experience symptoms of dentistry or stomach issues. After taking in-depth history of client they are usually referred to clinical psychologist or health psychologists.

Mental health practitioners in medical settings also must remain keenly aware of their expertise and its limitations. These include;

- Interdisciplinary collaboration in outpatient settings
- Maintaining competencies: education, experience and practice of a psychologist can enhance his/her competency.

**How to deal with such issues?**

Mental health professionals must understand appropriate role for their services. They must also remain prepared to recognize and uphold appropriate professional standards.

**Lesson 37****Independent Practice**

In many ways, individual and small-group independent practices have become more common than the work of mental health professionals at larger agencies, clinics, or hospitals. Sometimes clients prefer to have one-to-one interaction with the therapist without any liability or without the involvement of other agencies. Here the independent practice of a psychologist becomes very crucial.

The independent practitioner is his or her own boss, but that must be balanced with overhead costs, employee relations (e.g., with a receptionist, answering service, etc.), backup coverage, billing, advertising, and many other chores. Little has been written on the ethical problems faced by the independent practitioner. Although there are a number of the problems that could hinder the efficacy of practice performance of a practitioner. The greatest problem in the ethical sense is probably related to the fact that the independent practitioner must be both a professional and an entrepreneur to survive, roles that are not always congruent. For example if you are involved in independent practice because you want to earn money and at the same time you want to introduce many new avenues in psychotherapy and yet you are alone to manage all these things, then sometimes (due to time constraints and role constraint) it is not possible for one single person to work in all kinds of domains simultaneously. For example some psychologist are introducing laughter therapy for their clients, which is new in the field. So if the psychologist is doing an independent practice then bringing such kind of innovations become more challenging for a single person.

As a solo practitioner, one is basically in charge of;

- Planning and successfully managing the practice
- Documentation and record keeping
- Dealing with third parties
- Protecting confidentiality
- Managing practice finances
- Staff training (if you have any staff)
- Office/employment policies
- Advertising and marketing

**Issues in Independent Practice**

A counsellor may face different problems related to independent practice especially during psychotherapy, managed care, advertising of services, higher risks for inappropriate role blending etc. However, some unique ethical problems also come up from time to time.

The absence of peer collaborators may lead to less-social comparison and guidance of a professional nature. In this way an independent practitioner does not receive any guidance or collaboration from other more senior professionals of his field which in turn may hinder his growth and learning in his profession. In hospital setting, a complicated case is generally discussed among professionals (psychologists) and thus they come up with some better solution in terms of diagnosis and treatment of a client. This situation mostly results in a failure to always think carefully about the manner in which one practices or manages cases. In independent practice if a psychologist has committed some error in diagnosis, there is no one to rectify him.

The independent practitioner who may have an administrative assistant or other employees who require careful supervision generally does not have the luxury of paid vacations or sick days. For Example, A therapist practiced psychotherapy on his own in a private office. An automobile accident disabled him for a period of 3 months. During that time, no coverage was available for any of his clients. Depending on clients' individual needs, this could present a serious ethical oversight.

The independent practitioner is also more susceptible to face the problems associated with handling and management of emotionally troubled clients, for example, the client who does not pay bills or often fails to keep scheduled appointments. Sometimes a young professional (psychologist) starts his new clinic but avoids its advertisement by not displaying any kind of board or label on the door (to avoid tax, or financial cost). This may mislead the clients. For example, a young woman appeared in the office of the therapist, later on she seemed to become increasingly uneasy with the surroundings and the direction of his questions. Finally, she interrupted and made the red-faced confession that she had thought she had made an appointment at a gynecologist's office.

**Lesson 38****Ethics Regarding Scholarly Publications Scholarly Publications**

Honesty and competence are essential to the advancement of knowledge and scholarly publication. Unfortunately, not every scientist conforms to the established rules and values. Violations range from minor to severe, but the scientific record is damaged regardless. Main issues related to the publication issues are the concerns about the rights of research participants, scandals involving reports of plagiarism and scientific misconduct, conflicts of interest among scientists and a reluctance to accept the flaws in claimed expertise. For example, researchers have identified that there is Type I or Type II error in the findings, but because they have already invested a great deal of money in that particular research project, they do not hesitate to publish that erroneous work. Researchers must deal not just with dishonest, incompetent, and irresponsible members of their own ranks, but also with some external forces acting against them.

First, attempts to suppress, misrepresent, or discount scientific findings for political gain have become more prevalent in recent years. During Covid Days, the first article published just 1.5 months after the onset of epidemic, and it was a very brief duration than that of actually required to carry out and publish a research work. Other examples include ignoring evidence of global warming and environmental deterioration.

Furthermore, some research projects could be funded by the govt. agencies, thus allowing those with political agendas but no scientific expertise to intervene with the peer review process. For example if a government want to know the prevalence rate of HIV in certain area, then it does not mean that reporting higher cases of HIV will help in getting funding from the government; rather research should be carried out by following some ethical guidelines and true statistics should be reported.

Finally, well-researched, peer-reviewed facts that contradict reality as we choose it to be rather than as it is may be suppressed or attacked harshly. For example, an article in a journal owned by the APA presenting a meta-analysis of research on the effects of child sexual abuse set off a political firestorm.

**Publication Outlets for Scholarly Work**

Knowledge is shared and advanced through scholarly books and journals and, with increasing frequency, electronically. The primary purpose of scholarly publishing outlets is to disseminate useful discoveries as soon as practicable, sometimes as quickly as a few months following the completion of study. Despite what one might assume it to be a sophisticated and collaborative process, scientific writing and study publication are full of the potential for intense conflict and disputes.

Although publications in scholarly outlets alone carry no direct monetary gain, and online openaccess journals actually charge authors fees to publish their work, there are different other factors that motivates researchers for the publications.

- The main reason for most of the researchers is the desire to progress in their professions.
- Publication credits are often required to gain entrance into graduate school or to land an attractive postdoctoral appointment, to obtain or retain a job, to earn a promotion, or to be awarded grant funding.
- Publications also elevate researchers' status among their peers and may even confer more widespread fame.

**Competition to “get published” can interject unhealthy features into the scientific enterprise.**

- A focus on quantity rather than quality may prompt some researchers to pursue projects that can be completed rapidly rather than tackling more noteworthy undertakings or studying a subject matter in more depth.
- Other criticisms include the tendency for authors to inflate the importance of their work and failing to provide sufficient discussion of study limitations.
- Another major issue regarding publication outlets is increasing number of predatory journals.
- To avoid this situation skeptically examining the publisher's content, practices, and websites, contacting the publisher if necessary, reading statements from the publisher's authors about their experiences with the publisher could be helpful.

**Topic 155: Publishing Case Studies & Narratives**

Many mental health professionals welcome learning from the qualitative analyses of stories, interviews, field studies, case notes, journals, narratives, and other sources of life experiences. Some works explore symptoms, suggest treatments based on successful outcomes, or illustrate and enliven theories. Publishing material based on interactions with clients or others is not intrinsically unethical.

But issues regarding informed consent, confidentiality, & privacy invasion pertain, that should be tackled carefully. Although carefully disguising stories by removing all identifying information often provides a satisfactory solution. Therapists who publish detailed articles about their clients must remember that when writing about a single person or one family, the risk of outing their information remains ever present.

Perhaps in many cases no one other than the clients themselves could identify who the therapists had described. Nevertheless, seeking a current or former client's specific authorization of the actual

content would prove a wiser course of action. Furthermore, even if extremely detailed descriptions, such as essentially a verbatim transcript of therapy notes, appear in disguised contexts, the courts could find in favor of the offended client.

### **Handling Conflicts of Interest**

The changing dynamics of research environment and the collaborations can often give rise to conflicts of interests and commitments/obligations. Therefore, it is important to maintain the transparency in research and publication by both authors and publishers.

Conflicts of interest can arise when an author, researcher, editor, or a peer reviewer has a relationship (personal or financial) that can directly or indirectly affect his/her objectivity in making decisions or influence his/her actions.

Conflicts of interests can arise because of the following:

**Financial relationships:** These can include direct employment, consultancies to a related organization/company, stock options, grants, patents, and paid expert testimony

**Personal relationships:** These can include the different kinds of rivalries and bias.

**Intellectual beliefs:** These can include moral convictions or personal beliefs that can influence the scientific opinions.

**Academic competition:** It can include biased judgments because of the direct or indirect competition with peers or colleagues.

The above mentioned situations are sometimes unavoidable and finding yourself in such a situation itself is not unethical. Therefore, all the stakeholders, including authors, editors, and reviewers must take the following steps to avoid conflict of interest:

- Disclose all interests so that the stakeholders are aware and can take the required steps.
- Monitor research and research results for transparency and integrity.
- Remove the person that could be in question or biased, from important processes such as data interpretation or review process.

### **Managing Research Data**

Data are the most important outputs of a research process. These can be used to accept or reject a hypothesis or frame a new hypothesis. Data management, therefore, is crucial during and even after the research completion. Data management can include the following aspects; **Data ownership:**



It implies ownership of the legal rights to the research data during and after the research project. The important stakeholders include funders, research institutions, principal investigators, and even data sources.

**Data collection:**

It implies consistent and quality-controlled collection of data. Few important aspects include obtaining required authorization, using appropriate methods, and applying attention to details.

**Data storage:**

It implies protection of data from damage, theft or loss. Data storage is important to recheck the findings, to prioritize research activities/tasks and to be reanalyzed by others.

**Data sharing:**

It implies deciding what to share and with whom (general public or other researchers) to share the preliminary data or final results. Data withholding is also an important aspect. Researchers have the responsibility to maintain the integrity of the research data. The group members involved in the handling of the data should maintain privacy and confidentiality of the data while recording on hard-copy or electronic evidence.

Lapses in the management of research data can give rise to many ethical issues discussed earlier. These issues are more prominent in studies involving the human subjects.

**Assigning Authorship**

Allocating authorship allows researchers to assign appropriate credit and acknowledge their contribution to the research. However, assigning authorship is not always that simple as it also implies accountability and responsibility for the published work. Authorship issues can sometimes lead to conflicts and give rise to misconducts.

Many journals now, therefore, request researchers to submit contributor ship statement mentioning the role of each researcher. According to the International Committee of Medical Journal Editors (ICMJE), an author must satisfy these four criteria;

- Making substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work.
- Drafting the work or revising it critically for important intellectual content.
- Giving final approval of the version to be published.
- Agreeing to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Moreover, the author should be able to identify which co-authors are responsible for which part of the work. According to ICMJE, in a large multi-author study, the decision on authorship should be

taken before submitting a manuscript to the journal. Each author of such studies should qualify those four criteria and individually submit conflicts of disclosure forms to the journal editor.

**Issues in Assigning Authorship**

In few conditions, some large multi-author groups can choose a group name to assign authorship. In that case, a group name should be used when making a submission to the journal along with a description of who all qualify as authors in that group. Contributors usually help in the acquisition of funding, supervising research group, providing administrative support, assisting in technical writing, editing, proofreading, etc.

There are few important issues in authorships that should be kept in mind while assigning authorship.

**Guest Authorship:**

The author has not contributed to research or writing but his/her credentials can increase the credibility of the published work.

**Gift Authorship:**

The author may have an association with the research or the manuscript, but does not qualify the four criteria defined by ICMJE.

**Ghost Authorship:**

The author should have been recognized as the author according to the ICMJE guidelines, but is excluded from the list.

The authorship issue also include the changes in order of author's names. For instance, the name of author who was supposed to be third in the list appears fifth. Moreover the disputes arise because of the missing/omitted authors who were part of the study.

## Lesson 39

Research MisconductResearch Misconduct

The research misconduct is defined as the three “cardinal sins” of research conduct e.g., fabrication, falsification, or plagiarism. These are generally observed in designing, conducting, or reviewing research or in reporting the findings of the research. Research misconduct includes the following:

**Falsification** involves misrepresentation of the research by changing data or results or by tampering with equipment, research methods, or materials.

**Fabrication** involves reporting false or made-up data, results, or research outputs.

**Plagiarism** involves presenting others' ideas, works, or words without acknowledging or providing appropriate credit to the original authorship.

But errors that are unintentional or situations that arise because of different opinions, not fall under scientific misconduct/fraud.

Research institutions define policies and guidelines for researchers to maintain scientific integrity while conducting research. These guidelines also provide information on how to report any such cases. Most cases of scientific misconduct involve image or data manipulation. Researchers are often not aware of the nuances between image modification and manipulation. They use image processing tools without having appropriate training in the concepts.

Plagiarism and Unfair Use

Plagiarism, the act of passing the work of someone else off as one's own, and is specifically condemned in most ethics codes. Plagiarism can range from careless paraphrasing (very common) to intentional copying of chunks or even an entire work without citing the original source.

If the copying is extensive or if the original author is economically disadvantaged, legal issues pertain through federal copyright infringement statutes.

Some younger professionals may have become desensitized to the seriousness of plagiarism. Because, as students, they accessed information from the Internet and often passed on material, basically unaltered, as part of their assignments. However, even famous authors and academics who should have known better have been caught copying from previously published works created by someone else. Occasionally, the practice is chronic, as the example is given below:

A Ph.D. Professor Rob Baggit was exposed after a decade of translating articles by Argentinean scholars appearing in Spanish language journals and publishing them in English language journals under his own name. Some might say that what Dr. Baggit did was wrong but it did no real harm

to others. After all, he only duplicated the research record in another language, thus broadening the audience that could understand the information. So his act was eventually beneficial. However, the actual person Dr. Baggit gained employment and won promotions based on his bogus publication record, thus giving him an undeserved advantage over others.

### **Important Issues in Plagiarism**

Obvious instances of plagiarism, in which large amounts of material were copied verbatim, are easy for ethics boards to adjudicate because the evidence usually exists in tangible form. Interestingly, the most common source of uncovering major acts of plagiarism is neither by the public nor by other seasoned scholars, but by students conducting literature reviews for their own research papers or theses. Violation of “fair use” standards is related to plagiarism but is more likely to occur unintentionally. Scholarly writings are usually allowed to quote short sections of properly cited works by others without explicit permission from the author or owner of the copyright.

### **Redundant Publication**

A common practice known as redundant publication involves submitting same (or only slightly altered) papers previously presented in significant outlets without the editors’ or publishers’ informed permission. In addition to the copyright infringement, this practice waste peer reviewers’ time, take up journal space & mislead readers.

### **Salami (sometimes bologna) publication**

Another practice is referred to as Salami (sometimes bologna) publication, whereby the author slices a single research study into smaller, seemingly independent, articles. The motivation is typically to increase the number of one’s publications. In this condition the ethical issues apply because the perception of the value of the findings may be distorted, and editors’ and reviewers’ time and resources are wasted when a single article would have done the job.

### **Avoiding Plagiarism**

When drafting the manuscript, authors refer to the published or unpublished work to draw upon ideas or to support their statements. However, researchers often end up in plagiarism trap intentionally or accidentally. Plagiarism is a serious misconduct and professional infarction. Therefore, it is important to give appropriate credit to the author or the source.

The severity and extent of plagiarism can vary and can fall under the following categories.

- **Complete plagiarism/ intellectual theft:** Submit work under one's name when somebody else has created it.
- **Source-based plagiarism:** Reference a source that is incorrect or does not exist i.e. a misleading citation.

- It may also occur when the author cites only the primary source without citing the secondary source from where information was obtained.
- **Verbatim plagiarism:** Copy word-to-word from the original work without quoting and citing it.
- **Self-plagiarism:** Reusing the significant portions of own previously published work without attribution.
- **Paraphrasing plagiarism:** Use someone else's writing with some minor changes in the sentences (using synonyms) and using it as one's own.
- **Mosaic/patchwork plagiarism:** Interlaying someone else's phrases or text within own work.

### **Data Manipulation**

Data manipulation is the process in which scientific data is;

- Forged
- Presented in an unprofessional way or
- Changed with disregard to the rules of the academic world.

### **Why researchers manipulate data?**

- To avoid further experiments to solve data inaccuracies or make the data collection process easy.
- Researchers may forge the data, change some parameters without any experiment or further validation and present it in an unprofessional way.
- Data manipulation may result in distorted perception of a subject which may lead to false theories being build and tested.
- An experiment based on data that has been manipulated is risky and unpredictable.

### **Disadvantages of Data Manipulation**

Taking a close look to the issue, disadvantages of data manipulation can be divided into two parts;

- a) Disadvantages for the Author/Researcher
- b) Disadvantages for the community

#### **a) Disadvantages for the Author/Researcher**

- Presenting questionable data/results can lead towards losing reputation and trust in the field of research.

- Putting him/herself into the risk of getting banned by scientific research organization.
- Providing results that later will be proved wrong or dangerous that can result to being arrested, jailed or punished in another way like getting banned etc.
- Defaming and humility among rivals, colleagues and community

**b) Disadvantages for the community**

- Taking into consideration that in our communities (people, government, companies...) listen to the experts like researchers, so giving them wrong results, concepts, thoughts and advice can be extremely dangerous and misleading.
- Wrong concepts and results can either cause waste of time and resources or can even threat people's life.
- Data manipulation can prevent the growth of a community/country, results based on false data can lead towards failure in real life practices.

**Image Manipulation**

Image manipulation in the research has become an emerging type of research misconduct, with nearly 4% of papers exhibiting some type of suspicious image alteration. While modifying images may be for better presentation purposes in research papers, but still the researchers should be careful. Image manipulation is broadly considered under three categories; acceptable, inappropriate, or fraudulent.

**Acceptable:** Simply seeks to format a picture for publication requirements

**Inappropriate:** Does not modify how an image would be interpreted (i.e., the results are not changed by manipulation)

- Removes background noise or other information
- Modifying contrast to obscure background noise
- Splicing different microscope fields together

**Fraudulent:** Image is modified and affects interpretation of results;

- Removing a band from a negative control lane

Importantly, scientists must be mindful of the type of image manipulation they are doing to ensure that it does not purposefully or accidentally mislead their readers. Keeping a copy of the unaltered image is also the strongest protection against accusations of misconduct. The original, unprocessed image data file is the standard to which the final processed image can be compared. The investigator must be able to compare the original image to a manuscript figure before submitting it for publication, to ensure that important scientific information has not inadvertently been processed out.

## **Research Reproducibility**

Reproducibility in research is important to validate findings.

### **What is reproducibility?**

Reproducibility is defined as when a researcher is able to duplicate the same phenomenon even when experimental conditions are varied, whereas **replicability** is defined as when a researcher is able to obtain same results when the experiment is conducted under same experimental conditions. Although reproducibility is promoted in science, researchers are not keen to replicate or read published results. Moreover, the published research work is expected to be reproducible but it's rarely tested on those grounds later.

In order to make the research work reproducible the researcher should;

- Write detailed experimental protocols that are easy to understand/implement.
- Share the research outputs in an open access repository to make them accessible.
- Perform experiments with variations to increase the robustness of your findings.
- Refrain from data fabrication or manipulation.

However, it is important to note that reproducible research is not always correct.

For example, there are many instances as follows;

- False positives in published research.
- Bad quality of data and data analysis.
- Poor study design.
- Missed confounding variables.
- Omitted data points.

### **Cultural & Demographic Issues in Research**

Social & behavioral researchers often study those who differ in some substantial way from themselves, such as in; age, race, religion, sex, physical or mental status, sexual orientation, social & economic status, and any number of cultural variables. Researchers being unaware of the study group's characteristics and customs, or having biases or stereotypical attitudes, are more likely to conduct poorly designed studies. These studies may lead to results that are not only incorrect or misleading, but also cause social harm to the population under study. For example, if you intend to collect data from transgender population, the more appropriate way is to approach the transgenders in their communities rather than on streets (as most of the transgenders you see in streets are beggars, and thus the sample may become biased). Furthermore, when comparing one group to another, as in much cross-cultural research, the assumption that the data are equivalent is not always valid. So the use of any measure, such as a personality test or an interview schedule, may be systematically biased in cross-cultural research. The data collection instrument valid for one population/culture is not necessarily valid for the other culture also. This is the reason that most of the psychological tests being used in Pakistan now-a-days are considered as culturally inappropriate; and the development of indigenous tests is encouraged.

Despite the numerous ethical issues, multicultural research is important. Especially, when it comes to understanding mental health needs of the racial and ethnic minority groups and the availability of services to them. Experimental methodology (tests & assessments) may simply be inappropriate for some groups or cultures, producing results that are misleading and even harmful. For Example, in a study to explore differences in delinquent behavior between Euro American & Black American teenage boys in poor urban neighborhoods, using arrest record as a measure of delinquency. In this same neighborhood, local activists were documenting biased arrest patterns, mostly targeting young Black American men hanging out on street corners. The police mostly ignored young men of Euro Americans heritage engaging in similar behavior. The results of this study will appear to support a hypothesis that, within similar types of neighborhoods, young Black Americans have significantly higher delinquency rates than White Americans. Unless researcher understands the way of life and police profiling in that community, he/she will miss the flaw in his design. Therefore, while publishing a research study it is important to focus on its research design and implementation, so that the results may not impact the minority population of that an area.

### **Ethical Issues in Vulnerable Populations**

Research ethics standards apply best to samples composed of competent adults with welldeveloped senses of autonomy, thus allowing them to make fully informed decisions on their own behalf. The



researcher's role is to approach these people in good faith and, if they agree to participate, cause them no harm. However, these may be the most difficult type of participant to procure because they are rarely readily available and willing. Advantaged adults, with the exception of college students, organizational employees, and respondents to opinion polls and surveys rarely become participants in social and behavioral research. Many of the research populations that mental health experts are interested in are constrained or vulnerable in ways that prevent them from exercising full self-determination. These populations include children, the institutionalized, and those at high risk for some possibly preventable outcome. For example, **The Monster Study**, which tested hypothesis that stuttering is caused by psychological pressure, subjected orphan children to relentless belittling for a period of 6 months to induce speech imperfections. Over 70 years later, some of the unwitting volunteers sued state of Iowa, claiming lifelong suffering and emotional consequences.

U.S. federal regulations (DHHS, 2005) specify populations that require special attention considerations because of their vulnerabilities. These include children, prisoners, pregnant women, mentally disabled persons, and economically or educationally disadvantaged persons. Some noninstitutionalized study populations pose additional vulnerabilities because of their mental or emotional condition, such as chronic depression. We must be very careful while collecting data from such vulnerable population, as more trauma related questioning can aggravate their symptoms. Others are vulnerable because of physical illness.

### **Balancing Benefits & Risks**

The incidents of obvious disregard for the welfare of participants have led to closer inspection of potential risks before allowing a research project to go forward. A terrible example involves the government-sponsored **Tuskegee study**, in which poor, black, syphilitic men in Alabama were left largely untreated for the purpose of understanding how this ravaging disease progresses. As many as 400 men may have lingered and died from a curable disease. Other high-profile cases involve medical research at prestigious institutions where experts' own assessment of risks or information provided to potential participants was ultimately deemed insufficient, resulting in deaths or major impairments of volunteers.

**Calculating a risk/benefit ratio is a crucial, although often tricky.**

In general, if the project is considered substantial and vital, the amount of acceptable risk can be higher. Especially if the participants themselves might benefit from some type of intervention.

### **Risk & Benefits Assessment**

If risks are known to be low and considerable benefit may result, research will likely be approved. But when known risks are high and the likelihood of benefits are low or unknown, the research will not likely receive approval, except perhaps when individuals are in irreversible states and there are no other ways to help them. As one gets closer to the middle, moderate risk and moderate

potential for benefit, the decision becomes more complex, and the requirement for consent forms that participants understand becomes more critical.

### **Assessing Risks**

Risk assessment is defined as the probability that unwanted harms will occur as a result of participating in a given study.

Risks are evaluated according to what those harms could be and to whom, how serious they might be, and whether they could be reversed. In order to control the incidents of disrespect or any kind of harm, for the welfare of the participants, a critical examination of potential risks before permitting a study project to proceed is very critical. The designated six types of potential risks in research with human participants are:

- Physical
- Psychological
- Social
- Economic
- Legal
- Dignitary

In reality, and thankfully, potential risks in social and behavioral research are often nonexistent or trivial. However, the types of risks involved in social and behavioral researches include:

**Minor risks:** It includes boredom, inconvenience, performance anxiety, a perception that one's time was wasted, and confusion regarding how to interpret the experimenters' directions

**Serious risks:** It includes the invasion of privacy, breach of confidentiality, lingering stress and discomfort, lowering of self-esteem, upset reactions to being deceived or debriefed, embarrassment, and collective risks by which potential social consequences exist directly for participants or individuals represented in study.

A complicating problem relative to risk assessment is that many planned techniques or study approaches have not been previously studied. Thus, the degree of risk may simply be unknown. So, whereas risk minimization should always be contemplated from the onset, prediction of risks is often difficult because of the seemingly infinite variety of ways people respond to psychological stimuli and phenomena.

### **Assessing Benefits**

Potential benefits being obtained by research participation are often impossible to estimate accurately. By definition, an experimental procedure is conducted to provide answers to heretofore-unanswered questions. So, if a procedure were already known to afford benefit, there

would be no need to study it further. In social and behavioral research, benefit may often exist primarily in the eye of the researcher. For Example, a researcher may study ways to enhance children's assertiveness, figuring that early training will teach young people coping skills that will serve them well, increase independence, decrease vulnerability to manipulation, and elevate self-efficacy.

A critic might argue that assertive children would be perceived by adults as bratty, selfish, demanding, and disrespectful. Therefore, some may say that to encourage youngsters to be assertive, given traditional expectations for appropriate child behavior, would actually put them at risk in their homes and in traditional school systems.

The benefit test has also been debated regarding who or what benefits. Some argued that the test should be applied strictly to the research participants themselves, especially if a service project is exploratory and the participants are vulnerable in some way. So, some of the benefit could fairly be expected to flow to the persons as a result of their participation in the research.

**Lesson 41****Research outside Traditional Settings**

Most of the issues discussed earlier apply to research conducted inside the walls of academic institutions, hospitals, community agencies, or other facilities where participants come to the researchers. However, data of significant interest to mental health professionals are sometimes collected in schools, public places and even private homes. In these instances, some ethical requirements for structured settings do not translate well to these venues, and new ethical dilemmas could be faced. Participants in field research may not always be aware that they are being observed, thus limiting the need for an advance voluntary and informed permission contract. For example, sometimes, the participants are being simply observed in naturalistic settings (e.g., a park) without any experimental manipulation.

At other times, the participants are deceived, and their reactions are observed (e.g., a confederate of the experimenter poses as an obnoxious store customer or a sick person on the sidewalk, while another confederate records observer's reaction). However, debriefing is required to be done afterwards in such cases. Confidentiality & privacy problems are minimum in situations when naturalistic observations of public behavior are made in such a way that identifying information cannot be linked to people observed. However, while using technologies that allow visual or audio recordings of people's behavior, it is necessary to disguise or remove the possibility of recognition.

**Research & Multiple-Role Relationships****Dependent relationships are characterized by;**

A disparity in power and status between the researcher and research participant that compromises the ability of the participant to provide free consent to participate or withdraw from a project they are already participating in. for example, if a university professor wants to conduct a research study and he asks his students to complete this research project as an assignment task. In such situations the students have to participate in the research project even without their consent. Multiple ethical obligations arise when the research participants are also current or previous clients of the researcher. However, their participation could jeopardize the therapeutic services being rendered. Problems typically arise when participants (e.g. student or client) feel obliged to participate (or not withdraw), or are likely to have a reasonable belief that they might experience dis-benefit, even if relatively minor, by declining to participate or by withdrawing.

Dependent relationships can be particularly impactful when working with vulnerable groups. Researchers should ensure that appropriate consents are obtained from any gatekeepers to participants, for example, school principals, parents or legal guardians. Dependent relationships can be particularly impactful when working with vulnerable groups.

However, to avoid further ethical problems, the current and previous clients should not be included into research unless needed benefits are likely and not otherwise available. Even here, care should be taken to present a sincere opportunity to decline the participation in research. Special safeguards, such as a participant advocate, should be introduced when the power differential between the researcher and potential participants is especially large. This will help the participants ensure that withdrawing from the research project will cause him no harm, as the legal help is readily available to him in the hours of need.

### **Making Ethical Decisions & Taking Action**

When colleagues, supervisees, or students have (or are about to) engaged in a questionable act that could cause harm or lower public trust, mental health professionals have a proactive role to play. In such situations turning away the intervening because it might prove stressful is understandable. Therapists working with diverse clients whose values conflict with those in Western civilizations require specialized knowledge. Knapp and VandeCreek (2007) proposed a “**Soft Universalistic**” approach whereby it is recognized that most cultures share the same basic values, but they may not be expressed in the same way. The Soft Universalism is that we have to see the moral and ethical values of all the things which are being practiced by that specific culture, religion or society and we have to ignore all other specific parts which can be seen in terms of practice.

Therapists need to assess this wider perspective by focusing on principle ethics (e.g., respect and compassion) rather than specific actions. Therapists should not only try to become more proficient culturally but also to make the effort to reflect on the impact of their own beliefs & practices when dealing with culturally diverse clients. For example, a big challenge for North American therapists involves working with the immigrants from countries who do not place a high value on personal autonomy (Afghanis lets suppose). Knowing, understanding, and creating sensitivity to worldviews different from one's own is a critical step toward making sound decisions about therapy directions. We cannot be judgmental or biased about the client, rather we should deal him by using ethically embedded principles of therapy and counselling.

### **Self-Deception**

Self-deception is seeing the world the way we wish it to be rather than the way it is. When people have a self-deception, they use their hopes, needs, desires, theory, ideology, prejudices, expectations, memories, and other psychological elements to construct the way they see the world. Violation of “fair use” standards is related to plagiarism but is more likely to occur unintentionally.

Scholarly writings are usually allowed to quote short sections of properly cited works by others without explicit permission from the author or owner of the copyright. Furthermore, as humans sample information from their environment they tend to sample more heavily the positive rather than the negative elements and the elements that are consistent with their ideology, theory, or

religion rather than the elements that are inconsistent. Self-deceptions are usually individual, but when they are widely shared in a culture they are cultural. For example, humans in most cultures believed that supernatural beings & spirits make world work. However, after a lot of research some humans began to believe that the way world works can be explained by natural factors.

**Lesson 42****Red Flags**

Throughout all contexts, the term “Red Flag” signifies a reason to stop. Red flags are the potential patterns, practices or specific activities indicating the possibility of danger or any harm. Warning signs often went unheeded due to rationalizations, high stress, incompetence in a given situation, or carelessness. So, processing of the critical information without full awareness, makes people prone to act according to influences they do not fully perceive.

Not every warning sign is in itself an ethical violation, nor does their existence automatically lead to poor decisions with regrettable results. But, once a matter signaling potential risk becomes apparent, careful consideration and any necessary accommodations in the next step are imperative. Some important issues in the therapeutic relationship and associated red flags could be the following;

**Desire for a different relationship from client/therapist**

It includes disclosing irrelevant details about your own life to a client or thinking often about a client outside of sessions.

**Concerns about Personal Ambition and Financial Gain**

It is an unethical practice to viewing a certain client as being in a position to advance your own career or fulfill one of your extraneous needs. Similarly, accepting clients while aware that your training and experience are likely insufficient to provide competent treatment is also not recommended. Moreover, failing to refer clients when it becomes clear that they are not benefiting from your treatment; or asking a client for a favor or a loan is also discouraged in a therapeutic relationship.

**Red Flags in Therapeutic Relationship****Needs to Enhance One’s Own Self-Esteem**

Relying on a client’s presence or praise to elevate how you feel about yourself, or believing that you are the only therapist who can help a particular client is a red flag. Similarly, indulging in rescue fantasies for the client is also considered unethical in a therapeutic relationship.

A therapist should not make the client dependent on him/her for life long period, as therapist can only act as torch bearer for the client but not a savior. Furthermore, feeling entitled to all of the credit when a client improves, especially if a marked achievement is attained while under your care is also unethical.

**Expecting the Client to Fulfill Your Personal or Social Needs**

Anticipating that a client will offer favors or his or her services (for example getting you a better deal from his or her furniture store or mortgage company) is highly discouraged in a therapeutic relationship. Likewise, viewing one or more clients as among the central people in your life is also a red flag because this can enhance the chances of transference or counter transference.

**Fear of Being Rejected or Client Terminating Therapy for Financial or Other Reasons**

Encouraging a client's dependence on you or experiencing a feeling of dread on sensing that a client may decide to quit therapy is an unethical practice. Resisting process of terminating a client despite clinical indicators that termination is appropriate. It means that you as a therapist are discouraging the client's autonomy. Frequently allowing therapy sessions to go over allotted time is also very damaging for the therapeutic relationship.

**Negative Feelings toward a Client**

Feel bitter about a noncompliant client; feeling anxious about a certain client's appointment; or feeling put-off by a client for strongly resembling someone else you detest or fear are also red flags and should be avoided.

**General Red Flags**

- Allowing a problematic relationship with a colleague to fester and accelerate.
- Being ignorant or misinformed with regard to the ethical expectations and standards of your profession or resources in your community in case of an emergency.
- Feeling uncomfortable discussing looming "red flags" that pertain to you with a trusted colleague for fear of being negatively judged.



## Lesson 43

**Making Role-Blending Decisions**

It is believed that the role blending is responsible for a significant part of therapists' most ineffective or careless decisions or actions. Roles conflict arise when expectations in one role involve actions or behaviors that are incompatible with another role. Three guidelines could be used to assess the amount of damage created by role blending. These include:

**First**, as the expectations of professionals and those they serve become more incompatible, the potential for harm increases.

**Second**, as obligations associated with the roles become divergent, the risks of loss of objectivity and divided loyalties rise.

**Third**, when the power and prestige of the therapist exceeds that of the client, the possibility for exploitation is heightened.

The goal of an ethical decision is not to avoid any and all violations of boundaries, because this is impossible. Instead, the goal is to stay on the safer end of the spectrum, where the misuse and exploitation of the therapist's power is kept to a minimum.

**Making Decisions When There is Lead Time**

Lead time is the amount of time that passes from the start of a process until its conclusion. It is claimed that decisions made on the spur of the moment, intuitively, or instinctively, are preferable as compared to those made after rigorous consideration. However, other research confirmed that complex, difficult decisions deserve active planning, whereas the “trust-your-gut” approach is not only ill advised but possibly even dangerous. When ethical dilemmas arise and a decision must be taken, the best potential outcome is significantly more likely if few other factors are also present, including;

- Sufficient time to collect all important information needed to explore options, consultation, intervention, and follow-up
- An opportunity to involve all relevant parties
- Operating under low stress and a mindset that maximizes objectivity
- Maintaining a continuous evaluation that enables for mid-course modifications or other changes to satisfactorily resolve the dilemma

All mental health professionals should internalize a decision-making strategy to assist in coping with every ethical matter as it arises.

**Suggested Decision-Making Strategy**

According to Rest (1982), executing and implementing a plan of action involves few important factors;

- Figuring out the sequence of concrete actions
- Working around impediments and unexpected difficulties
- Overcoming fatigue & frustration
- Keeping sight of eventual goals
- Resisting the distractions and other allurements

One should undertake decision making deliberately, the actual process can range from a minute to days or weeks. Sometimes the decision making may only take seconds because the situation and corresponding ethical responsibility are unambiguous. Others can be complex due to the number of individual's involved, ambiguous issues, a need to clarify loyalties and confidentiality requirements, and so on. Some suggested strategies for making ethical decision include;

**1. Determine whether the matter truly involves ethics**

First, the situation must involve an ethical issue. Distinction between poor professional etiquette and unethical behavior may become clouded, especially if one feels emotionally involved or under attack.

**2. Consult guidelines already available that might apply as a possible mechanism for resolution**

Consult guidelines already available that might apply as a possible mechanism for resolution, e.g., research evidence (including case studies that may apply to the particular situation).

**Ethical Decision Making in Crisis****Further Decision Making Strategies****3. Pause to consider, as best as possible, all factors that might influence the decision you will make**

Assess the situational factors that will have an impact on your decision. These might include seriousness of the alleged offence, whether others know about it, and who may be harmed.

**4. Consult with a trusted colleague**

Because ethical decision making involves a complicated process influenced by our own perceptions and values. We can usually benefit from seeking input from others, especially those who are expert in their field.

**5. Evaluate the rights, responsibilities, and vulnerabilities of all affected parties**

All too frequently a flawed decision results from failing to take into account a stakeholder's right to confidentiality, informed consent, or evaluative feedback.

**6. Generate alternative decisions**

This process should take place without focusing on the feasibility of each option and may even include alternatives otherwise considered too risky, too expensive, or even inappropriate. The alternative of not making a decision at this time and the decision to do nothing at all should also be considered.

**7. Enumerate the consequences of making each decision**

Whenever it is relevant, attempt to identify potential consequences of a decision. These include psychological and social costs, short-term & long-term effects, any resource limitations, risks, including the violation of individual rights, and any benefits.

**8. Make the decision.**

If previous phases are completed conscientiously, a full informational display should now be available to make a decision.

**9. Implement the decision**

This becomes the most critical step, even when the decision and course of action seem perfectly clear.

**Ethical Decision Making in Crisis**

With no time to prepare a carefully reasoned decision using the previously mentioned procedures, the therapists may rightly feel anxious and become prone to react less than satisfactorily. It is even possible that the anxiety may encourage decisions that are self-serving, protective, or even unethical. Behavioral emergencies & crises are often thought interchangeable, and yet distinguishing the two may have relevance for how decisions are made.

**Behavioral Emergency**

A behavioral emergency requires an immediate response and intervention to avoid possible harm e.g., suicidal or violent behavior or interpersonal victimization. The client's status must first be evaluated, followed by an intervention to reduce the risk of harm. Interventions can range from the simple, such as nonjudgmental listening, to ordering inpatient hospitalization. Finally, a plan must be created for what should be done next.

**Crises**

Crises, on the other hand should be reserved for an external event that causes a loss of psychological equilibrium, leading to an individual's difficulty with coping. These may be more commonplace events causing anxiety or stress, such as loss of a job, trauma etc. In these types of crisis, individual may reach out for, or at least welcome the assistance. When making judgments & acting in emergency or crisis situations, mental health caregivers are among professions most sensitive to ethical/regulatory obligations. These conditions pertain when therapists are concerned about a client's condition (especially if information is incomplete), when situation is emotionally charged, course of action is unclear, etc. Regardless of the nature of the actual or impending emergency, therapists are in the difficult position of having to make a number of delicate decisions at a time they, themselves, may feel anxious or stressed.

**Clients at Risk for Emergencies & Crises**

Some clients wait until their situation reaches urgent proportions before consulting a mental health professional. In such instances, therapists may have to make critical judgments with potentially significant consequences about people with whom they have not yet formed a professional relationship or gathered sufficient information. The careful therapist can obviously listen with an empathetic diagnostic ear but cannot rush to judgment. Assessing and responding to a client who may pose a risk of suicide carries a heavy and stress-provoking responsibility. Becoming well versed in the clues should be an essential part of all psychotherapists' training. These include a verbal statement of intent, suicidal ideation, a history of past attempts, a precipitating event, deterioration in social or vocational functioning, a plan of action, and expressed feelings of hopelessness and despair. An important step therapists should take in such cases involves carefully documenting concerns and decisions when working with potentially suicidal clients. Such records

will prove critical to a later defense should a therapist be sued, and the quality of such documentation may determine whether a defense attorney

Clients with certain diagnoses, such as borderline personality disorder, seem exceptionally prone to crises because of emotional lability, impulsivity and difficult relationship histories.

### **Preparing in Advance**

Although behavioral and crisis management techniques are well beyond the scope of this course, few suggestions to prepare for making difficult decisions under tight time constraints are:

1. Know the emergency resources available in your community. Keep names, numbers, and description of community services in an easy-to-access location.
2. Form or join an alliance of colleagues in your community with each person agreeing to be available for consultation when emergencies arise. Ideally, a mental health professional with experience in emergency care should be included.
3. Know the laws and policies in your state or local relating to matters that are likely to accompany crisis events. These include mandated reporting statutes (specifying the conditions under which information obtained in confidence must be reported to authorities) and commitment procedures.
4. Locate an attorney in your community who is knowledgeable about matters that have legal implications relevant to your practice.
5. Actively seek learning options to sharpen your knowledge about the kinds of crises that may arise in your practice e.g., education in crisis counseling, courses in first aid etc.
6. Conscientiously define your own areas of competence, then practice only within these confines.
7. Carefully monitor relationship between yourself and those with whom a close and trusting alliance has been built. Therapeutic miscalculations can result in intense client–therapist dynamics that lead to unanticipated outcomes.
8. Never rely solely on your memory. Conscientiously document any emergency or crisis event, including the decisions you made and your rationale for making them.

### **Crises in the Therapist's Life**

Therapists can experience calamities with little time to make modifications for their clients and other professional commitments. The therapist who, for example, falls acutely ill must deal with revised session scheduling, how much to disclose to clients, and how the therapist should refer clients if it becomes necessary to interrupt services. For example, the client felt increasingly irritated as her counselor, became unresponsive and distracted during the session. Client

complained about it and therapist apologized and haltingly disclosed that her 3-year-old granddaughter had drowned in the family swimming pool a few days earlier. The stunned client expressed sympathy, got up, and left. In this case, the counselor did not handle her understandable personal grief as it affects her clients well. A client felt ignored and then was forced to deal with mixed feelings about being embarrassed for complaining about what was, by contrast, a trivial matter. Therapist needed more time before commencing her practice. She might have considered canceling appointments or referring urgent cases to a backup therapist, explaining to her clients that she needed time to deal with “a pressing family matter.” In the situation the therapist might consider sending the client a note apologizing for not recognizing her own need for more personal time and for any discomfort the situation caused.

## Lesson 45

**Dealing with other's Unethical Behavior**

An alarmingly high percentage of scientists and advanced students confide that they know of scientific misconduct committed by their peers, but most do nothing about it. Relatively few cases of scientific misconduct ultimately are reported to the appropriate agencies. Even good people sometimes act unethically without their own awareness. It is also easier to confront someone who you believed acted without awareness because the feeling going in will be more about educating than accusing.

The display of unethical behavior depends on three factors;

1. The individual's own moral assessment of committing an unethical act
2. The benefits that individual expects from acting unethically
3. The individual's perceived risk of getting caught

Thus, any thought of acting unethically is quickly reversed if the individual realizes that his or her own values and commitment to professional standards prevent going forward. Even if an individual talks him or herself into the acceptability of a questionable act, the perceived benefits may rank lower than the perceived risks of exposure. When an individual rationalizes need to execute an unethical act, predicts a sufficient advantage from doing so, and perceives a low risk of being detected, all these factors generate a strong intention to carry through. Peer and colleagues stand in the best position to intervene, to attempt to minimize any harms, and to help ensure that the act will not likely recur. To deal with unethical behavior of others three types of interventions could also be helpful;

**Reminding** emphasizes the effectiveness of subtle cues that increase people's awareness of moral behavior, decreasing the ability to justify dishonesty.

**Visibility** refers to social cues and aims to restrict anonymity, prompt peer monitoring, and elicit responsible norms.

**Self-engagement** increases the motivation to maintain a positive self-image and generates personal commitment to act morally.

**Hints for Engaging in Informal Confrontation**

One attractive feature of informal peer monitoring is that when it works out well, two goals can be met simultaneously: a problem is solved, and a colleague may be saved from scrutiny by a more

formal (and onerous) correctional forum. For the process for engaging in informal approach, following are some hints;

**Pre-confrontation Preparation**

1. Identify the relevant ethical principle or law that applies to the suspected breach of professional ethics.
2. Reflect thoughtfully on your own motivations to engage in (or to avoid) a confrontation with a colleague.
3. It is also wise to consider any cultural issues that may help to better understand the situation
4. Assess the strength of the evidence. The ethical infractions, particularly the most serious ones, seldom involve acts committed openly before a host of dispassionate witnesses. With few exceptions, such as plagiarism or durable material such as letters or e-mails, no tangible exhibits corroborate that an unethical event ever occurred. A starting point involves categorizing the source of your information into one of five categories:
  - a. Direct observation of a colleague engaging in unethical behavior.
  - b. Knowing or unknowing direct disclosure by a colleague that he or she has committed (or is about to commit) an ethical violation.
  - c. Direct observation of a colleague's suspicious but not clearly interpretable behavior.
  - d. Receipt of a credible secondhand report of unethical conduct.
  - e. Casual gossip about a colleague's unethical behavior
5. At this point consultation with a trusted colleague is very important, who has demonstrated sensitivity to ethical issues.

**The Confrontation**

In cases where the confrontation is required, considering the following points will facilitate the process of confrontation.

**1. Schedule the meeting in advance.**

If you decide to go ahead with a direct meeting, schedule it in advance, although not in a menacing manner. An office setting would normally be more appropriate than a home or restaurant, even if the colleague is a friend.

**2. Set the tone for a constructive and educative session.**

Do not take on the role of accuser, judge, jury, and penance dispenser. The session will probably progress best if you view yourself as having an alliance with the colleague. **3. When entering the confrontation phase, remain calm and self-confident.**



The colleague may display some considerable emotions but it is advisable to remain as nonthreatening as possible.

**4. Describe your ethical obligation, noting the relevant moral principle or ethics code standard prompting your intervention.**

Never play detective by trying to trap your colleague through leading questions etc., these tactics lead only to defensiveness and resentment, thus diminishing possibility of a favorable outcome

**5. Allow colleague ample time to explain and defend his or her position in as much detail as required.**

The colleague may become flustered, embarrassed, defensive, and repetitive. Be patient.

**6. If the colleague becomes abusive or threatening, attempt to steer the person to a more constructive state.**

This could involve including another appropriate person or pressing formal charges.

### **Issues in an Informal Resolution**

Because of reported incidents of harassment and intimidation, ethics codes allow members option of deciding the appropriateness of dealing with the matter directly. However, if an informal solution seems unlikely and substantial harm has already occurred (or is likely to occur), formal action such as contacting a licensing board or ethics committee should be taken. For Example, ethical violations often involve colleagues whose conduct and professional judgment are affected by addiction, physical or emotional problems, and marital discord.

If a colleague seems generally incompetent because of insufficient training or emotional impairment, informal intervention will not resolve the problem. Such individuals rarely have insight into their shortcomings and could cause considerable harm to clients. However, if the incompetence seems restricted to a single technique or application that could benefit from either remediation or discontinuation, informal intervention remains a feasible option.

Sometimes mental health professionals may be requested by another colleague or a client to assist in confronting an alleged violator, but the requester also insists on concealing his or her identity. Often, such people fear reprisal or feel inadequate to defend themselves. Approaching colleagues with charges issued by unseen accusers violates the essence of due process. Furthermore, alleged violators often know (or think they know) their accusers' identities anyway.

### **Many Faces of Ethics Codes**

Ethics codes for mental health professionals promote acting in the best interests of consumers served like;

- Maintaining and practicing within the bounds of one's competence.

- Striving to ensure that no harm comes to those with whom they work.
- Protecting confidentiality and privacy
- Acting responsibly
- Avoiding exploitation
- Upholding the integrity of the profession through exemplary conduct.

Besides serving as a pledge to the public, ethics codes of mental health professional organizations attempt to take on many other functions, perhaps too many. At once, ethics codes;

- Are impressive public relations documents leading to the enhancement of public confidence in the profession
- Include a critical mission of the organization.
- Spell out which principles morally responsible members are expected to follow.
- Attempt to clarify the proper use and misuse of skills and expertise.
- Provide general guides to decision making.
- Assist in educating the next generation of professionals.
- Define the rules for judging those whose actions have been called into question by ethics committees and other regulating agencies.
- Serve as tools for licensure boards, civil litigants, and other formal mechanisms of redress to cite in sanctioning and defending allegations of professional misconduct.
- Give consumers an additional layer of protection should licensing boards or other regulatory boards be unable or unsuited to consider a complaint.

### **Ethics Complaints Not Pursued**

Ethics committees cannot possibly pursue every complaint. The most common reasons the APA declines to consider a complaint are given below:

#### **1. When there is no provision in the code.**

It would be impossible for an ethics code to detail every conceivable inappropriate act, poor decision, or questionable level of care.

#### **2. When an ethics committee is not the appropriate mediator.**

Sometimes, an ethics committee refuses to process complaints when it becomes clear that the committee will be unable to make any reasonable contribution to a solution. For example, when issues are related to other than ethical aspects or inter-professional political disputes.

#### **3. When respondents are not members of the professional organization.**

Professional associations are voluntary membership organizations, and the jurisdiction of their ethics committees extends only to current members.

**4. When complaints are against groups, agencies, corporations, or institutions.**

A complainant can name more than one person, but each respondent must be known to the ethics committee by name, and the involvement of each in dispute must be specified. Ethics committees are not set up to deal with an organization or a corporation.

**5. When complaints are anonymous.**

Usually, the reason for anonymity is noted, and it is typically fear of retribution.

**6. When the complaints are improper.**

Occasionally, ethics committees receive complaints that, based on the available evidence, are judged frivolous and intended to harm or harass someone rather than to protect the public.

**7. When complaints arrive beyond designated time limits.**

The ethics committee expects that complaints should be filed within specified periods of time after the alleged violation occurred or came to the complainant's attention.