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PSY611

Ethical Issues in Psychology

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Access to Records & Personal Information I

Guidelines for Record Keeping

Financial Records:

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

Disposition of Records:

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

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

Access to Records & Personal Information

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

- legal obligation
- reluctance to rely on memory,
- communication to other professionals
- ready availability of important data
- documentation of services provided
- Such records will often contain confidential material, and as long as they exist,

someone other than the therapist who collected the material may seek access to them.

In addressing this issue psychologist should,

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

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

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

Client's Access to Records

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

(a) Medical records

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

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

Psychotherapy notes:

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

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

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

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

Working notes:

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

except the person who made them.

Access to Records by Family Members

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

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

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

Access to Adult's Record

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

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

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

Lesson 24

Access to Records & Personal Information II

Issues in Access to Child's Record

Why is Confidentiality Important for Children?

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

Increasing cooperation in treatment

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

Ensuring a child gets effective treatment

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

Protecting the child from risk of abuse or homelessness

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

Protecting the child from third parties

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

Improving the parent-child relationship

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

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

Issues in Sharing Child's Record

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

- State or other law does not require the consent of a parent or other person before a minor can obtain a particular health care service.
- The minor consents to the health care service
- The minor child has not requested the parent be treated as a personal representative
- A parent agrees to a confidential relationship between the minor and a health care provider
- If parents are separated and each one of them is not willing to share the therapy details with the other parent.
- For example, in some contentious custody cases, a court may appoint a lawyer for the child often called a **guardian ad litem** to represent the child's best interests.

- Depending on the case, the state, and the court's order, that lawyer may get to determine whether and when parents can view information about mental health treatment.
- When a court order specifically prohibits the parent from accessing the child's information.
- When a parent has lost or given up their parental rights. For example, the biological parent of an adopted child would not typically have a right to treatment information.
- When the child is emancipated. (Child emancipation is when a minor becomes legally responsible for their own care before the age of 18).

Discussing Confidentiality Issues with Youth

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

- The therapist's disclosure policies are very essential to follow.
- Some therapists require parents to consent to a certain level of confidentiality, even when state or federal law affords the child fewer confidentiality rights.
- The circumstances under which a therapist would disclose information the child shared in therapy.
- When parents understand that confidentiality is key to effective treatment, they may be more willing to respect their child's need for privacy.
- In most cases, a therapist will provide the child and their parents with a HIPAA disclosure statement that offers details about how and when treatment information may be disclosed to others.
- Many children do not discuss challenging topics with their parents because they fear judgment or punishment.
- When parents understand the importance of open and communication with their children, they may be less likely to overreact.
- The clear discussion of the matters that are important for children or causing any kind of disturbance for them help improve the parent-child relationships.

Legal Protections for Minors

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

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

Access to Child's Record

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

A therapist has treated 7-year-old boy Max for about a month. He was referred for

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

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

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

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

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

Secrets of Dead People

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

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

The key to resolving such issues will involve remembering that clients do have some rights to confidentiality, even after their death. These rights guard them from defamation and other issues, and also gives due consideration to the welfare of the

survivors. So a therapist needs to make a reasonable assessment of when and where it's appropriate to maintain that confidentiality.

Records & Cyber-Confidentiality

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

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

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

Issues in Electronic Record Keeping

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

- Take care to avoid entering or repeating incorrect information.
- When records are being converted, uploaded, or used in a hybrid record system, check your work for conversion problems.
- Consider how you will access data if the system becomes unusable for a period of time.
- Take great care when using prefilled forms or attempting to copy and paste text.

- When adopting or entering a new system, check to ensure that the design aligns with the clinical needs of your clients.
- Guard against electronic routing failures.
- Make sure that your clients understand the nature and security of the record-keeping system, including which other practitioners will have access to their mental health records.
- Check the appropriateness of access levels for the data you will enter.

Third-Party Access: Insurers & Managed Care

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

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

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

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

- You should check with company providing the coverage of mental health service. Or you may certainly choose to pay for the services out of pocket and avoid the use of insurance altogether.

Accessing Client's Information on Internet

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

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

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

Lesson 26

Confidential Information**Taking Advantage of Confidential Information**

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

For Example;

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

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

Confidential Material in Teaching

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

Formal consent may not be necessary if disguising the material makes identification of the client impossible. The chances of having a relative, friend, acquaintance, or

colleague of a client in the audience is not as small as one might imagine. And the consequences of revealing a confidence or sharing intimate details of a client's personal life in recognizable fashion may have devastating effects.

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

Confidential Material in Research

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

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

Use of Confidential Material

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

- Names
- Geographic subdivisions smaller than a state (although the initial three digits of a zip code may be used)
- Any dates (except years) directly related to an individual
- Telephone, fax, Social Security, medical record, health plan, account, or medical

device identification, or license numbers

- E-mail addresses, web universal resource locators (URLs), IP addresses
- Biometric identifiers, including finger- and voice prints
- Full-face photographic or comparable images
- Any other unique identifying number, characteristic, or code

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

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

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

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

Modes of Advertisement**The Older Standbys**

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

Direct Solicitations

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

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

Referral Services

In some parts of the country, professional associations operate a service by which callers can specify a needed type of consultation or intervention and be given the names of potential providers. Clients are advised that the service is not endorsing any particular provider but rather providing a list of qualified practitioners who seem to meet the client's stated needs.

Clients unable to pay normal therapy fees are referred to those who offer sliding-fee scales or to community clinics.

Modern Advertising Methods

Internet Advertising

Websites are simple, easy to navigate, with free content, and enough writing to convey target population.

Websites range from those offering plain looking, simple referral information and links to reputable resources, to those with sound and animated graphics.

If a mental health professional maintains a website for the marketing purposes, there is an ethical obligation to keep it truthful and current with respect to following;

- Services
- Fees
- Other relevant data of interest to potential consumers

Advertising on Social and Other Electronic Media

- Some social networking sites (i.e., LinkedIn) focus on professional contacts, while others (i.e., Facebook) have a much broader range of content and usage.

- First step to advertise online, is the realization that what is being advertised is visible to everyone.

If one chooses to utilize such sites for the marketing purposes, there are few important things to consider;

- Maintaining professional decorum
- An awareness of who has access to what information
- Avoiding blurring boundaries with clients pose special challenges **Buying Publicity**
- Attracting publicity from media outlets serves many needs, ranging from a personal desire for acknowledgment to a practical way to acquire clientele.
- However, it is considered unethical to compensate the media or its personnel in exchange for publicity that viewers would assume is news rather than an advertisement.

Important Issues in Advertisement

If a psychotherapist intends to advertise using any outlet, there are several recommendations to be considered:

- Therapist should consult with colleagues regarding the nature and content of their plan, as well as for a sense of community standards.
- Do not delegate the details of the advertising to others, in particular those with aggressive marketing strategies and little understanding of ethics in the mental health fields.
- Proofread or carefully monitor the final product before distribution or broadcast.
- Should retain a copy of the advertisement, whether in print or broadcast, so that they will have documentation of exactly what was being communicated should questions arise later.
- The advertisement should be proactive about welcoming marginalized community.
- For Example, therapist should consider that their services are open for all irrespective of their race, religion or any other factor.
- The advertisement should not stray from the realm of one's own competence.
- For Example, a therapist should not advertise themselves as trauma-informed

therapist, if they don't have the training or experience in that specific field.

- The aim of advertisement should be focused on their target audience.
- For Example, if one is specialized in postpartum depression, their ad will be more relevant to the parenting related website.

Lesson no. 28

Mental Health Professionals & Media

While interacting with media, mental health professionals have to consider many ethical issues like;

- Social responsibility
- Competence
- Conflicts of interest
- The public image of the helping professions

Media Portrayals of Mental Health Professionals & Researchers

- Society clearly benefits when practitioners, educators, and social or behavioral researchers actively disseminate relevant information that teaches and enlightens.
- Yet, unfortunately, some within the ranks may fail to inform responsibly or even misinform.
- Misguidance can occur sometimes unintentionally, as when the journalists or producers edit an interview or interject their own, in such situations the data interpretation is frequently incorrect.
- Misinformation might be intentionally spread as well.
- As when authors who are also mental health experts and their publishers want to sell more books than a sober and reasoned presentation of the facts would be compromised. **Distortions of Psychotherapeutic, Diagnostic, & Research Concepts**
- Sometimes the portrayals of successful therapy in media focus on trauma or dramatic emotional breakthroughs in a way that grossly misrepresents the actual process.
- Legitimate research results, when cited by journalists, often seem selected on the basis of curiosity or controversy rather than scientific quality or significance.
- Isolated or minor findings, if intriguing, may give the impression that far more was discovered than the evidence supports.

Interaction with Mass Media

Many ethical and professional issues may arise when a psychologists appear on television and radio shows, write articles or advice columns for public consumption, and are interviewed by the journalists.

Interviews with Reporters

Few important things to consider about an interview with journalist;

- Journalists have a control over what actually gets through to the public.
- Inevitable alterations occur in the form of small selected segments that fit today's soundbite media needs.
- And in some situations a mental health professional could be accountable for inappropriate disclosures to journalists.
- To avoid such scenarios one should ask the journalist some questions first.
- A well-presented story can provide a genuine contribution to public understanding.

Guest Appearances

- Mental health professionals are often interviewed live on TV/radio.
- This format can produce positive and educational interchanges, such as getting cut off before the point was fully made or being repeatedly referred to incorrectly (as a psychiatrist when one is a psychologist).

Popular Publications Created by Mental Health Professionals

- Mental health practitioners have a more receptive audience given the pervasive fascination with mental and emotional issues and self-help.
- In case of a self-help book, often consumers are given instructions on how to solve their difficult problems or manage their lives.
- But they don't provide a support system to sustain through process, to correct errors, clarify misunderstood directions, or to alleviate any negative consequences resulting from following the program.

Socially Responsible Public Acts

Individuals with mental health problems are often victims of discrimination or have insufficient access to desperately needed services. People with a psychiatric history, particularly if they were ever hospitalized, are still met with fear, mistrust, stereotyping, and avoidance, which limits their opportunities.

Advocating for Those with Mental Health Issues

The need for adequate services for the mentally ill is a primary social responsibility of mental health professionals. Professionals who work with the mentally ill have more favorable sentiments toward them than members of the general public. The helping professions are in the most legitimate position to replace misinformation with useful, solid data, including disconfirming inaccurate stereotypes. These include collaboration with public education, monitoring negative portrayals of mentally and emotionally disabled, and advocating for availability of mental health services.

Public Disclosure at a Risk to Oneself

Difficult choices arise for mental health professionals, when they observe an unlawful, immoral, or illegitimate act, but lack capacity to intervene on their own. Anticipated regret for keeping silent is also relevant during the decision to speak out or turn aside. The overall spirit of the ethics codes by professional organizations holds as paramount maintaining the well-being of consumers and making positive contributions to the human condition.

Lesson 29

The Mental Health Business

Money and Managed Care

Digital mental health is no longer solely restricted to talk therapy or medication management. Earning a living in the private practice of psychotherapy and assessment services has become increasingly challenging since the advent of managed care and growth of integrated health care services. Managed care is a broad term that represents a service delivery system concerned with managing health care cost, quality, and access to services.

What to Charge?

Determining the customary charges for one's services is a complicated task that mixes issues of economics, business, self-esteem, and a variety of cultural and professional taboos. Because psychologists think of themselves as members of the helping professions, discussing money may seem insensitive, or heavily laden with unconscious issues. Comparison of fees is further complicated by differences in procedures, length of sessions, and other variables.

For example, rates can differ depending on whether the service provided involves psychotherapy, psychopharmacology, forensic services, neuropsychological assessment, or group therapy. This may explain why client complaints and ethical difficulties frequently arise in connection with billing for mental health services. Often, the problems flow from miscommunications, procedural ignorance, or naiveté rather than greed.

Important Issues in Mental Health Business

As with the people they serve, the financial situations of therapists can vary greatly.

Some have more flexibility than others to adjust their fees in the interests of accessibility.

It is up to each of us to figure out to make these changes sustainably within our own practices.

From the outset of a relationship with a new client, the therapist should take care to explain few things;

- The nature of services offered
- The fees charged

- The mode of payment used

Or any other financial arrangements that might influence the potential client's decision. If a prospective client seems unable to reasonably afford one's services, the therapist should be prepared to make a sensitive and appropriate referral. In this situation, it is important for all mental health professionals to keep informed of hospitals, clinics, community mental health centers, training programs, and other resources that might offer more affordable services for those with financial difficulties. It is critical that the therapist consider these issues early in the professional relationship and raise them openly with the client in a realistic, yet supportive, fashion. If the issue is not dealt timely, the resulting anxiety may take precedence over other issues, and the business aspects of the therapy may be overlooked..

Fee Splitting

Fee splitting, often termed a kickback, refers to a general practice under which part of payment received for a product or service is returned or paid out because of some prearranged agreement or coercion. More simply in a fee split arrangement, the employer and employee agree to divide any client fees brought in by employee in a proportional manner.

For example, a pre-licensed therapist working in a private practice might be paid 40% of the fees their clients pay, while the employer/supervisor keeps the other 60%. As occasionally encountered in medicine and the mental health professions, the client usually remains unaware of the arrangement. Unfortunately, fee splitting may exist in rather complex and subtle forms that tend to mask the fact that it is occurring. Traditionally, nearly universal agreement existed among medical and mental health professionals that such practices are unethical.

Mainly because they may inhibit a truly appropriate referral in the client's best interests, result in delivery of unneeded services, lead to increased costs of services, and generally exploit the relative ignorance of the client. A continuum of types of fee-splitting or sharing agreements exist, ranging from reasonable and ethical to clearly inappropriate. In between these two extremes, one can find a range of business practices with varying incentives that raise ethical questions. At one end of the continuum, we find employer–employee relationships in which one party hires another to perform services. At the other end, we find arrangements in which the person making the referral gets money solely for sending business to another.

Lesson 30

Group Practice

A group practice is one type of therapy business. While a private practice typically involves one therapist providing mental health services to people seeking treatment, a group practice employs multiple therapists and counselors who may have varying credentials and qualifications. A group therapy practice may have less appeal if a mental health professional prefer to work alone or manage their own business. However, many mental health professionals find group practice offers a number of financial and professional rewards. Many mental health providers work in group practices or collaborative arrangements by sharing certain costs, such as rent, secretarial services, utilities, and answering services. This charge may differ somewhat depending on the nature of the group (incorporated partnership or informal arrangement). Despite the fact that these types of arrangements may be lawful, and also help the therapist to a great extent, there are few conflicting issues involved also. **For example**, sometimes compensation is paid to some party simply for referring clients within the group or when percentages of gross income are charged against a therapist automatically rather than for services legitimately provided. In such instances, the clients' welfare is too easily ignored.

Advantages of Group Practice

There are few key advantages of group therapy practice that make it a better choice for therapist.

Financial benefits of group practice

Working for a group practice can prove rewarding both for the practice owner and the clinicians working for the practice. Group practices may have higher income potential because operating expenses and administrative costs are shared. The counselors employed by the practice typically won't do their own billing, which allows for more time spent working with clients and increases potential number of clients paying for therapy at any given time.

Coworkers

Some therapists find private practice a lonely business, though this certainly depends on the personality type and unique need for professional interaction. In a group practice, colleagues may also be able to cover missed sessions due to illness and other issues faced by the main therapist. It is very helpful because the clients won't need to worry about finding an unfamiliar location when already potentially stressed by the need to

work with an unfamiliar counselor.

Shared responsibility of the business side

Skillfully managing a business, however small it is, requires a range of talents. This includes managing the taxes, insurance payments, and any legal issues that come up, just to name a few. A group practice may suit the therapist having little interest in business and don't mind having less control over potential clients you'll work with. Different people have different strengths, so some group practices might also operate by sharing business responsibilities, such as billing, depending on personal interest.

Referrals within group practice

Having a pool of qualified mental health professionals in the same office can make it easy to provide referrals when necessary. Instead of terminating therapy by referring your client to a professional in another location, one might recommend their colleague in same place.

Drawbacks of Group Practice

Working for a group practice, or managing one, may not match everyone's personality or career goals:

- If a therapist have established his/her therapy niche and practice a less common specialty, or one that's not in much demand, they may not easily find a practice seeking their skill set.
- Group practice work may sometimes seem overly routine or offer less outlet to choose one's own clients.
- It's possible to earn a higher income with a group practice, but this isn't always the case, as many factors can contribute to both revenue and profit.
- The tendency to refer clients to other therapist's one knows is also a critical issue.
- While referring therapist one must offer the client a choice among clinicians that includes at least one with no linkage to the referring party.
- In a group practice, therapist may have little control over any aspect of the practice beyond what takes place in the privacy of their therapy sessions.
- A fair determination of costs and service use is important, e.g., when one of the therapists is in a position of power over others by virtue of being senior party or owner of the practice.

- Office politics may be less of an issue in a therapy practice, since the colleagues probably spend most of their in-office time with clients, but they can still present issues for people who'd rather avoid anything of the sort.
- If the above factors don't pose a problem for the therapist, a group practice could potentially be a good fit.
- According to the APA, group practice work often serves new therapists well by encouraging professional development and offering numerous other benefits as helping one begin established in the mental health field.

Lesson

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Making Referrals

Giving and taking on referrals should be made thoughtfully, taking the needs and resources of the client as the first priority. The person asking for the referral has the right to expect the best recommendation available, regardless of any financial interests that might accrue to the colleague being asked for names. Making appropriate referrals is part of professional conduct for therapist in practice. A referral procedure should provide a seamless journey from one professional helper to another.

Reasons for Onward Referrals:

Working within one's own competence is key, and thus there will be times when making a referral is the ethical decision.

For example, this situation could occur if:

- Therapist feel unsafe with the client (e.g. if alone working in private practice). In this situation therapist needs to refer the client to some other mental healthcare facility where better clinical facilities are available.
- The client needs help with other issues (e.g., housing problems, financial difficulties, lawrelated matters or medical issues) instead of or before being ready to engage in counselling.
- The client has a mental-health issue that prevents establishment of psychological contact (e.g., they are delusional or are hearing voices).

- The counselling issue that the client is bringing is not within your area of competence (e.g. if they need specialist counselling for substance misuse or addiction).
- The agency offers a limited number of sessions, and thus therapist know this amount will be insufficient to work safely with the client.
- Therapist's modality is not a good match for the client's issue. For example, the client needs help to overcome a fear of flying before an imminent holiday abroad, and therapist is a person-centered counsellor rather than a cognitive behavioral therapist.
- The client is experiencing difficulties that mirror those faced by therapist, i.e. there is parallel process. For example, if a client wishes to work on feelings related to their divorce, and therapist is currently struggling with this in their own life)

Steps in Making a Referral

Before telling the client about your specific plan to refer them, therapist should make sure few important things;

- Therapist should know where they will refer to
- Therapist have ascertained current waiting times for the new provider
- Therapist are familiar with the referral pathways and processes (including any documentation needed).
- If therapist need to transfer any personal information about the client, they should make sure that they do this in a way that fits with the ethical principles. For example, sometimes the situation justifies the breaking of client confidentiality (e.g. if client is at imminent risk of causing serious harm to themselves or others, or has knowledge of a serious crime).
Then therapist should ensure that they get the client's written consent for the information they will transfer before doing so.
- Even though if therapist is not able to help the client fully with their issue (hence the need to refer), the ability and willingness of therapist to accompany them as they wait, offering them the core conditions to support them during this time, could be invaluable to them.

Important Issues in Making Referrals

There are certain issues faced by the mental health professionals while making referrals of the client. They may raise ethical concerns for the client therefore should be dealt carefully by the mental health professionals. These issues are given below:

- Understanding when and how to refer the clients to another therapist produces the best outcome for clients and therapists alike. Therapists who provide skillful referrals prioritize their clients' well-being and find them the effective, specialized care they need.
- It is important that clients are not taken by surprise by the therapist's suggestion that referral maybe be needed. This could feel like a rejection, and lead them to believe their problems are particularly complex and therefore difficult to solve.
- Preparation for referral should ideally begin during contracting, before properly starting the counselling process. The therapist should introduce the idea that this is a process that sometimes happens, because different professionals are trained and have strengths in different issues. In this way, the client is aware from the very start that referral is not threatening but is instead intended as a genuinely helpful action to support them in getting the right help at the right time.

Deciding Whether to Refer:

While considering referring a client, it is always important to explore the possibility of referral with the supervisors, who can help decide whether this is the right course of action. For example, sometimes therapist might be thinking of referring because they are lacking confidence in their ability to help a certain client. Discussion in supervision may help therapist to reveal that they are in fact competent to work with the client.

Lesson 32

Mental Health Professionals in Legal System

Mental health and behavioral science professionals have increasingly found themselves involved with the legal system as experts and defendants. Forensic clinicians play important roles as expert witnesses or consultants for many different types of legal matters. While conducting forensic mental health assessments, the practitioners must be especially careful when treading into legal system as they are about to enter philosophically alien territory. Litigants may arrive for mental health evaluation along at least three different routes.

First, some litigants may come for evaluation under a court order (e.g., to assess the defendant's competence to stand trial or offer guidance in child custody cases). **Second**, some are sent by their lawyers seeking an assessment of their mental or emotional state relevant to a potential claim or defense (e.g., an evaluation relative to a potential insanity defense). **Third**, the parties may agree to have a litigant evaluated in the absence of a court order (e.g., in many civil and criminal cases, the parties understand that the opposing side has a right to an evaluation conducted by their own experts and informally agree to do so).

Responsibilities of the Forensic Psychologist

Term forensic psychologist includes varied roles that may be employed in a wide variety of settings.

Roles include, but not limited to:

- Trial consultant
- Expert witness
- The Evaluator
- Treatment provider
- The Researcher
- Academic psychologist

Trial Consultants

They work with the legal professionals, mainly attorneys to assist in case preparation, jury selection and development of case strategy or witness preparation. They may be involved in both civil and criminal cases, and typically hold advanced degrees

Expert Witness

They testify in court about specialized knowledge. Clinical forensic psychologists typically testify as experts after evaluating defendant's mental state. They may also serve as general expert witnesses and testify about broader psychological principles.

The Evaluator

Forensic psychologists also undertake the evaluation of criminal defendants/parties to civil litigation with respect to mental health issues related to the legal issue at hand. They are typically trained in clinical psychology and licensed, with forensic specialization.

Treatment provider

Forensic psychologists provide psychological treatment to individuals requiring/desiring services. They may work in forensic hospitals, state psychiatric hospital, private practice, etc.

The Researcher

They design and implement research on issues relevant to forensic psychology and the law. They may be employed in universities, colleges, research institutes, psychiatric hospitals etc., and conduct research on mental health law and policy or program evaluation

Academic psychologist

They get involved in teaching, and other education-related activities such as training and supervision of students. They are typically employed by institutions of higher learning (e.g., colleges or universities).

Specific Functions of Forensic Psychologists

Apart from the responsibilities of forensic psychologists mentioned earlier, there are some other functions that forensic psychologists are asked specifically to perform in different areas including:

- Police Psychology
- Psychology of Crime and Delinquency
- Victimology and Victim Services
- Legal Psychology

Police Psychology

Mental health experts are also working in the police department. They help the police staff in developing psychological profiles of serial offenders (e.g. serial killers). They are also teaching and training the police officers on how to deal with mentally ill individuals. In addition, providing the counselling services to police personnel after a shooting incident is also the crucial service given by the mental health experts. 

Psychology of Crime and Delinquency

Mental health professionals working in forensic settings conduct research on the development of psychopathology, i.e. which etiological factors can contribute towards a particular crime or delinquent behavior. They also assess the risk among the mentally ill, by developing and administering several psychological tests for this purpose. They are also working as a research policy advisor consults with legislators and governmental agencies to develop new strategies. Furthermore, mental health professionals consult with the school personnel, for identifying youth which can be dangerous for the society.

Victimology and Victim Services

The mental health experts are also involved in Interviewing the victims or witnesses of crime; providing training to victim service providers on the psychological reaction of criminal victimization, e.g. posttraumatic stress disorder. They also provide education to service providers on the impact of multiculturalism.

Legal Psychology

Mental health experts while working in forensic setting conduct evaluation of child custody and child abuse. Through community surveys and other research methods, they assist attorneys in jury selection. In addition, they also evaluate the defendant's competency to stand trial.

Specialty Guidelines for Forensic Psychology

Because the practice of forensic psychology differs in important ways from more traditional practice areas the "Specialty Guidelines for Forensic Psychologists" were developed and published in 1991 by the American Psychology–Law Society.

The goals of Specialty Guidelines for Forensic Psychology are;

- To improve the quality of forensic psychological services
- Enhance the practice and systematic development of forensic psychology
- Encourage a high level of quality in professional practice

- Encourage practitioners to respect rights of those they serve

The Specialty Guidelines for Forensic Psychologists focus on the following points:

1. Responsibility

Forensic psychologists have an obligation to provide services in a manner consistent with the highest standards of their profession. It is their responsibility to make a reasonable effort to ensure that their services and the products of their services are used in a responsible manner.

2. Competence

Forensic psychologists only provide services in areas in which they have specialized knowledge, skill, experience, and education. They have an obligation to present to the court, the proofs of their competence (knowledge, skill, experience, training, and education). Forensic psychologists recognize that their own personal values, moral beliefs, or personal and professional relationships with parties to a legal proceeding may interfere with their ability to practice competently. In the face of such circumstances, forensic psychologists are obligated to decline participation or to limit their assistance.

They are responsible for a fundamental knowledge and understanding of the legal and professional standards that govern their participation as experts in legal proceedings. Similarly they are also responsible to develop an understanding of civil rights of parties in legal proceedings in which they participate

Further Guidelines for Forensic Psychology

3. Relationships

During initial consultation with the legal representative of the party forensic psychologists have an obligation to inform the party about the factors that might reasonably affect the decision to contract. These factors include, but are not limited to; i. Fee structure for anticipated professional services ii. Prior and current personal or professional activities, obligations, and relationships that might produce a conflict of interests. iii. Their areas of competence and limits of their competence.

iv. The known scientific bases and limitations of the methods and procedures that they employ and their qualifications to employ such methods and procedures.

4. Confidentiality and Privilege

Forensic psychologists have an obligation to be aware of the legal standards that may affect or limit the confidentiality or privilege that may attach to their services or their products. They conduct their professional activities in a manner that respects those known rights and privileges. They establish and maintain a system of record keeping and professional communication that safeguards a client's privilege. For this purpose, they maintain active control over records and information. They only release information pursuant to court order, or the consent of client.

5. Methods and Procedures

Forensic psychologists have an obligation to maintain current knowledge of the scientific, professional and legal developments within their area of their claimed competence. They are obligated also to use that knowledge, consistent with the accepted clinical and scientific standards, in selecting data collection methods and procedures for an evaluation, treatment, consultation or scholarly / empirical investigation.

6. Public and Professional Communications

Forensic psychologists make reasonable efforts to ensure that the products of their services, as well as their own public statements and professional testimony, are communicated in ways that will promote understanding and avoid deception.

Lesson33 Mental Health Professionals in Academia

The role of educators extends well beyond just transmitting a body of information, especially in case of being mental health professionals. When a psychologist as a teacher is interacting with the students, his/her purpose is coaching, supervising, mentoring and extending the knowledge to the clinical interns. Whether they realize it or not, those who teach are influential role models also who will, to an extent, determine the quality of tomorrow's practitioners. The subject knowledge of these teachers should be so vast and enriching that can inspire the students and motivate the students to become competent in their field. Colleges and universities with the best records of accomplishment have typically given robust support to academic freedom, openness of expression, and institutional autonomy. This includes allowing a wide latitude for framing course content, teaching styles, creative assignments, and free expression of (sometimes controversial) ideas. When we are talking about the practice of psychology, it should not be limited to book reading, lectures and assignments, rather interesting discussions, psychodramas and role-plays must also be a part of it. All these activities enhance the practical knowledge of students.

Teachers Complaints about Students

Mostly teachers have complaints about the irresponsible attitude of their students, instructors feel despair when carefully crafted lectures appear to fall on indifferent ears. This is very common complaint of teachers. Thus, students are unable to understand the lecture, grasp the concept, critically analyze the topic and respond to teachers accordingly. Ethical educators present accurate information and remain within the boundaries of their competence, based on such indicators as educational background, continuing education, and supervised experiences

Student Complaints about Teachers

College and university students offer many complaints about the educators like, inferior course planning, weak lecturing skills (e.g., monotonic, too stiff) unapproachability etc. More commonly students complain about;

- Uninspiring or difficult-to-understand teachers. Teachers are not conducive with the students.
- Unclear grading criteria

- Teachers who are unavailable for advising or assistance
- Those teachers who are arrogant and demeaning
- Those teachers who demand too much or assign seemingly irrelevant work.

Competency Issues in Teaching

Effectively imparting knowledge to others requires distinct competencies. It requires specific training and specific material to knowledge and skills to students.

These include enthusiasm for and mastery of subject matter, having proficiency in teaching methods, evaluating students appropriately and impartially, and interacting professionally with students in and outside of the classroom. Therefore, having expert knowledge of a subject is not enough, rather being enthusiastic, passionate and empathetic are the qualities leave an impact on student's learning. Few competency issues are; **a) Teaching Skills and Course Preparation**

Keeping current in one's field is an ethical mandate for effectively educating students. Teacher's knowledge of theory and practice should be updated with the evolving trends in the subject. For example, quick advancements in the course of psychopathology can be seen i.e. a shift from DSM IV (Diagnostic and Statistical Manual of Mental Disorders) to DSM IV-TR and then DSM 5. The manual is changing constantly because of evolving trends in the symptomatology of various disease.

Options to update knowledge & skills include taking courses, self-directed reading, mentoring, and attending professional meetings and teaching conferences. **b) Infusing Diversity Content**

Courses attracting future mental health professionals require educators to possess, teach, and practice cultural competency and a command of diversity issues. As the world has turned into global village and there are individuals with different cultural backgrounds in an educational institute. Infusion of diversity occurs mainly in the planning of course topics and designing of course activities and assessment criteria.

c) Teaching Courses without Formal Training

Sometimes, by choice instructors seek proficiency to teach in areas for which they have received no or little formal training. For example, teaching the course of Data analysis without prior formal training is very challenging task for a teacher.

Often enough, instructors may find themselves assigned several unrelated courses, including those for which they possess only the rudiments/ limited knowledge. **d) Impaired Instructors**

Mental health professionals who teach can themselves be impaired, ranging from mild to debilitating. Thus students recognize the profile of their teachers very early and respond accordingly.

e) Assessment and Coaching

The balanced assessment and feedback to improve student learning is an essential element. Applying the formative and summative assessment strategies could be helpful along with clear, timely and observable feedback for student and families.

Evaluating Student Performance

As part of an assessment, teachers provide students with descriptive feedback that guides their efforts towards improvement.

Evaluation refers to the process of judging quality of student work on the basis of established criteria (which is usually predetermined and specific to every institute) and assigning a value to represent that quality.

Most professional ethics codes contain a message for individuals to do no harm to those with whom they work. Educators are in an unenviable position in that, at times, they have a duty to inflict what will be perceived as harmful. Students feel distress when issued a failing (or unwanted) grade, experience a highly critical supervisory evaluation is entered into the record, or they are terminated from a program. Therefore, in an educational institute it is important for teachers to maintain a decorum and be professional while analyzing student's performance.

Important Issues in Assessment

In order to ensure that assessment and evaluation are valid and reliable, and that they lead to the improvement of student learning, teachers must use assessment and evaluation strategies which:

- Address both what students learn and how well they learn.
- Are based both on the categories of knowledge and skills and on the achievement chart descriptions given in Ministry.
- Are varied in nature, administered over a period of time, and designed to provide opportunities for students to demonstrate the full range of their learning.
- Are appropriate for the learning activities used, the purposes of instruction, and the needs and experiences of the students.
- Are communicated clearly to students and parents at the beginning of the course

and at other appropriate points throughout the course. For example if a course is Practicum based, then its requirements are different from other theoretical subjects. These different requirements must be communicated to students beforehand.

- Ensure that each student is given clear directions for the improvement.
- Promote students' ability to assess their own learning and to set specific goals for themselves.
- Are fair and transparent to all the students.

Respect for Student Privacy

The rules and requirements regarding the confidentiality in academic settings are not same as duty owed to psychotherapy clients. Whereas student academic records are protected by law what is revealed in the classroom and informally among faculty and the students is not uniformly explained by law. Nevertheless, the ethical considerations apply, and the careless disclosures that violate a reasonable right to privacy can cause students harm. For example if a student is openly declared as fail, it can cause a lot of distress for the student and very serious consequences can be seen out of it.

There are few important points, mentioned below, that should be considered by the instructors to protect the privacy of their students.

1. Don't share students' faces or names without explicit, parental consent.

Unless you've made some arrangement with parents and students, always make sure that students' faces and names are obscured.

2. Don't make any grades, assessments, or any other part of a student's educational record public.

This is a core part of FERPA (Family Educational Rights and Privacy Act) and casts a wide net. If in doubt about something that might count, don't share. Pay particular attention to how you reply to publicly posted student work.

3. Don't use students' names when naming files.

It's not just what's inside the picture or artifact you share but also how that file is titled or contextualized that could disclose students' information. For example, it is unethical to name file as "File of students scoring F grade".

4. Do be mindful of how you commercialize your classroom.

Social media can be a great way to offer feedback to developers of educational

products.

But teachers should consider how posts about products that include students can make them nonconsensual spokespeople. For example, a teacher has uploaded an activity of their students on social media for encouraging students, but due to public comments the students end up getting more distressed and disappointed.

Academic Advisement

Academic advisement is a relationship between advisor and student to support the student's educational and career success. Academic advisor provides guidance on academic policies and regulations, decision making regarding course selection and refer to resources available on campus offering academic and personal support. The key to successful academic advisement depends on the ability of the adviser and of the advisee to enter into a relationship which; ☐ Addresses specific components of academic advising.

- Recognizes the nature of the academic advising process. An advisor needs to understand that he is playing a very important role of guiding students and thus keep him/herself relevant to the specific education related matters.
- Stresses that both the adviser and advisee carry responsibilities in the advising process.

The roles performed by the academic advisor are given below:

Take Ownership of Your Role

An academic advisor should be well versed in his field. As the ultimate responsibility for making choices about students' educational plans and goals rests with them, advisor should act as their partner in college journey. For example, an advisor should guide the students on their educational plans and career goals keeping in view their abilities, interests and potential. A good advisor recognize that they have power to intervene, refer and advocate for their students and take an active role in their students' academic lives.

Short-Range Program Planning

Short range program planning includes advice and consultation on scheduling sequences and course planning, registration and schedule adjustments.

Long-Range Planning

Long range program planning includes advice and consultation about educational & professional objectives consistent with the student's demonstrated academic abilities and interests.

Know When and Where to Refer:

For good academic advisors, it's important to acknowledge their own limits and create the partnerships across. They must be aware of campus and community resources that support student success and should be able to make them effective referrals.

Lesson 34**Ethical Challenges in Work Settings****Challenging Work Settings**

A wide range of work settings that have traditionally employed the mental health professionals usually adheres to common ethical values that cut across the professions.

Increasingly, however, mental health practitioners and behavioral scientists have found interesting employment opportunities in nontraditional work settings. As the psychology subject is evolving, the need of a psychologist is being felt in each field/discipline. For example there are several fields which are not exclusively relevant to psychology, but we see a need of Psychology there. The disciplines such as Law, industry, Police and many require a psychologist for functions such as hiring, mentoring and assessment of personnel.

Ethical pressures or challenges within such workplaces may trigger reactions, leading from subtle erosion of professional values to overwhelming emotional distress. Some settings seem especially likely to evoke ethical dilemma. Thus the right or best outcome for one person may be the worst outcome for another. For Example, a psychologist evaluates children's reactions to prototypes of video games for a large computer media company that hopes to sell many copies to young by using graphic violence, and addictive game play strategies.

He/she may be criticized by public for infusing bad habit in children during the evaluation process, instead of stopping them from it.

Let's take another example of a school setting. If a teacher announces that the student who will attempt this assigned task (quiz or assignment) in the best way will be announced as a top rated student of this class. This announcement of teacher may be a positive message for intelligent and hardworking student but at the same time distressing for low achievers. A low scorer might think that he will never be a top rated student of a class because there are many bright students already present in this class.

In categorizing the sorts of difficulties linked to specialized work settings, consider three distinct areas of focus:

- The special skills or the competencies (including ethical sensitivities) professionals should have to work in such settings.
- The nature and demands of the agency, organization, or special context within which the professional renders services. They need to be very careful about how and what services they are providing. They need to justify the reasons of

accepting certain work assignments from clients.

- How the ethical issues relate to the particular nature of the clients and their problems. The settings in which the psychologists are working, they need to follow some ethical guidelines

Ethical Challenges in Work Settings

Government Employment

The government employs mental health professionals on many levels and in all branches. These individuals serve at the municipal, state, and federal levels and have roles in the legislative, judicial, and the executive branches (Psychologists are working in Child Beareu, Judiciary, forensic settings, air lines, social work settings).

Working for government involves upholding an important degree of public trust while potentially falling under high levels of political pressure. Functioning as a public servant behavioral scientist/clinician can provide both rewards and frustrations, especially at the level of integrating professional judgment with policy making. For example, in cases of death sentences psychologists are frequently being taken on board. This is a very challenging role for a psychologist a psychologist has to consider the positive and negative consequences of death sentence. Similarly dealing with rape victims is also challenging for a mental health professional. Similar is the case while making certain laws for the state such as laws of rape victims. Being a psychologist, he/she has to analyze what kind of conditions (from victim point of view) can be added in the law. Thus sometimes it turns out to be a frustrating environment while other times it may be rewarding.

For Example, A municipal govt. hired Mr. Sad, to explore question if racist attitudes among certain officials influence hiring practices. The analysis confirmed presence of active racial discrimination. The officials ordered him to keep these findings confidential, and after several months had done nothing to alter the illegal personnel practices. The company kept the results confidential and decided not to public the findings because the company has its own stakes. In these cases a psychologist cannot disclose the results on his own keeping in view the ethical code of conduct.

When a mental health professional works for a government agency, it is no less important to explore these issues. Understanding the importance of these issues help to assess the degrees of freedom and ethical comfort one may expect to enjoy in the job. This case illustrates importance of the issue that a consultant must assume the burden of articulating the nature and expectations of his or her professional role in a responsible manner.

Ethical Issues in Armed Services

There are variety of roles that behavioral scientists trained in mental health perform for the military in the nonclinical realm. It includes both clinical and non-clinical realm. Clinical realm includes the roles and responsibilities of a psychologist in times of wars. Non-clinical role includes the recruitment of personnel in army. These may include;

- **Training:** It includes skill acquisition, leadership development, teaching, and effectiveness enhancement. A new recruiter requires all these skills for his professional grooming.
- **Development of specialized training** e.g., simulators and assessment centers. Simulations such as attack of outside forces and bloodshed are created during the training process of army personnel.
- **Personnel functions** e.g., selection, assessment, classification, and retention of military personnel. Similarly a psychologist carries out tasks like personality profiling and behavioral assessment of personnel.
- **Health-related research:** The research work on health related issues like sleep deprivation, fatigue, and physical fitness is carried by psychologists in order to find out the correlations among these variables. The findings of these researches help army officers in making different rules and regulations for the personnel.
- **Human performance research** e.g., job design, information process, and decision-making studies

Confidentiality issues are a key source of concern in mental health service delivery to military personnel.

How to Deal with Confidentiality Issues

One way to deal with the issue, as noted, is to make certain that clients are informed from the outset of the professional relationship of all limitations placed on their confidentiality. For example military personnel will be informed, before assessment, that their profiles will be shared with the military headquarter. The obligation to provide such information applies in both military and civilian settings.

Lesson**35 Ethical Issues in Education & Criminal System**

Many important issues of special ethical concern have come to light in educational settings including;

- Informed consent for assessment and intervention
- Privacy and confidentiality
- Competence
- Professional & academic honesty
- One of the most frequent ethical issues that psychologists confront in the schools settings especially is the process of parental consent and involvement. Sometimes it becomes challenge for a school psychologist to take consent of parents for various activities being carried out with their children.
- Different family acts and related state laws give parents access to the relevant records as well as control over whether their child will receive evaluations or special services. For example, a school psychologist assesses some issues with a child (such as stealing or bullying) that might cause criminal tendencies in his later life. But the parents of the child do not willingness for delivering counselling services to their child by a school psychologist. Hence it becomes challenging for a psychologist to convince parents for providing counselling services to their child for any particular problem (based on the psychological assessment of the child by a school psychologist).
- Another important issue observed mostly in public school systems is pressure to control costs to meet the needs of special students. There is a bulk of students in public and private schools and therefore, there is a pressure on school psychologist to complete the assessment of students in a stipulated time. Thus, the psychologists have to compromise on the quality of assessment e.g. detailed assessments cannot be done in very short time frame.
- It also applies to other non-school institutions in which the administrators without credentials in assessment may attempt to limit or modify professional standards as a way to meet the institutional needs. For Example, A psychologist was hired to assess "special needs children" in a school. When the special education budget began to show signs of strain, the superintendent instructed the psychologist to administer shorter evaluations, produce briefer reports, and

refrain from recommending additional services or evaluations for the children he assessed.

How to Deal with these Issues

Educational institutions with joint clinical and training components should frame the policies that ensure;

- Competent treatment: making brief reports should be avoided. A detailed assessment is usually required for providing relevant counselling services to the needy.
- Adequate supervision and Appropriate privacy
- Careful balancing of trainee and client needs. A psychologist should not solely rely on interns for the assessment results of clients, rather adequate supervision of interns is usually required in order to get accurate results of client's assessment.

Ethical Issues in Criminal Justice System

Mental health practitioners in the correctional settings find themselves using their expertise to perform a wide range of duties including;

- Evaluating & classifying inmates: the inmate classification is carried out on the basis of the crimes they have committed. Afterwards, psychologist evaluates the level of guilt (if any) the criminal may have after committing the crime. Psychologist also play role in deciding the kind of punishment based on the nature of crime committed by the criminal.
- Conducting psychotherapy or crisis intervention
- Participating in the personnel selection process
- Providing the employee assistance services
- Serving as consultants for institutional decisions and policies related to the correctional climate The key ethical issues involve the degree to which a mental health professional's ethical standards and professional role become compromised by any given correctional setting. For example consider the following case;

A psychologist, works at a prison as a correctional counselor. During an individual treatment session, a new inmate reports that an escape attempt involving taking hostages will soon take place.

Following this revelation, the client begs, "Please don't tell anyone about this. If the

people involved find out I snitched, they'll kill me." A mental health professional facing such a decision might have an obligation to warn certain potential victims. But as a psychologist it is the responsibility of the practitioner to protect the rights and welfare of his client. To deal with such issues;

- A mental health practitioner should clarify their professional & legal obligations with prison authorities relative to their expectations.
- Should clarify limits of their role & nature of their relationship.
- Should never surrender their professional integrity to competing pressure of work site.

Ethical Issues in Community Agencies

A community agency, might include a government-funded community mental health center, a nonprofit community-run clinic, a municipal hospital, or some similar service delivery system. These facilities provide critically important community service resources but function in a politically reactive mode by their very nature.

Such agencies often have competing demands placed on them by various interests, and mental health professionals working in these agencies are likewise subject to multiple demands that occasionally conflict. At times, these conflicts become significant ethical issues. For example, a community mental health regulation that required centers to have a wide range of services operational within a limited amount of time if they hoped to obtain continued funding. For example, a community center will deal with the speech problems, general mental health concerns, drug addicts, crisis intervention, and child protection. In such scenarios the working of a psychologists becomes very challenging because psychologist have different expertise and a psychologist competent for dealing with one kind of issue might be unfit for any other kind of problem/issue being brought in the community agency. This will place substantial pressure on the value systems of practitioners working in the community settings.

Sometimes, the mental health professionals at community agencies run into unusual issues as they attempt outreach different work assignments. Few issues reported on an attempt to deliver homebased services especially. The individual long-term psychotherapy is expected to suffer as a service option in the favor of more cost-effective treatment options.

Lesson

36 Ethical Issues in Business & Medical SettingsEthical Issues in Business & Industry

Behavioral scientists and mental health professionals are often involved as participants in, or consultants to, businesses or industries. Their roles might include;

- **Management consulting, personnel selection:** various multinational companies are now hiring mental health professionals for hiring personnel selection and recruitment. It helps the companies reduce the turnover rate of employees. A psychologist analyzes the employee's profiles including their work commitments, challenges faced in previous jobs, and make a conclusion about their hiring.
- **Organizational research:** the research on several products of organization, its buying behavior, and psychology of consumers etc. is also carried out by industrial/organizational psychologists.
- **Program evaluation:** An Organizational psychologist also evaluates the different programs being launched by the industry. For example, he can assist to marketing managers in designing advertisement of their products that can generate more positive response in the consumers.
- **Training:** Industrial psychologists also play a role of designing and implementing various programs to help advance the skills and expertise of employees. For example, employees are usually trained for e-learning, in-house classes, off-site classroom training and computer based training in different organizations and industries.
- **Consumer psychology:** Mental health experts also study the human buying behavior, their customs and preferences for buying and their inclinations towards specific packaging; advertising and shop and return policies; and dealings with the customers etc.
- **Advertising applications:** Mental health experts also perform the role on advertising of different products. For example, what kind of product features, color scheme and visuals of advertisement are more attractive for consumers.
- **Public relations service:** for example an organizational psychologists analyzes what kind of customer services can make a brand more popular say, after sale services of a brand, its return and exchange policy, and customer dealing etc. these kind of services will enhance consumer's connection with that specific brand.

- **Marketing studies:** analyzing which products should be advertised at what time is also a role played by the organizational psychologist.

The ethical difficulties such professionals face in business settings derive both from,

- The special demands of their particular role: advertising of controversial products such as cigarettes. The advertisement of such products, which are hazardous to health but its selling is also important from business view point, creates ethical dilemma for a psychologists. Here the expertise of an organizational psychologist play great role. From the fact that the ethics of mental health professionals and the ethics of business often seem contradictory. For Example, An industrial psychologist assigned to a job-enrichment program aimed at improving the quality of life, and hence quality of work, among assembly-line workers at a company. After a careful job analysis, many hours of interviews, and considerable effort, he produced a report with many potentially useful suggestions. The management thanked him and shelved the report, which they regarded as “ahead of its time.” Company wanted information and ideas but was not necessarily prepared to act on them.
- ☒ Psychologist felt frustrated that his efforts and the potential benefits of his hard work has seemingly been wasted. Although company paid him, and his client, company, seems satisfied. The psychologist may want to violate his duty of confidentiality to client by revealing information to unions. But he has an obligation to respect proprietary rights of his employer as long as it is possible to do so and still maintain standards of ethical practice.

Ethical Issues in Medical Settings

Typically, mental health professionals working in medical settings will be employed under the supervision of physicians (e.g., in departments of psychiatry or pediatrics). Clinical psychologist and health psychologists can both be employed in medical settings.

At other times, they may be administratively organized in a separate department (e.g., medical psychology, social work, or family services).

Successful diagnosis and the treatment of few complicated patients requires a close, collaborative, and collegial relationship that includes good integration of social, psychological, and medical care. For example, a patient has come to hospital with the complaint of ulcer, but history of patient reveals that this disorder is linked with the stress or anxiety of the patient in the patient. Psychologists help the patient identify the source of stress that may be his hoke, work setting or any other. In this way an

integrative and collaborative approach is necessary to be adopted by the health psychologist.

For Example, a teenage girl referred to the hospital for the treatment of anorexia nervosa.

The staff working in hospital psychosomatic Unit easily identified family stressors that might account for her emotional problems. At the end of 2 months of treatment, with the collaborative efforts of physicians and psychotherapist, she continued to do well in response to the treatment for her disease.

Many cases of eating disorders come to psychiatry department through referrals rather than direct cases of Anorexia Nervosa and Bulimia Nervosa. The reason is that clients of eating disorders also experience symptoms of dentistry or stomach issues. After taking in-depth history of client they are usually referred to clinical psychologist or health psychologists.

Mental health practitioners in medical settings also must remain keenly aware of their expertise and its limitations. These include;

- Interdisciplinary collaboration in outpatient settings
- Maintaining competencies: education, experience and practice of a psychologist can enhance his/her competency.

How to deal with such issues?

Mental health professionals must understand appropriate role for their services. They must also remain prepared to recognize and uphold appropriate professional standards.

Lesson

37 Independent Practice

In many ways, individual and small-group independent practices have become more common than the work of mental health professionals at larger agencies, clinics, or hospitals. Sometimes clients prefer to have one-to-one interaction with the therapist without any liability or without the involvement of other agencies. Here the independent practice of a psychologist becomes very crucial. ☰

The independent practitioner is his or her own boss, but that must be balanced with overhead costs, employee relations (e.g., with a receptionist, answering service, etc.), backup coverage, billing, advertising, and many other chores. Little has been written on the ethical problems faced by the independent practitioner. Although there are a number of the problems that could hinder the efficacy of practice performance of a practitioner. The greatest problem in the ethical sense is probably related to the fact that the independent practitioner must be both a professional and an entrepreneur to survive, roles that are not always congruent. For example if you are involved in independent practice because you want to earn money and at the same time you want to introduce many new avenues in psychotherapy and yet you are alone to manage all these things, then sometimes (due to time constraints and role constraint) it is not possible for one single person to work in all kinds of domains simultaneously. For example some psychologist are introducing laughter therapy for their clients, which is new in the field. So if the psychologist is doing an independent practice then bringing such kind of innovations become more challenging for a single person.

As a solo practitioner, one is basically in charge of;

- Planning and successfully managing the practice
- Documentation and record keeping
- Dealing with third parties
- Protecting confidentiality
- Managing practice finances
- Staff training (if you have any staff)
- Office/employment policies
- Advertising and marketing

Issues in Independent Practice

A counsellor may face different problems related to independent practice especially during psychotherapy, managed care, advertising of services, higher risks for inappropriate role blending etc. However, some unique ethical problems also come up from time to time.

The absence of peer collaborators may lead to less-social comparison and guidance of a professional nature. In this way an independent practitioner does not receive any guidance or collaboration from other more senior professionals of his field which in turn may hinder his growth and learning in his profession. In hospital setting, a complicated case is generally discussed among professionals (psychologists) and thus they come up with some better solution in terms of diagnosis and treatment of a client. This situation mostly results in a failure to always think carefully about the manner in which one practices or manages cases. In independent practice if a psychologist has committed some error in diagnosis, there is no one to rectify him.

The independent practitioner who may have an administrative assistant or other employees who require careful supervision generally does not have the luxury of paid vacations or sick days. For Example, A therapist practiced psychotherapy on his own in a private office. An automobile accident disabled him for a period of 3 months. During that time, no coverage was available for any of his clients. Depending on clients' individual needs, this could present a serious ethical oversight.

The independent practitioner is also more susceptible to face the problems associated with handling and management of emotionally troubled clients, for example, the client who does not pay bills or often fails to keep scheduled appointments. Sometimes a young professional (psychologist) starts his new clinic but avoids its advertisement by not displaying any kind of board or label on the door (to avoid tax, or financial cost). This may mislead the clients. For example, a young woman appeared in the office of the therapist, later on she seemed to become increasingly uneasy with the surroundings and the direction of his questions. Finally, she interrupted and made the red-faced confession that she had thought she had made an appointment at a gynecologist's office.

Lesson 38

Ethics Regarding Scholarly Publications **Scholarly Publications**

Honesty and competence are essential to the advancement of knowledge and scholarly publication. Unfortunately, not every scientist conforms to the established rules and values. Violations range from minor to severe, but the scientific record is damaged regardless. Main issues related to the publication issues are the concerns about the rights of research participants, scandals involving reports of plagiarism and scientific misconduct, conflicts of interest among scientists and a reluctance to accept the flaws in claimed expertise. For example, researchers have identified that there is Type I or Type II error in the findings, but because they have already invested a great deal of money in that particular research project, they do not hesitate to publish that erroneous work. Researchers must deal not just with dishonest, incompetent, and irresponsible members of their own ranks, but also with some external forces acting against them.

First, attempts to suppress, misrepresent, or discount scientific findings for political gain have become more prevalent in recent years. During Covid Days, the first article published just 1.5 months after the onset of epidemic, and it was a very brief duration than that of actually required to carry out and publish a research work. Other examples include ignoring evidence of global warming and environmental deterioration.

Furthermore, some research projects could be funded by the govt. agencies, thus allowing those with political agendas but no scientific expertise to intervene with the peer review process. For example if a government want to know the prevalence rate of HIV in certain area, then it does not mean that reporting higher cases of HIV will help in getting funding from the government; rather research should be carried out by following some ethical guidelines and true statistics should be reported.

Finally, well-researched, peer-reviewed facts that contradict reality as we choose it to be rather than as it is may be suppressed or attacked harshly. For example, an article in a journal owned by the APA presenting a meta-analysis of research on the effects of child sexual abuse set off a political firestorm.

Publication Outlets for Scholarly Work

Knowledge is shared and advanced through scholarly books and journals and, with increasing frequency, electronically. The primary purpose of scholarly publishing outlets is to disseminate useful discoveries as soon as practicable, sometimes as quickly as a few months following the completion of study. Despite what one might assume it to be a sophisticated and collaborative process, scientific writing and study publication are full of the potential for intense conflict and disputes.

Although publications in scholarly outlets alone carry no direct monetary gain, and online openaccess journals actually charge authors fees to publish their work, there are different other factors that motivates researchers for the publications.

- The main reason for most of the researchers is the desire to progress in their professions.
- Publication credits are often required to gain entrance into graduate school or to land an attractive postdoctoral appointment, to obtain or retain a job, to earn a promotion, or to be awarded grant funding.
- Publications also elevate researchers' status among their peers and may even confer more widespread fame.

Competition to “get published” can interject unhealthy features into the scientific enterprise.

- A focus on quantity rather than quality may prompt some researchers to pursue projects that can be completed rapidly rather than tackling more noteworthy undertakings or studying a subject matter in more depth.
- Other criticisms include the tendency for authors to inflate the importance of their work and failing to provide sufficient discussion of study limitations.
- Another major issue regarding publication outlets is increasing number of predatory journals.
- To avoid this situation skeptically examining the publisher's content, practices, and websites, contacting the publisher if necessary, reading statements from the publisher's authors about their experiences with the publisher could be helpful.

Topic 155: Publishing Case Studies & Narratives

Many mental health professionals welcome learning from the qualitative analyses of stories, interviews, field studies, case notes, journals, narratives, and other sources of life experiences. Some works explore symptoms, suggest treatments based on successful outcomes, or illustrate and enliven theories. Publishing material based on interactions with clients or others is not intrinsically unethical.

But issues regarding informed consent, confidentiality, & privacy invasion pertain, that should be tackled carefully. Although carefully disguising stories by removing all identifying information often provides a satisfactory solution. Therapists who publish detailed articles about their clients must remember that when writing about a single person or one family, the risk of outing their information remains ever present.

Perhaps in many cases no one other than the clients themselves could identify who the therapists had described. Nevertheless, seeking a current or former client's specific authorization of the actual content would prove a wiser course of action. Furthermore, even if extremely detailed descriptions, such as essentially a verbatim transcript of therapy notes, appear in disguised contexts, the courts could find in favor of the offended client.

Handling Conflicts of Interest

The changing dynamics of research environment and the collaborations can often give rise to conflicts of interests and commitments/obligations. Therefore, it is important to maintain the transparency in research and publication by both authors and publishers.

Conflicts of interest can arise when an author, researcher, editor, or a peer reviewer has a relationship (personal or financial) that can directly or indirectly affect his/her objectivity in making decisions or influence his/her actions.

Conflicts of interests can arise because of the following:

Financial relationships: These can include direct employment, consultancies to a related organization/company, stock options, grants, patents, and paid expert testimony

Personal relationships: These can include the different kinds of rivalries and bias.

Intellectual beliefs: These can include moral convictions or personal beliefs that can influence the scientific opinions.

Academic competition: It can include biased judgments because of the direct or indirect competition with peers or colleagues.

The above mentioned situations are sometimes unavoidable and finding yourself in such a situation itself is not unethical. Therefore, all the stakeholders, including authors, editors, and reviewers must take the following steps to avoid conflict of interest:

- Disclose all interests so that the stakeholders are aware and can take the required steps.
- Monitor research and research results for transparency and integrity.
- Remove the person that could be in question or biased, from important processes such as data interpretation or review process.

Managing Research Data

Data are the most important outputs of a research process. These can be used to 

accept or reject a hypothesis or frame a new hypothesis. Data management, therefore, is crucial during and even after the research completion. Data management can include the following aspects; **Data ownership:**

It implies ownership of the legal rights to the research data during and after the research project. The important stakeholders include funders, research institutions, principal investigators, and even data sources.

Data collection:

It implies consistent and quality-controlled collection of data. Few important aspects include obtaining required authorization, using appropriate methods, and applying attention to details.

Data storage:

It implies protection of data from damage, theft or loss. Data storage is important to recheck the findings, to prioritize research activities/tasks and to be reanalyzed by others.

Data sharing:

It implies deciding what to share and with whom (general public or other researchers) to share the preliminary data or final results. Data withholding is also an important aspect. Researchers have the responsibility to maintain the integrity of the research data. The group members involved in the handling of the data should maintain privacy and confidentiality of the data while recording on hard-copy or electronic evidence.

Lapses in the management of research data can give rise to many ethical issues discussed earlier. These issues are more prominent in studies involving the human subjects.

Assigning Authorship

Allocating authorship allows researchers to assign appropriate credit and acknowledge their contribution to the research. However, assigning authorship is not always that simple as it also implies accountability and responsibility for the published work. Authorship issues can sometimes lead to conflicts and give rise to misconducts.

Many journals now, therefore, request researchers to submit contributor ship statement mentioning the role of each researcher. According to the International Committee of Medical Journal Editors (ICMJE), an author must satisfy these four criteria;

- Making substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work.

- Drafting the work or revising it critically for important intellectual content.
- Giving final approval of the version to be published.
- Agreeing to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Moreover, the author should be able to identify which co-authors are responsible for which part of the work. According to ICMJE, in a large multi-author study, the decision on authorship should be taken before submitting a manuscript to the journal. Each author of such studies should qualify those four criteria and individually submit conflicts of disclosure forms to the journal editor.

Issues in Assigning Authorship

In few conditions, some large multi-author groups can choose a group name to assign authorship. In that case, a group name should be used when making a submission to the journal along with a description of who all qualify as authors in that group. Contributors usually help in the acquisition of funding, supervising research group, providing administrative support, assisting in technical writing, editing, proofreading, etc.

There are few important issues in authorships that should be kept in mind while assigning authorship.

Guest Authorship:

The author has not contributed to research or writing but his/her credentials can increase the credibility of the published work.

Gift Authorship:

The author may have an association with the research or the manuscript, but does not qualify the four criteria defined by ICMJE.

Ghost Authorship:

The author should have been recognized as the author according to the ICMJE guidelines, but is excluded from the list.

The authorship issue also include the changes in order of author's names. For instance, the name of author who was supposed to be third in the list appears fifth. Moreover the disputes arise because of the missing/omitted authors who were part of the study.

39 Research Misconduct

Research Misconduct

The research misconduct is defined as the three “cardinal sins” of research conduct e.g., fabrication, falsification, or plagiarism. These are generally observed in designing, conducting, or reviewing research or in reporting the findings of the research. Research misconduct includes the following:

Falsification involves misrepresentation of the research by changing data or results or by tampering with equipment, research methods, or materials.

Fabrication involves reporting false or made-up data, results, or research outputs.

Plagiarism involves presenting others' ideas, works, or words without acknowledging or providing appropriate credit to the original authorship.

But errors that are unintentional or situations that arise because of different opinions, not fall under scientific misconduct/fraud.

Research institutions define policies and guidelines for researchers to maintain scientific integrity while conducting research. These guidelines also provide information on how to report any such cases. Most cases of scientific misconduct involve image or data manipulation. Researchers are often not aware of the nuances between image modification and manipulation. They use image processing tools without having appropriate training in the concepts.

Plagiarism and Unfair Use

Plagiarism, the act of passing the work of someone else off as one's own, and is specifically condemned in most ethics codes. Plagiarism can range from careless paraphrasing (very common) to intentional copying of chunks or even an entire work without citing the original source.

If the copying is extensive or if the original author is economically disadvantaged, legal issues pertain through federal copyright infringement statutes.

Some younger professionals may have become desensitized to the seriousness of plagiarism. Because, as students, they accessed information from the Internet and often passed on material, basically unaltered, as part of their assignments. However, even famous authors and academics who should have known better have been caught copying from previously published works created by someone else. Occasionally, the

practice is chronic, as the example is given below:

A Ph.D. Professor Rob Baggit was exposed after a decade of translating articles by Argentinean scholars appearing in Spanish language journals and publishing them in English language journals under his own name. Some might say that what Dr. Baggit did was wrong but it did no real harm to others. After all, he only duplicated the research record in another language, thus broadening the audience that could understand the information. So his act was eventually beneficial. However, the actual person Dr. Baggit gained employment and won promotions based on his bogus publication record, thus giving him an undeserved advantage over others.

Important Issues in Plagiarism

Obvious instances of plagiarism, in which large amounts of material were copied verbatim, are easy for ethics boards to adjudicate because the evidence usually exists in tangible form. Interestingly, the most common source of uncovering major acts of plagiarism is neither by the public nor by other seasoned scholars, but by students conducting literature reviews for their own research papers or theses. Violation of “fair use” standards is related to plagiarism but is more likely to occur unintentionally. Scholarly writings are usually allowed to quote short sections of properly cited works by others without explicit permission from the author or owner of the copyright.

Redundant Publication

A common practice known as redundant publication involves submitting same (or only slightly altered) papers previously presented in significant outlets without the editors’ or publishers’ informed permission. In addition to the copyright infringement, this practice waste peer reviewers’ time, take up journal space & mislead readers.

Salami (sometimes bologna) publication

Another practice is referred to as Salami (sometimes bologna) publication, whereby the author slices a single research study into smaller, seemingly independent, articles. The motivation is typically to increase the number of one’s publications. In this condition the ethical issues apply because the perception of the value of the findings may be distorted, and editors’ and reviewers’ time and resources are wasted when a single article would have done the job.

Avoiding Plagiarism

When drafting the manuscript, authors refer to the published or unpublished work to draw upon ideas or to support their statements. However, researchers often end up in plagiarism trap intentionally or accidentally. Plagiarism is a serious misconduct and professional infarction. Therefore, it is important to give appropriate credit to the author

or the source.

The severity and extent of plagiarism can vary and can fall under the following categories.

- **Complete plagiarism/ intellectual theft:** Submit work under one's name when somebody else has created it.
- **Source-based plagiarism:** Reference a source that is incorrect or does not exist i.e. a misleading citation.
 - o It may also occur when the author cites only the primary source without citing the secondary source from where information was obtained.
- **Verbatim plagiarism:** Copy word-to-word from the original work without quoting and citing it.
- **Self-plagiarism:** Reusing the significant portions of own previously published work without attribution.
- **Paraphrasing plagiarism:** Use someone else's writing with some minor changes in the sentences (using synonyms) and using it as one's own.
- **Mosaic/patchwork plagiarism:** Interlaying someone else's phrases or text within own work.

Data Manipulation

Data manipulation is the process in which scientific data is;

- Forged
- Presented in an unprofessional way or
- Changed with disregard to the rules of the academic world.

Why researchers manipulate data?

- To avoid further experiments to solve data inaccuracies or make the data collection process easy.
- Researchers may forge the data, change some parameters without any experiment or further validation and present it in an unprofessional way.
- Data manipulation may result in distorted perception of a subject which may lead to false theories being build and tested.
- An experiment based on data that has been manipulated is risky and unpredictable.

Disadvantages of Data Manipulation

Taking a close look to the issue, disadvantages of data manipulation can be divided into two parts;

a) Disadvantages for the Author/Researcher

b) Disadvantages for the community

a) Disadvantages for the Author/Researcher

- Presenting questionable data/results can lead towards losing reputation and trust in the field of research.
- Putting him/herself into the risk of getting banned by scientific research organization.
- Providing results that later will be proved wrong or dangerous that can result to being arrested, jailed or punished in another way like getting banned etc. • Defaming and humility among rivals, colleagues and community

b) Disadvantages for the community

- Taking into consideration that in our communities (people, government, companies...) listen to the experts like researchers, so giving them wrong results, concepts, thoughts and advice can be extremely dangerous and misleading.
- Wrong concepts and results can either cause waste of time and resources or can even threat people's life.
- Data manipulation can prevent the growth of a community/country, results based on false data can lead towards failure in real life practices.

Image Manipulation

Image manipulation in the research has become an emerging type of research misconduct, with nearly 4% of papers exhibiting some type of suspicious image alteration. While modifying images may be for better presentation purposes in research papers, but still the researchers should be careful. Image manipulation is broadly considered under three categories; acceptable, inappropriate, or fraudulent.

Acceptable: Simply seeks to format a picture for publication requirements

Inappropriate: Does not modify how an image would be interpreted (i.e., the results are not changed by manipulation)

- Removes background noise or other information

- Modifying contrast to obscure background noise
- Splicing different microscope fields together

Fraudulent: Image is modified and affects interpretation of results;

- Removing a band from a negative control lane

Importantly, scientists must be mindful of the type of image manipulation they are doing to ensure that it does not purposefully or accidentally mislead their readers. Keeping a copy of the unaltered image is also the strongest protection against accusations of misconduct. The original, unprocessed image data file is the standard to which the final processed image can be compared. The investigator must be able to compare the original image to a manuscript figure before submitting it for publication, to ensure that important scientific information has not inadvertently been processed out.

Research Reproducibility

Reproducibility in research is important to validate findings.

What is reproducibility?

Reproducibility is defined as when a researcher is able to duplicate the same phenomenon even when experimental conditions are varied, whereas **replicability** is defined as when a researcher is able to obtain same results when the experiment is conducted under same experimental conditions. Although reproducibility is promoted in science, researchers are not keen to replicate or read published results. Moreover, the published research work is expected to be reproducible but it's rarely tested on those grounds later.

In order to make the research work reproducible the researcher should;

- Write detailed experimental protocols that are easy to understand/implement.
- Share the research outputs in an open access repository to make them accessible.
- Perform experiments with variations to increase the robustness of your findings.
- Refrain from data fabrication or manipulation.

However, it is important to note that reproducible research is not always correct. 

For example, there are many instances as follows;

- False positives in published research.
- Bad quality of data and data analysis.

- Poor study design.
- Missed confounding variables.
- Omitted data points.

Cultural & Demographic Issues in Research

Social & behavioral researchers often study those who differ in some substantial way from themselves, such as in; age, race, religion, sex, physical or mental status, sexual orientation, social & economic status, and any number of cultural variables. Researchers being unaware of the study group's characteristics and customs, or having biases or stereotypical attitudes, are more likely to conduct poorly designed studies. These studies may lead to results that are not only incorrect or misleading, but also cause social harm to the population under study. For example, if you intend to collect data from transgender population, the more appropriate way is to approach the transgenders in their communities rather than on streets (as most of the transgenders you see in streets are beggars, and thus the sample may become biased). Furthermore, when comparing one group to another, as in much cross-cultural research, the assumption that the data are equivalent is not always valid. So the use of any measure, such as a personality test or an interview schedule, may be systematically biased in cross-cultural research. The data collection instrument valid for one population/culture is not necessarily valid for the other culture also. This is the reason that most of the psychological tests being used in Pakistan now-a-days are considered as culturally inappropriate; and the development of indigenous tests is encouraged.

Despite the numerous ethical issues, multicultural research is important. Especially, when it comes to understanding mental health needs of the racial and ethnic minority groups and the availability of services to them. Experimental methodology (tests & assessments) may simply be inappropriate for some groups or cultures, producing results that are misleading and even harmful. For Example, in a study to explore differences in delinquent behavior between Euro American & Black American teenage boys in poor urban neighborhoods, using arrest record as a measure of delinquency. In this same neighborhood, local activists were documenting biased arrest patterns, mostly targeting young Black American men hanging out on street corners. The police mostly ignored young men of Euro Americans heritage engaging in similar behavior. The results of this study will appear to support a hypothesis that, within similar types of neighborhoods, young Black Americans have significantly higher delinquency rates than White Americans. Unless researcher understands the way of life and police profiling in that community, he/she will miss the flaw in his design. Therefore, while publishing a research study it is important to focus on its research design and implementation, so that the results may not impact the minority population of that an area.

Ethical Issues in Vulnerable Populations

Research ethics standards apply best to samples composed of competent adults with welldeveloped senses of autonomy, thus allowing them to make fully informed decisions on their own behalf. The researcher's role is to approach these people in good faith and, if they agree to participate, cause them no harm. However, these may be the most difficult type of participant to procure because they are rarely readily available and willing. Advantaged adults, with the exception of college students, organizational employees, and respondents to opinion polls and surveys rarely become participants in social and behavioral research. Many of the research populations that mental health experts are interested in are constrained or vulnerable in ways that prevent them from exercising full self-determination. These populations include children, the institutionalized, and those at high risk for some possibly preventable outcome. For example, **The Monster Study**, which tested hypothesis that stuttering is caused by psychological pressure, subjected orphan children to relentless belittling for a period of 6 months to induce speech imperfections. Over 70 years later, some of the unwitting volunteers sued state of Iowa, claiming lifelong suffering and emotional consequences.

U.S. federal regulations (DHHS, 2005) specify populations that require special attention considerations because of their vulnerabilities. These include children, prisoners, pregnant women, mentally disabled persons, and economically or educationally disadvantaged persons. Some noninstitutionalized study populations pose additional vulnerabilities because of their mental or emotional condition, such as chronic depression. We must be very careful while collecting data from such vulnerable population, as more trauma related questioning can aggravate their symptoms. Others are vulnerable because of physical illness.

Balancing Benefits & Risks

The incidents of obvious disregard for the welfare of participants have led to closer inspection of potential risks before allowing a research project to go forward. A terrible example involves the government-sponsored **Tuskegee study**, in which poor, black, syphilitic men in Alabama were left largely untreated for the purpose of understanding how this ravaging disease progresses. As many as 400 men may have lingered and died from a curable disease. Other high-profile cases involve medical research at prestigious institutions where experts' own assessment of risks or information provided to potential participants was ultimately deemed insufficient, resulting in deaths or major impairments of volunteers.

Calculating a risk/benefit ratio is a crucial, although often tricky. ☰

In general, if the project is considered substantial and vital, the amount of acceptable risk can be higher. Especially if the participants themselves might benefit from some type of intervention.

Risk & Benefits Assessment

If risks are known to be low and considerable benefit may result, research will likely be approved. But when known risks are high and the likelihood of benefits are low or unknown, the research will not likely receive approval, except perhaps when individuals are in irreversible states and there are no other ways to help them. As one gets closer to the middle, moderate risk and moderate potential for benefit, the decision becomes more complex, and the requirement for consent forms that participants understand becomes more critical.

Assessing Risks

Risk assessment is defined as the probability that unwanted harms will occur as a result of participating in a given study.

Risks are evaluated according to what those harms could be and to whom, how serious they might be, and whether they could be reversed. In order to control the incidents of disrespect or any kind of harm, for the welfare of the participants, a critical examination of potential risks before permitting a study project to proceed is very critical. The designated six types of potential risks in research with human participants are:

- Physical
- Psychological
- Social
- Economic
- Legal
- Dignitary

In reality, and thankfully, potential risks in social and behavioral research are often nonexistent or trivial. However, the types of risks involved in social and behavioral researches include:

Minor risks: It includes boredom, inconvenience, performance anxiety, a perception that one's time was wasted, and confusion regarding how to interpret the experimenters' directions

Serious risks: It includes the invasion of privacy, breach of confidentiality, lingering

stress and discomfort, lowering of self-esteem, upset reactions to being deceived or debriefed, embarrassment, and collective risks by which potential social consequences exist directly for participants or individuals represented in study.

A complicating problem relative to risk assessment is that many planned techniques or study approaches have not been previously studied. Thus, the degree of risk may simply be unknown. So, whereas risk minimization should always be contemplated from the onset, prediction of risks is often difficult because of the seemingly infinite variety of ways people respond to psychological stimuli and phenomena.

Assessing Benefits

Potential benefits being obtained by research participation are often impossible to estimate accurately. By definition, an experimental procedure is conducted to provide answers to heretofore-unanswered questions. So, if a procedure were already known to afford benefit, there would be no need to study it further. In social and behavioral research, benefit may often exist primarily in the eye of the researcher. For Example, a researcher may study ways to enhance children's assertiveness, figuring that early training will teach young people coping skills that will serve them well, increase independence, decrease vulnerability to manipulation, and elevate self-efficacy.

A critic might argue that assertive children would be perceived by adults as bratty, selfish, demanding, and disrespectful. Therefore, some may say that to encourage youngsters to be assertive, given traditional expectations for appropriate child behavior, would actually put them at risk in their homes and in traditional school systems.

The benefit test has also been debated regarding who or what benefits. Some argued that the test should be applied strictly to the research participants themselves, especially if a service project is exploratory and the participants are vulnerable in some way. So, some of the benefit could fairly be expected to flow to the persons as a result of their participation in the research.

Lesson

41 Research outside Traditional Settings

Most of the issues discussed earlier apply to research conducted inside the walls of academic institutions, hospitals, community agencies, or other facilities where participants come to the researchers. However, data of significant interest to mental health professionals are sometimes collected in schools, public places and even private homes. In these instances, some ethical requirements for structured settings do not translate well to these venues, and new ethical dilemmas could be faced. Participants in field research may not always be aware that they are being observed, thus limiting the need for an advance voluntary and informed permission contract. For example, sometimes, the participants are being simply observed in naturalistic settings (e.g., a park) without any experimental manipulation.

At other times, the participants are deceived, and their reactions are observed (e.g., a confederate of the experimenter poses as an obnoxious store customer or a sick person on the sidewalk, while another confederate records observer's reaction). However, debriefing is required to be done afterwards in such cases. Confidentiality & privacy problems are minimum in situations when naturalistic observations of public behavior are made in such a way that identifying information cannot be linked to people observed. However, while using technologies that allow visual or audio recordings of people's behavior, it is necessary to disguise or remove the possibility of recognition.

Research & Multiple-Role Relationships**Dependent relationships are characterized by;**

A disparity in power and status between the researcher and research participant that compromises the ability of the participant to provide free consent to participate or withdraw from a project they are already participating in. For example, if a university professor wants to conduct a research study and he asks his students to complete this research project as an assignment task. In such situations the students have to participate in the research project even without their consent. Multiple ethical obligations arise when the research participants are also current or previous clients of the researcher. However, their participation could jeopardize the therapeutic services being rendered. Problems typically arise when participants (e.g. student or client) feel obliged to participate (or not withdraw), or are likely to have a reasonable belief that they might experience dis-benefit, even if relatively minor, by declining to participate or by withdrawing.

Dependent relationships can be particularly impactful when working with vulnerable groups. Researchers should ensure that appropriate consents are obtained from any gatekeepers to participants, for example, school principals, parents or legal guardians. Dependent relationships can be particularly impactful when working with vulnerable groups.

However, to avoid further ethical problems, the current and previous clients should not be included into research unless needed benefits are likely and not otherwise available. Even here, care should be taken to present a sincere opportunity to decline the participation in research. Special safeguards, such as a participant advocate, should be introduced when the power differential between the researcher and potential participants is especially large. This will help the participants ensure that withdrawing from the research project will cause him no harm, as the legal help is readily available to him in the hours of need.

Making Ethical Decisions & Taking Action

When colleagues, supervisees, or students have (or are about to) engaged in a questionable act that could cause harm or lower public trust, mental health professionals have a proactive role to play. In such situations turning away the intervening because it might prove stressful is understandable. Therapists working with diverse clients whose values conflict with those in Western civilizations require specialized knowledge. Knapp and VandeCreek (2007) proposed a “**Soft Universalistic**” approach whereby it is recognized that most cultures share the same basic values, but they may not be expressed in the same way. The Soft Universalism is that we have to see the moral and ethical values of all the things which are being practiced by that specific culture, religion or society and we have to ignore all other specific parts which can be seen in terms of practice.

Therapists need to assess this wider perspective by focusing on principle ethics (e.g., respect and compassion) rather than specific actions. Therapists should not only try to become more proficient culturally but also to make the effort to reflect on the impact of their own beliefs & practices when dealing with culturally diverse clients. For example, a big challenge for North American therapists involves working with the immigrants from countries who do not place a high value on personal autonomy (Afghanis lets suppose). Knowing, understanding, and creating sensitivity to worldviews different from one’s own is a critical step toward making sound decisions about therapy directions. We cannot be judgmental or biased about the client, rather we should deal him by using ethically embedded principles of therapy and counselling.

Self-Deception

Self-deception is seeing the world the way we wish it to be rather than the way it is. When people have a self-deception, they use their hopes, needs, desires, theory, ideology, prejudices, expectations, memories, and other psychological elements to construct the way they see the world. Violation of “fair use” standards is related to plagiarism but is more likely to occur unintentionally.

Scholarly writings are usually allowed to quote short sections of properly cited works by others without explicit permission from the author or owner of the copyright. Furthermore, as humans sample information from their environment they tend to sample more heavily the positive rather than the negative elements and the elements that are consistent with their ideology, theory, or religion rather than the elements that are inconsistent. Self-deceptions are usually individual, but when they are widely shared in a culture they are cultural. For example, humans in most cultures believed that supernatural beings & spirits make world work. However, after a lot of research some humans began to believe that the way world works can be explained by natural factors.

Lesson**42 Red Flags**

Throughout all contexts, the term “Red Flag” signifies a reason to stop. Red flags are the potential patterns, practices or specific activities indicating the possibility of danger or any harm. Warning signs often went unheeded due to rationalizations, high stress, incompetence in a given situation, or carelessness. So, processing of the critical information without full awareness, makes people prone to act according to influences they do not fully perceive.

Not every warning sign is in itself an ethical violation, nor does their existence automatically lead to poor decisions with regrettable results. But, once a matter signaling potential risk becomes apparent, careful consideration and any necessary accommodations in the next step are imperative. Some important issues in the therapeutic relationship and associated red flags could be the following;

Desire for a different relationship from client/therapist

It includes disclosing irrelevant details about your own life to a client or thinking often about a client outside of sessions.

Concerns about Personal Ambition and Financial Gain

It is an unethical practice to viewing a certain client as being in a position to advance your own career or fulfill one of your extraneous needs. Similarly, accepting clients while aware that your training and experience are likely insufficient to provide competent treatment is also not recommended. Moreover, failing to refer clients when it becomes clear that they are not benefiting from your treatment; or asking a client for a favor or a loan is also discouraged in a therapeutic relationship.

Red Flags in Therapeutic Relationship**Needs to Enhance One’s Own Self-Esteem**

Relying on a client’s presence or praise to elevate how you feel about yourself, or believing that you are the only therapist who can help a particular client is a red flag. Similarly, indulging in rescue fantasies for the client is also considered unethical in a therapeutic relationship.

A therapist should not make the client dependent on him/her for life long period, as therapist can only act as torch bearer for the client but not a savior. Furthermore, feeling entitled to all of the credit when a client improves, especially if a marked achievement is

attained while under your care is also unethical.

Expecting the Client to Fulfill Your Personal or Social Needs

Anticipating that a client will offer favors or his or her services (for example getting you a better deal from his or her furniture store or mortgage company) is highly discouraged in a therapeutic relationship. Likewise, viewing one or more clients as among the central people in your life is also a red flag because this can enhance the chances of transference or counter transference.

Fear of Being Rejected or Client Terminating Therapy for Financial or Other Reasons

Encouraging a client's dependence on you or experiencing a feeling of dread on sensing that a client may decide to quit therapy is an unethical practice. Resisting process of terminating a client despite clinical indicators that termination is appropriate. It means that you as a therapist are discouraging the client's autonomy. Frequently allowing therapy sessions to go over allotted time is also very damaging for the therapeutic relationship.

Negative Feelings toward a Client

Feel bitter about a noncompliant client; feeling anxious about a certain client's appointment; or feeling put-off by a client for strongly resembling someone else you detest or fear are also red flags and should be avoided.

General Red Flags

- Allowing a problematic relationship with a colleague to fester and accelerate.
- Being ignorant or misinformed with regard to the ethical expectations and standards of your profession or resources in your community in case of an emergency.
- Feeling uncomfortable discussing looming "red flags" that pertain to you with a trusted colleague for fear of being negatively judged.

43 Making Role-Blending Decisions

It is believed that the role blending is responsible for a significant part of therapists' most ineffective or careless decisions or actions. Roles conflict arise when expectations in one role involve actions or behaviors that are incompatible with another role. Three guidelines could be used to assess the amount of damage created by role blending. These include:

First, as the expectations of professionals and those they serve become more incompatible, the potential for harm increases.

Second, as obligations associated with the roles become divergent, the risks of loss of objectivity and divided loyalties rise.

Third, when the power and prestige of the therapist exceeds that of the client, the possibility for exploitation is heightened.

The goal of an ethical decision is not to avoid any and all violations of boundaries, because this is impossible. Instead, the goal is to stay on the safer end of the spectrum, where the misuse and exploitation of the therapist's power is kept to a minimum.

Making Decisions When There is Lead Time

Lead time is the amount of time that passes from the start of a process until its conclusion. It is claimed that decisions made on the spur of the moment, intuitively, or instinctively, are preferable as compared to those made after rigorous consideration. However, other research confirmed that complex, difficult decisions deserve active planning, whereas the "trust-your-gut" approach is not only ill advised but possibly even dangerous. When ethical dilemmas arise and a decision must be taken, the best potential outcome is significantly more likely if few other factors are also present, including;

- Sufficient time to collect all important information needed to explore options, consultation, intervention, and follow-up
- An opportunity to involve all relevant parties
- Operating under low stress and a mindset that maximizes objectivity
- Maintaining a continuous evaluation that enables for mid-course modifications or other changes to satisfactorily resolve the dilemma

All mental health professionals should internalize a decision-making strategy to assist

in coping with every ethical matter as it arises.

Suggested Decision-Making Strategy

According to Rest (1982), executing and implementing a plan of action involves few important factors;

- Figuring out the sequence of concrete actions
- Working around impediments and unexpected difficulties
- Overcoming fatigue & frustration
- Keeping sight of eventual goals
- Resisting the distractions and other allurements

One should undertake decision making deliberately, the actual process can range from a minute to days or weeks. Sometimes the decision making may only take seconds because the situation and corresponding ethical responsibility are unambiguous. Others can be complex due to the number of individual's involved, ambiguous issues, a need to clarify loyalties and confidentiality requirements, and so on. Some suggested strategies for making ethical decision include;

1. Determine whether the matter truly involves ethics

First, the situation must involve an ethical issue. Distinction between poor professional etiquette and unethical behavior may become clouded, especially if one feels emotionally involved or under attack.

2. Consult guidelines already available that might apply as a possible mechanism for resolution

Consult guidelines already available that might apply as a possible mechanism for resolution, e.g., research evidence (including case studies that may apply to the particular situation).

Ethical Decision Making in Crisis

Further Decision Making Strategies

3. Pause to consider, as best as possible, all factors that might influence the decision you will make

Assess the situational factors that will have an impact on your decision. These might include seriousness of the alleged offence, whether others know about it, and who may be harmed.

4. Consult with a trusted colleague

Because ethical decision making involves a complicated process influenced by our own perceptions and values. We can usually benefit from seeking input from others, especially those who are expert in their field.

5. Evaluate the rights, responsibilities, and vulnerabilities of all affected parties

All too frequently a flawed decision results from failing to take into account a stakeholder's right to confidentiality, informed consent, or evaluative feedback.

6. Generate alternative decisions

This process should take place without focusing on the feasibility of each option and may even include alternatives otherwise considered too risky, too expensive, or even inappropriate. The alternative of not making a decision at this time and the decision to do nothing at all should also be considered.

7. Enumerate the consequences of making each decision

Whenever it is relevant, attempt to identify potential consequences of a decision. These include psychological and social costs, short-term & long-term effects, any resource limitations, risks, including the violation of individual rights, and any benefits.

8. Make the decision.

If previous phases are completed conscientiously, a full informational display should now be available to make a decision.

9. Implement the decision

This becomes the most critical step, even when the decision and course of action seem perfectly clear.

Ethical Decision Making in Crisis

With no time to prepare a carefully reasoned decision using the previously mentioned procedures, the therapists may rightly feel anxious and become prone to react less than satisfactorily. It is even possible that the anxiety may encourage decisions that are self-serving, protective, or even unethical. Behavioral emergencies & crises are often thought interchangeable, and yet distinguishing the two may have relevance for how decisions are made.

Behavioral Emergency

A behavioral emergency requires an immediate response and intervention to avoid possible harm e.g., suicidal or violent behavior or interpersonal victimization. The client's status must first be evaluated, followed by an intervention to reduce the risk of harm. Interventions can range from the simple, such as nonjudgmental listening, to ordering inpatient hospitalization. Finally, a plan must be created for what should be done next.

Crises

Crises, on the other hand should be reserved for an external event that causes a loss of psychological equilibrium, leading to an individual's difficulty with coping. These may be more commonplace events causing anxiety or stress, such as loss of a job, trauma etc. In these types of crisis, individual may reach out for, or at least welcome the assistance. When making judgments & acting in emergency or crisis situations, mental health caregivers are among professions most sensitive to ethical/regulatory obligations. These conditions pertain when therapists are concerned about a client's condition (especially if information is incomplete), when situation is emotionally charged, course of action is unclear, etc. Regardless of the nature of the actual or impending emergency, therapists are in the difficult position of having to make a number of delicate decisions at a time they, themselves, may feel anxious or stressed.

Clients at Risk for Emergencies & Crises

Some clients wait until their situation reaches urgent proportions before consulting a mental health professional. In such instances, therapists may have to make critical judgments with potentially significant consequences about people with whom they have not yet formed a professional relationship or gathered sufficient information. The careful therapist can obviously listen with an empathetic diagnostic ear but cannot rush to judgment. Assessing and responding to a client who may pose a risk of suicide carries a heavy and stress-provoking responsibility. Becoming well versed in the clues

should be an essential part of all psychotherapists' training. These include a verbal statement of intent, suicidal ideation, a history of past attempts, a precipitating event, deterioration in social or vocational functioning, a plan of action, and expressed feelings of hopelessness and despair. An important step therapists should take in such cases involves carefully documenting concerns and decisions when working with potentially suicidal clients. Such records will prove critical to a later defense should a therapist be sued, and the quality of such documentation may determine whether a defense attorney

Clients with certain diagnoses, such as borderline personality disorder, seem exceptionally prone to crises because of emotional lability, impulsivity and difficult relationship histories.

Preparing in Advance

Although behavioral and crisis management techniques are well beyond the scope of this course, few suggestions to prepare for making difficult decisions under tight time constraints are:

1. Know the emergency resources available in your community. Keep names, numbers, and description of community services in an easy-to-access location.
2. Form or join an alliance of colleagues in your community with each person agreeing to be available for consultation when emergencies arise. Ideally, a mental health professional with experience in emergency care should be included.
3. Know the laws and policies in your state or local relating to matters that are likely to accompany crisis events. These include mandated reporting statutes (specifying the conditions under which information obtained in confidence must be reported to authorities) and commitment procedures.
4. Locate an attorney in your community who is knowledgeable about matters that have legal implications relevant to your practice.
5. Actively seek learning options to sharpen your knowledge about the kinds of crises that may arise in your practice e.g., education in crisis counseling, courses in first aid etc.
6. Conscientiously define your own areas of competence, then practice only within these confines.
7. Carefully monitor relationship between yourself and those with whom a close and trusting alliance has been built. Therapeutic miscalculations can result in intense client–therapist dynamics that lead to unanticipated outcomes.
8. Never rely solely on your memory. Conscientiously document any emergency or crisis

event, including the decisions you made and your rationale for making them.

Crises in the Therapist's Life

Therapists can experience calamities with little time to make modifications for their clients and other professional commitments. The therapist who, for example, falls acutely ill must deal with revised session scheduling, how much to disclose to clients, and how the therapist should refer clients if it becomes necessary to interrupt services. For example, the client felt increasingly irritated as her counselor, became unresponsive and distracted during the session. Client complained about it and therapist apologized and haltingly disclosed that her 3-year-old granddaughter had drowned in the family swimming pool a few days earlier. The stunned client expressed sympathy, got up, and left. In this case, the counselor did not handle her understandable personal grief as it affects her clients well. A client felt ignored and then was forced to deal with mixed feelings about being embarrassed for complaining about what was, by contrast, a trivial matter. Therapist needed more time before commencing her practice. She might have considered canceling appointments or referring urgent cases to a backup therapist, explaining to her clients that she needed time to deal with "a pressing family matter." In the situation the therapist might consider sending the client a note apologizing for not recognizing her own need for more personal time and for any discomfort the situation caused.

Dealing with other's Unethical Behavior

An alarmingly high percentage of scientists and advanced students confide that they know of scientific misconduct committed by their peers, but most do nothing about it. Relatively few cases of scientific misconduct ultimately are reported to the appropriate agencies. Even good people sometimes act unethically without their own awareness. It is also easier to confront someone who you believed acted without awareness because the feeling going in will be more about educating than accusing.

The display of unethical behavior depends on three factors;

1. The individual's own moral assessment of committing an unethical act
2. The benefits that individual expects from acting unethically
3. The individual's perceived risk of getting caught

Thus, any thought of acting unethically is quickly reversed if the individual realizes that his or her own values and commitment to professional standards prevent going forward. Even if an individual talks him or herself into the acceptability of a questionable act, the perceived benefits may rank lower than the perceived risks of exposure. When an individual rationalizes need to execute an unethical act, predicts a sufficient advantage from doing so, and perceives a low risk of being detected, all these factors generate a strong intention to carry through. Peer and colleagues stand in the best position to intervene, to attempt to minimize any harms, and to help ensure that the act will not likely recur. To deal with unethical behavior of others three types of interventions could also be helpful;

Reminding emphasizes the effectiveness of subtle cues that increase people's awareness of moral behavior, decreasing the ability to justify dishonesty.

Visibility refers to social cues and aims to restrict anonymity, prompt peer monitoring, and elicit responsible norms.

Self-engagement increases the motivation to maintain a positive self-image and generates personal commitment to act morally.

Hints for Engaging in Informal Confrontation

One attractive feature of informal peer monitoring is that when it works out well, two

goals can be met simultaneously: a problem is solved, and a colleague may be saved from scrutiny by a more formal (and onerous) correctional forum. For the process for engaging in informal approach, following are some hints;

Pre-confrontation Preparation

1. Identify the relevant ethical principle or law that applies to the suspected breach of professional ethics.
2. Reflect thoughtfully on your own motivations to engage in (or to avoid) a confrontation with a colleague.
3. It is also wise to consider any cultural issues that may help to better understand the situation
4. Assess the strength of the evidence. The ethical infractions, particularly the most serious ones, seldom involve acts committed openly before a host of dispassionate witnesses. With few exceptions, such as plagiarism or durable material such as letters or e-mails, no tangible exhibits corroborate that an unethical event ever occurred. A starting point involves categorizing the source of your information into one of five categories:
 - a. Direct observation of a colleague engaging in unethical behavior.
 - b. Knowing or unknowing direct disclosure by a colleague that he or she has committed (or is about to commit) an ethical violation.
 - c. Direct observation of a colleague's suspicious but not clearly interpretable behavior.
 - d. Receipt of a credible secondhand report of unethical conduct.
 - e. Casual gossip about a colleague's unethical behavior
5. At this point consultation with a trusted colleague is very important, who has demonstrated sensitivity to ethical issues.

The Confrontation

In cases where the confrontation is required, considering the following points will facilitate the process of confrontation.

1. Schedule the meeting in advance.

If you decide to go ahead with a direct meeting, schedule it in advance, although not in a menacing manner. An office setting would normally be more appropriate than a home or restaurant, even if the colleague is a friend.

2. Set the tone for a constructive and educative session.

Do not take on the role of accuser, judge, jury, and penance dispenser. The session will probably progress best if you view yourself as having an alliance with the colleague.

3. When entering the confrontation phase, remain calm and self-confident.

The colleague may display some considerable emotions but it is advisable to remain as nonthreatening as possible.

4. Describe your ethical obligation, noting the relevant moral principle or ethics code standard prompting your intervention.

Never play detective by trying to trap your colleague through leading questions etc., these tactics lead only to defensiveness and resentment, thus diminishing possibility of a favorable outcome

5. Allow colleague ample time to explain and defend his or her position in as much detail as required.

The colleague may become flustered, embarrassed, defensive, and repetitive. Be patient.

6. If the colleague becomes abusive or threatening, attempt to steer the person to a more constructive state.

This could involve including another appropriate person or pressing formal charges.

Issues in an Informal Resolution

Because of reported incidents of harassment and intimidation, ethics codes allow members option of deciding the appropriateness of dealing with the matter directly. However, if an informal solution seems unlikely and substantial harm has already occurred (or is likely to occur), formal action such as contacting a licensing board or ethics committee should be taken. For Example, ethical violations often involve colleagues whose conduct and professional judgment are affected by addiction, physical or emotional problems, and marital discord.

If a colleague seems generally incompetent because of insufficient training or emotional impairment, informal intervention will not resolve the problem. Such individuals rarely have insight into their shortcomings and could cause considerable harm to clients. However, if the incompetence seems restricted to a single technique or application that could benefit from either remediation or discontinuation, informal intervention remains a feasible option.

Sometimes mental health professionals may be requested by another colleague or a client to assist in confronting an alleged violator, but the requester also insists on

concealing his or her identity. Often, such people fear reprisal or feel inadequate to defend themselves. Approaching colleagues with charges issued by unseen accusers violates the essence of due process. Furthermore, alleged violators often know (or think they know) their accusers' identities anyway.

Many Faces of Ethics Codes

Ethics codes for mental health professionals promote acting in the best interests of consumers served like;

- Maintaining and practicing within the bounds of one's competence.
- Striving to ensure that no harm comes to those with whom they work.
- Protecting confidentiality and privacy
- Acting responsibly
- Avoiding exploitation
- Upholding the integrity of the profession through exemplary conduct.

Besides serving as a pledge to the public, ethics codes of mental health professional organizations attempt to take on many other functions, perhaps too many. At once, ethics codes;

- Are impressive public relations documents leading to the enhancement of public confidence in the profession
- Include a critical mission of the organization.
- Spell out which principles morally responsible members are expected to follow.
- Attempt to clarify the proper use and misuse of skills and expertise.
- Provide general guides to decision making.
- Assist in educating the next generation of professionals.
- Define the rules for judging those whose actions have been called into question by ethics committees and other regulating agencies.
- Serve as tools for licensure boards, civil litigants, and other formal mechanisms of redress to cite in sanctioning and defending allegations of professional misconduct.
- Give consumers an additional layer of protection should licensing boards or other regulatory boards be unable or unsuited to consider a complaint.

Ethics Complaints Not Pursued

Ethics committees cannot possibly pursue every complaint. The most common reasons the APA declines to consider a complaint are given below:

1. When there is no provision in the code.

It would be impossible for an ethics code to detail every conceivable inappropriate act, poor decision, or questionable level of care.

2. When an ethics committee is not the appropriate mediator.

Sometimes, an ethics committee refuses to process complaints when it becomes clear that the committee will be unable to make any reasonable contribution to a solution. For example, when issues are related to other than ethical aspects or inter-professional political disputes.

3. When respondents are not members of the professional organization.

Professional associations are voluntary membership organizations, and the jurisdiction of their ethics committees extends only to current members.

4. When complaints are against groups, agencies, corporations, or institutions.

A complainant can name more than one person, but each respondent must be known to the ethics committee by name, and the involvement of each in dispute must be specified. Ethics committees are not set up to deal with an organization or a corporation.

5. When complaints are anonymous.

Usually, the reason for anonymity is noted, and it is typically fear of retribution.

6. When the complaints are improper.

Occasionally, ethics committees receive complaints that, based on the available evidence, are judged frivolous and intended to harm or harass someone rather than to protect the public.

7. When complaints arrive beyond designated time limits.

The ethics committee expects that complaints should be filed within specified periods of time after the alleged violation occurred or came to the complainant's attention.

