

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

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**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.

**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.

## 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.