

THE PRINCIPLE OF RESPONSIBILITY

Fredi Lang

Standing Committee on Ethics of the European Federation of Psychologists Associations

Psychologists have a number of responsibilities. These interact with the other three Principles that comprise the Meta-code: Respect, Competence, and Integrity. These are responsibilities to clients – present and past – and to wider society, which include practising on a scientific evidence base. Psychologists are continuously facing new duties, challenges and responsibilities. As part of their professional development, psychologists internalise principles and orientations as stated in the Meta-Code, and follow them either explicitly in decision making processes or implicitly in decision routines and, probably more often, in a mixture of these. It is always a responsibility of the psychologist to show ethical awareness and appropriate responsibility for practice – whether one’s own or that of assistants and students, for example. However, there is also a responsibility toward the profession, represented by the national association of psychologists and the community of psychologists. The profession has a role in regulating and supporting the optimal, ethical practice of psychologists. In this paper will discuss the main aspects of the Principle of Responsibility with one example of each clause.

Key words: *Ethical Principles, Responsibility, Professional ethics, Self-determination, freedom of consent and informed consent, Promotion of high standards, Ethical dilemmas, Avoidance of Harm, Deception, Continuity of care, Professional relationship, Public statements.*

Los psicólogos tienen una serie de responsabilidades. Éstas interactúan con los otros tres principios que comprenden el Meta-código: Respeto, Competencia e Integridad. Éstas son responsabilidades – pasadas y presentes - con los clientes y con la sociedad en un nivel general e incluyen la práctica sustentada en una base de evidencia científica. Los psicólogos están continuamente confrontando nuevos deberes, retos y responsabilidades. Como parte de su desarrollo profesional deben internalizar los principios y orientaciones fijados en el Meta-código y seguirlos, bien de forma explícita en situaciones de toma de decisiones, bien implícitamente en rutinas de decisión y, probablemente, más a menudo en una mezcla de ambas. Es siempre responsabilidad del psicólogo demostrar conciencia ética y responsabilidad adecuada durante la práctica, bien sea la propia o, por ejemplo, la de asistentes y estudiantes. Sin embargo, existe también la responsabilidad de la profesión, representada por la asociación nacional y el colectivo de psicólogos. En este artículo se discutirán los aspectos principales del principio de Responsabilidad con un ejemplo en cada una de las cláusulas que lo desarrollan.

Palabras clave: *Principios éticos, Responsabilidad, Ética profesional, Autodeterminación, Libertad de consentimiento y consentimiento informado, Promoción de altos niveles, Dilemas éticos, Evitación del daño, Engaño, Continuidad de la asistencia, Relaciones profesionales, Declaraciones públicas*

The following text is based on the chapter 6 of the book *Ethics for European Psychologists* (Lindsay, Koene, Ovreeide and Lang, 2008 published by Hogrefe). In this paper one of the four ethical principles from the European Meta Code on Ethics will be illustrated and discussed by one example at each clause. Since all the four principles in the Meta Code on Ethics respect, competence, responsibility and integrity are in interaction with each other, referrals to examples from the other principles in the book are made. A lot of more referrals could have been done in order to complete the relations. However, aiming on a comprehensive text a limited number of referrals has been chosen. Psychologists should

Correspondence: Fredi Lang. *Convenor of the Ethic Committee of the Federation of German Psychologists’ Association (BDP and DGP). E-mail:* f.lang@bdp-verband.de

be aware that in case of an ethical question for problem solving all principles should be taken under consideration.

Psychologists are aware of the professional and scientific responsibilities to their clients, to the community, and to the society in which they work and live. Psychologists avoid doing harm and are responsible for their own actions, and assure themselves, as far as possible that their services are not misused.

This Principle is elaborated in the following specifications:

- ✓ General Responsibility
- ✓ Promotion of High Standards
- ✓ Avoidance of Harm
- ✓ Continuity of Care
- ✓ Extended Responsibility
- ✓ Resolving Dilemmas



This Principle expresses the obligation for psychologists to reflect on their different responsibilities to clients, the community and the society. Therefore a main task for a psychologist is to gain awareness about the responsibilities to the parties involved and to maintain the professional ethical standards of their actions. The client's trust in the psychologist's professional competence, the respect of self-determination, freedom of consent and informed consent, and the maintenance of confidentiality are some constitutive premises of psychological practice. Inequalities of knowledge and power constitute further factors requiring a special responsibility in psychologists' professional practice.

The principle of responsibility is widely and tightly associated with the other principles stated in the Meta-Code. Since responsibility incorporates all areas of professional and ethical competence, a listing of the subsections of respect, integrity and competence as relevant dimensions could appear here. The meshwork of responsibilities towards the primary and other clients, the community and to society as a whole varies with respect to complexity and potential for conflicts. This becomes apparent when comparing the professional roles of psychologists working in schools, health system, psychiatric clinics, prisons or companies, for example, regarding client constellations and relevant legal requirements.

But also within their areas of work psychologists are continuously facing new duties, challenges and responsibilities. As part of their professional development psychologists internalise the principles and orientations as stated in the Meta-Code. They follow them either explicitly in decision making processes or implicitly in decision routines and, probably more often, in a mixture of these. The assumption of responsibility as a psychologist does not only mean being aware of the role as a whole and of the individual parts. There should also be a process of integration of ethical reflection in everyday life as a part of the professional role, while keeping in mind the complexity of responsibilities.

An important aspect of professional practice as a psychologist is the necessity to have a scientific basis of applied theories, methods and appropriate knowledge about, and respecting of, their limitations (especially when dealing with new theories) see Examples 5.8, 5.11 (in *Ethics for European Psychologists*, p 89-90, 92-94) Consequently a part of responsibility consists of continuous education and training and in the disclosure of

weaknesses and limitations of applied methods, procedures and treatments as appropriate to the client. Not only are limitations arising from the current state of science and scientific debate of importance for ethical reflections, but also factors affecting one's competence concerning the job including those arising from one's private life such as sickness, or the death of relatives.

The nature of psychologists' ethical responsibility for their professional actions and their consequences is personal. It doesn't matter whether psychologists act in a personal capacity or in cases where they bear responsibility for colleagues or assistants. Also it is not fundamental for the nature of ethical responsibility whether psychologists can act freely or act under the guidance of a supervisor, are following orders of the management or whether others bear even more responsibility. These are important factors that have an influence but ultimately each psychologist has a personal responsibility to act ethically.

Psychologists strive to act in the best interests of their clients, avoid harm wherever possible and minimise unavoidable harm. Nevertheless, respect for the client's rights in case of an ethical dilemma may, even after careful consideration of the different responsibilities, directly or indirectly lead to decisions with consequences of sadness, emotional distress, grief or even harm, either to the primary client or to relevant third persons. The wording "avoiding harm" in the Meta-Code serves as an absolute dictum insofar as psychologists consciously never deliberately contribute to the genesis and/or the maintenance of suffering - neither directly nor indirectly. If a psychologist considers this possibly could be the case, careful checks need to be made before acting; for example, by challenging referral requests or, in some situations, orders.

In case of ethical dilemmas with unavoidable harm for the client or one of the parties, psychologists have to balance carefully the effects and the consequences of their actions seeking the best balanced decision possible at the time. Furthermore the concept of avoiding harm requires a personal commitment to seek a way to minimise harm and to take action where harm is foreseeable and unavoidable. For instance in a case of carrying out an expert witness evaluation of a victim of rape, emotional distress is likely to be caused by the evaluation however carefully the psychologist carries out the task.

Associated with the avoidance of harm, the avoidance of misuse of psychological knowledge and methods is



also part of psychologist's responsibility. Misuse may occur in many circumstances, for instance by applying outdated models, going beyond the limits of methods and procedures or using them with groups, settings or for purposes not within their specifications. One can distinguish between violating the principle of competence by using methods and procedures for other purposes and the use of psychological services for the achievement of unethical or ethically questionable ends and by so doing accepting harm or even torture, e.g. in TV-shows or interrogations by national security services. Checking the ethical compatibility between goals and the consequences of psychological services on the one hand and the client's goals and ends on the other is an aspect of responsibility that is important to consider before accepting a referral, commission or order. In the context of the common and increasing delegation of psychological services by senior and fully qualified psychologists, an important aspect of responsibility is to make sure that psychological services delivered by assistants and colleagues are carried out competently and with full consideration of ethical standards.

GENERAL RESPONSIBILITY

1) For the quality and consequences of the psychologist's professional actions.

This first clause states a general responsibility for the quality and consequences of professional actions and in a general way covers all possible areas of work and relationships. Implicit in this general clause is the need to consider complexity and the implications of new situations and ethical dilemmas occurring as part of professional responsibility in daily practice.

Responsibility as a principle of social life is well known but it varies depending upon different roles and their significance, for example between citizens, parents and their children; among liberal professions, like lawyers, psychologists, medical doctors, and their clients.

The responsibility of psychologists as a part of their professional role differs from those related to being a citizen, father etc. or those arising from other social roles. Problems or ethical dilemmas may not only derive from the professional relationship but also from multiple relationships, conflicts between the role as psychologist and secondary professional roles, for example as businessman or consultant for services on national security issues.

There might be the idea that responsibility is implicit by

the psychologist aiming for the best interests of the client. However, since responsibility covers the quality of actions undertaken, there is also a close relation to competence i.e. using scientifically based knowledge and the adherence to commonly accepted guidelines. Since psychologists are often in charge of supporting or intervening in processes of human development their responsibility is not only related to the action undertaken but also in a general way to activities *not* conducted and their consequences. Furthermore the combination of the qualities of actions and their consequences leads to the need to include both the goal and the process into ethical reflection and decision making.

Example 1

A 14 year old adolescent breaks down in school. The teacher refers her to a psychiatric outpatient clinic where she is seen by a clinical psychologist on a weekly basis. The parents are informed their daughter is being treated for depression, but – as she asks for strict confidentiality – they do not know any details. The adolescent's secret is that she has been sexually harassed and threatened in serious ways by her brother for several years. She pretends that she can cope with the situation – she wants to manage it herself and definitely does not want her parents or even the police to be informed. The clinical psychologist wishes to respect confidentiality but feels that her patient is not able to make the harassment stop all by herself. She knows she would lose her client's trust and, as a result, would not be able to continue therapy if she notified the parents or the child protection agency.

What ethical principles can help the psychologist in her decision on how to proceed?

In this case many clauses from the Meta-code are of relevance for ethical reflections: confidentiality, self-determination, informed and freedom of consent, avoidance of harm, general responsibility, resolving dilemmas, straightforwardness and openness. Some of them are in conflict.

The respect for confidentiality and of the client's autonomy and self-determination are in conflict with the obligation to avoid foreseeable harm and negative consequences of one's actions. Therapy aims to minimise the consequences of harm that has been experienced and to maximise the client's autonomy and self-determination. Further sexual assaults would compromise this aim while therapy could have a stabilising function. Therefore, first of all it should be considered whether the client could be



empowered to stop assaults soon and then may take further steps. If this is not likely to be the case, steps to be taken by the psychologist depend on the particular circumstances of the case as well as the progression of the therapy. In this example several steps could be considered ranging from temporary respect for confidentiality and an agreement with the client to seek to stop assaults in the medium-term, to directly passing information of the child protection agency. A staged approach with temporary respect for confidentiality requires the consideration of the effects and consequences of this strategy regarding the balance of minimisation of harm and maximisation of client's self-determination.

When the psychologist's belief that the client is not able to stop harassment by herself becomes very likely or proved, a new consideration is necessary. In a constellation where sexual assaults are occurring as well as therapy dealing with this is being provided the client's best interests regarding self-determination, autonomy and free development of sexual identity are diminished. The aim of maintaining the therapeutic relationship is related to its consequences and is not an end in itself.

Where therapy might be terminated by the client as a reaction to the breaking of confidentiality, an adequate aftercare by another therapist could be sought as well as other possible steps. When considering the client's competence for self-determination, factors such as developmental age and mental dependency on the brother must be taken into account as they may impair her ability to make judgements (see also self-determination, in *Ethics for European Psychologists*, p 74-77). This must be kept in mind in the psychologist's decision-making process. Furthermore, universal principles, e.g. the UN Charter of Human Rights, the UN Convention on the Rights of the Child and the national regulations on child protection, should be considered.

Despite its important role, in this case the obligation to maintain confidentiality is weakened by the following aspects: Firstly the consequence of respecting confidentiality could be the maintenance of serious harm. Secondly, the client's limited ability to judge as a function of her developmental stage is also a factor with regard to the necessary conditions for her development towards self-determination.

When the decision is in favour of breaking confidentiality a graduated course of action is an option in such a way that, for example, in the first instance, only the parents are informed and the decision to initiate or not

therapeutic and other steps is committed to them as the adolescent is still legally a minor. To preserve integrity a decision to break confidentiality and restrict autonomy and freedom of consent should be discussed with the client in advance. Furthermore, the accordance of breaking confidentiality with the national law has to be clarified. For example, German law requires the existence of severe and objective danger as a premise for psychologists having the option of breaking confidentiality. Only very severe crimes likely to be committed in the future constitute the grounds for such an obligation. However, in many countries there are obligations on professionals, including psychologists, to report suspected abuse of vulnerable persons, including children. Legal requirements to inform parents vary. In the UK, for example, the so-called Gillick judgement confirmed that the test to decide whether a young person could require a health worker not to breach confidentiality and inform the parents (in that case about the adolescent girl's wish to have contraception) is not one of age but of competence to make the decision concerned. Consequently, any particular minor could be judged competent to make some but not other decisions. In this formulation, risk is a significant factor that a court would take into account; that is, the court could require a higher level of proof of the minor's competence if the decision is very serious, e.g. as life-threatening. The principle is important as it empowers those judged competent while protecting those who are vulnerable.

In Example 1 a complex legal and ethical situation applies with legal differences in different countries. The possible actions and their consequences should be clarified in advance and evaluated for further steps afterwards. Furthermore in constellations of this complexity changes in circumstances may require reconsideration of the previously balanced decision, and often require modification of that decision.

ii) Not to bring the profession into disrepute

Example 2

Dr Stevens is an experienced clinical and health psychologist who had worked for 20 years in the areas of crisis and disaster psychology and occupational health inside an international rescue organisation. For family reasons he changed his job three years ago and is now working part-time in a hospital with clients suffering from chronic somatic illness. Referred to him by his former manager, a reporter from a nearby broadcasting



company asked Dr Stevens to make a statement on the next television news fifty minutes later. There had been a train accident with many dead and injured persons and they wanted to know how people feel and what psychologists can do... Although he had not been following the scientific discussion in this area as was previously the case, and with no time to prepare himself, he still felt experienced enough to answer. At the end of the interview he stated that in addition to aftercare activities a psychological debriefing should be carried out for all persons who might have been traumatised. After the interview a former colleague discussed with him a meta-analysis of research results published two years earlier showing no evidence to support his advice in general, but some risks for some groups. Dr Stevens became very upset about his error and started to reflect on causes and consequences.

Dr. Stevens may cause harm by inadvertently promoting future false interventions with his advice. Since he had not undertaken Continuing Professional Development (CPD) in the area requested he had implicitly run the risk of not being aware of the actual limits of the procedures and he may thereby cause harm without realising it. As many of the rescue service staff are not psychologists and are not aware that the evidence for the use of debriefing the general public had changed, the interview could have been an opportunity to make this information better known.

The responsibility for both the quality of practice and the consequences of that practice, combined with the obligation to be self reflective on one's limitations, should have led Dr Stevens to exercise special caution when making statements on matters outside his current level of expertise. In the first place it is the task of psychologists themselves to promote high standards supported by the professional association of psychologists.

Although there could be many possible cases where the profession might be brought into disrepute, false or improper public statements are obviously addressed by this clause. On the one hand immediate publicity is not a requirement for unethical behaviour to be exhibited under this clause. A story about a psychologist carrying on working despite personal incapability could damage the image of the profession even if it is published for the first time years after the event. On the other hand it is important to bear in mind that this clause is not aiming to demand political or scientific correctness defined as adherence to the most mainstream theoretical opinion.

Therefore this clause suggests violation of one or more of the other clauses in the Meta-Code. When considering the implications of this clause, the possible damage to the image of the profession in the public consciousness or the scientific community on a national and international level will be an important factor. Violation of this part of responsibility is not strictly linked to measurable negative effects on public reputation. The level of possible damage to the reputation will be a difficult issue for the professional association or others to consider if a complaint addressing this clause should arise.

But how to avoid mistakes in public statements caused by lack of new and relevant knowledge and time pressure? Even or especially in situations with limited time it is important to lean back for a moment and consider the upcoming professional role in terms of ethical and professional dimensions. That means not only reflecting about what one will say but also on what one will not talk about, or will need to express very carefully. A general aspect of responsibility is to handle problems, relations and public statements in a professional way. Consequently carefulness should be at a premium and ethical reflections should be undertaken in advance. Special caution is needed when working in or when giving statements on questions in new and developing areas.

PROMOTION OF HIGH STANDARDS

1) Promotion and maintenance of high standards of scientific and professional activity, and requirement on psychologists to organise their activities in accord with the Ethical Code.

This clause shows the close relationship between different principles very clearly. It is obvious that high standards in practice are dependent upon competence, but considering also the responsibility for actions and consequences, it is necessary to take care about and to promote a high level of quality. This leads to the aim not only to strive to ensure a quality above the *minimum* standards but also to seek *best practice*, including ethical awareness and accordance to the code. The latter are often referred to as *aspirational* ethics, the very highest standards to which psychologists should aim.

In the reality of health care systems good or minimal standards are common and seen as good enough and not unethical at all. There will often be a gap between the level of standards already reached and those to which professionals should strive. As shown in the example

below, the quality of professional activity is related to circumstances and to possible actions and solutions in the community and/or the organisational setting.

This clause also states an obligation for both organisations and individual psychologists to integrate different aspects of ethical behaviour and continuously reflect on professional ethics in their work. It is a question of ethical awareness not only to prevent serious ethical problems and dilemmas in an appropriate way but also to be sensitive to rather minor ethical challenges in daily practice. For the professional organisation this means the promotion of an ethical code, ensuring that training in ethics and counselling on ethical problems are available and that information on relevant conditions, like legal obligations, are provided for the members.

Example 3

A school psychologist is employed by a local educational authority. His main task is to assess children with academic, behavioural or emotional difficulties, and to suggest helpful solutions. When the problem is on the psychological level, he can refer the child to good therapists but when the difficulty concerns academic performance, the psychologist finds himself in a difficult situation. He has the choice to suggest an extra lesson per week with one of the two special needs teachers – unfortunately, in the psychologist's view, neither teacher employed by the school is competent, and one lesson per week would not be enough, anyway. Or he can refer the child to a special school in a rather distant town – where the child is liable to stay for several years and to lose contact with his friends in the village. Furthermore, the psychologist is familiar with research findings which show that children with special needs do not necessarily make more progress in a special school than in their regular class where they get extra support. To the regret of the psychologist this school doesn't yet practise adequate inclusion of children with special needs... The psychologist just does not know what to recommend. He cannot offer a solution he is convinced of, and he does not feel free to tell the parents of this child what he thinks of the special needs teachers of this school.

Given the circumstances, the psychologist's decision making process must lead to the result that no best solution could be found. The standards of support by the educational system are not at the level of the scientific knowledge. Therefore the gap between the available standard of support in the community and the desired

high standard could not be closed quickly and individual solutions will always be a compromise.

A part of the conflict is the ethical responsibility to the special needs teachers as distant colleagues in terms of fairness and respect; also, the basis for recommending additional support is not strong. But which positive or negative consequences for the child would result from a criticism of the colleagues becoming public, even if it was quite well founded? Or are there better ways of changing the structural conditions of support?

The conflict resulting out of the gap between the standards mentioned above and the lack of competence could not be solved without good co-operation inside the educational system. On the way to high standards carefulness is needed both in strategies to develop organisations and especially concerning the clients' role in raising complaints about the lack of suitable programs and staff quality. There will be a range of cases where clients will want to complain and create a public scandal, whereas others won't. As the improvement of standards often is more relevant to future clients, one should bear in mind that it is, of course, only of secondary interest to the current client in the here and now. Future improvements are of more interest to, and the responsibility of, the psychologist and the local authorities. Another dimension of reflection may be the consideration whether the provision of a high amount of extra support in this area is the duty of the educational system or the parents', responsibility or a shared responsibility.

The tasks of decision making when faced with this tension are, on the one hand, to look for possibilities to promote the implementation of a higher standard and, on the other hand, to find the best possible compromise at this time together with the parents. However, promoting the best interests of the child as the main client requires that the caring parents, who have the responsibility for decisions, know all the possibilities, risks and opportunities. Besides a careful rationale concerning the lack of competence of the special needs teachers, priority should be given in the counselling process to the parents' understanding of their actual choices. Therefore a critical view on the quantity and the quality of support should not be concealed. This may result in activities of the parents ranging from a polite demand for extra support addressed to the school, up to long term political actions.

Based on the explanation that the support available will not be enough and should be extended, solutions for additional support could be sought, for instance from

voluntary bodies or by a special choice of games, electronic and media solutions supporting the learning processes.

AVOIDANCE OF HARM

i) Avoidance of the misuse of psychological knowledge or practice, and the minimisation of harm which is foreseeable and unavoidable.

ii) Recognition of the need for particular care to be taken when undertaking research or making professional judgements of persons who have not given consent.

This clause is stated as an alternative formulation of the well known dictum "do good". However, in the case of an ethical dilemma it is not always possible to act in a solely positive way, for example when there are two or more clients and relationships with different wishes, opinions and needs. Furthermore it is hardly possible to draw a clear line defining how much goodness and welfare are to be ensured by meeting the requirements of the code. In some cases one or more principles may be contravened by following one of the other principles which has been considered more important in order to avoid harm.

There may be a conflict in the decision making process between minimisation of harm and avoidance of harm as these two different goals may be difficult to reconcile. The service of a psychologist could be requested for the purpose of minimising foreseeable harm by a third party or even by a person being in the position to suffer harm. Examples of this may be found in the case of a reality TV broadcast format like Big Brother or Jungle Camp where the participants don't know exactly what kind of exposure and amount of harm they will have to face. The service of psychologists may be sought in order to minimise harm and this may be a standard for the broadcast company to deal with their responsibility. In effect, the company shares or largely delegates responsibility to professionals while producing risks by designing effects in the show that could harm participants in order to meet the dominant concern – making money.

From an ethical perspective minimisation of harm as a goal in a future professional role only becomes acceptable if avoidance is impossible or not foreseeable. Where acceptance of some harm rather than avoidance of harm is accepted then this would mean accepting and even, it could be argued, contributing to the occurrence of harm. Decision criteria would include whether the

probability of occurrence is very low or high and the extent to which precautions and professional activities could ensure the avoidance of harm. In every case where harm is used in order to make money the conflict between minimisation and avoidance requires the psychologist to reflect before accepting a role of supporting these actions.

A more frequent scenario that requires reflections on the responsibility to avoid harm occurs in the educational assessment of children.

Example 4

Mr Scheffer is an experienced educational psychologist working in independent practice. Mr and Ms Turm, who work very hard and are successful, are aiming to prepare and support their five-year-old son Victor for the best life possible. Since they had formed impression that Victor has high potential they want to clarify his IQ because they believe this will help them to decide what kind of support and school would be the best for him. One employee of the kindergarten has given an opinion that Victor has high ability and also a high activity level.

The parents participate as observers when Mr Scheffer assessed Victor. Afterwards he explained to the parents that this test has been well evaluated and that the results are reliable and stable but at this age some of the results may change over time because of children's different speed of development. Mr Scheffer takes 1 1/2 hour time to explain the IQ result of 120 (placing Victor in the top 10% of his age group) and the potential Victor has in the specific domain of mathematical competence. He gives the parents a comprehensive list of the results. The next day Mr Turm comes back and demands a copy of each test item including the test form with the raw data and results. In his opinion some of the items are stupid and have no close relationship to intelligence. Therefore he is sceptical that the overall result is correct and wants to check the test construction himself.

Mr Scheffer explains again the quality of the test and refuses to hand out copies of the test form or the test materials. He focuses on Victor's needs and explains that there are risks if Victor were to move to a school for children of high potential as he has a high potential in only some domains. Mr Turm declares that he is aware of this but as he has paid for the service he wants a copy of the test results including the original test form and materials. Mr. Scheffer states that he is always open to explain the results in an additional paid counselling session or provide an extensive written report which will

provide his opinion supported by the appropriate data, properly analysed and with suitable caveats such as reliabilities of scores. He also advises that the records of the test will be kept 15 years so that Victor as the main client can have an insight into the results when he is older.

Mr Scheffer is aware that he has two clients: the parents and, as the main client, Victor who is not able to give informed consent. Since he feels responsible to avoid harm resulting from misuse of psychological knowledge he does not generally hand out test materials. In addition he thinks that there is some evidence that the father may misrepresent the test results to third parties as he is not competent to interpret the test data.

What would you do in respect of your national ethical code and would it be in conflict or in adherence to legal regulations governing services and the family? Would you hand out the whole material; if yes, under what conditions and with what precautions?

An essential element of assessment services is the detailed and comprehensible explanation of the test results to the client. There is a basic consensus in Europe concerning the direct client's right of access to test results as well as concerning the obligation to retain records for a period of 5-10 years. There are differences, however, concerning the ethical and legal regulations for presentation and delivery of test results, particularly the delivery of copies of the original documents. Whereas in Germany the guidance focuses on the original documents remaining the property of the psychologist, in the Netherlands there are obligations, both by law and the code of ethics, to deliver copies of the test results to the client (or, in the case of children, to the parents). In the UK it is expected that a report will typically be provided by the psychologist setting out the results of the assessment and the psychologist's opinion. This is a legal requirement in the case of a statutory assessment of a child's special educational needs but seen as good practice generally. However, as in Germany, the psychologist is expected to maintain test confidentiality and not copy the test materials, including original test forms.

Arguments against revealing the content of the test, or the raw data arising from the assessment, include the protection of the test procedure against misuse and the prevention of misinterpretation of the results by third parties. Furthermore, there is the danger of a loss of validity due to distribution of the original test to many people who could then learn its contents and so influence the results of subsequent assessments. On the other hand,

provision of a psychological report provides the client with a record of the psychologist's opinion and the evidence that supports it.

In Germany, for example, the major test publishers demand a proof of competence, such as a degree in psychology, before selling a psychological test. With many tests the delivery of copies of test results (or parts of them) to the direct client is unlikely to present an ethical problem. However, there may be an ethical problem with some tests as a matter of principle, or in certain cases with respect to their being passed to third parties, parents or relatives. Therefore a regulation permitting the psychologist to decide on the selective passing on original documents or copies will yield a broader scope to prevent possible misuse. The duty to provide clients with comprehensible and comprehensive information about test results, however, is fundamental, regardless of the decision whether or not to pass on copies of the original documents.

In the example given above, the psychologist's concerns about the risks of misinterpretation and selective (mis)use of test results appear to be concerned with access to the test materials rather than detailed findings. These are separate issues. The latter may be justified whereas the former is unlikely to be. There exist some indications that the father could use results from parts of the test in order to try to have his son placed in a school for children of high potential, where the son might be inappropriately challenged to a damaging degree. However, an admission to such a school based solely on the presented partial test results is improbable. The psychologist's offer for a further extensive explanation of the test results does include the explanation of the limits of interpretation and possible risks of excessive educational challenges for the son. From an ethical perspective an objective and plausible risk of misinterpretation and resulting negative effects would be required to withhold information. In Germany's legal framework this decision remains within the psychologist's ethical responsibility with the purpose of providing accurate information to the client and to prevent misinterpretation.

One measure to prevent or to reduce incorrect understanding of the test results is the extended service of a detailed written report for the client, a common approach in many countries. These reports may provide full details of test results with the psychologist's careful explanation of confidence limits, reliability etc. Results which are hard to understand by lay persons represent a

possible risk, but a careful explanation should be part of any psychologist's report. The outcome of the analysis of risk and benefit of providing test results depends on the nature of the client as well as the type of test. Therefore the German code of ethics, for example, does not contain a general recommendation regarding the delivery of copies of the original test results, whereas in the UK, for example, although the BPS code does not specify this, test results would typically be provided as an example of generally agreed "good practice"; furthermore, in some cases, there is a legal obligation on the psychologist to provide a report to the client and/or parents; for example, the statutory assessment of special educational needs in England

lii) Recognition of the need for particular care to be taken when undertaking research or making professional judgements of persons who have not given consent.

The Milgram experiments on obedience led to a broad discussion concerning the limits of scientific research (see Milgram, 1963) Special importance has been attached to the use of deception and compromising the right to information regarding the object of the research, so limiting the participant's ability to exercise self-determination when engaging in deception experiments or failing to acquire the *informed* consent of the participant (e.g. caused by lack of information or explanation). On the basis of specific regulations and their interpretation within the national codes of ethics, the ethics boards of the psychological associations in many countries offer support to researchers with research applications by advising in advance about the compliance with ethical standards of the presented research designs. Also, universities often have their own ethics boards to consider research proposals. In the realm of research which requires a certain minor degree of deception, excessive invasion of privacy can be prevented by some precautions. These precautions include respect for the most intimate core of personality, which is not to be touched without consent, the listing of areas of personality under observation and the subsequent debriefing concerning the details of the object of research. Furthermore, deception as a research method will typically require particular justification (see also Example 7.12, in *Ethics for European Psychologists*, p. 138-142).

These preventive measures may not be possible when a

psychologist is called upon to make public statements. The role of psychology as an explanatory science for psychological and social phenomena grows as the world of media develops and the interest in social and psychological topics increases. Psychologists are asked more and more often to offer explanations of current events, such as hijacking, kidnapping, taking of hostages, infant homicides and other violent crimes, psychological stress or illnesses of celebrities. In these cases there is regularly no consent of the perpetrator or the celebrity regarding the information given about them. In such cases the psychologist has a greater responsibility to exercise caution.

Example 5

The case of Mary Peters, a 17-year-old girl, who was abducted at age 11 and held captive by a man until her escape, received heavy media coverage for several weeks. When more and more details leaked to the media, Ms Peters decided to go on the offensive and gave a TV interview providing details of her story for the first time. The media ran extensive reports and a year later she gave another interview with more details. Again, there was a media hype, and along the way the psychologist Mr. Scholz was interviewed. Scholz emphasised in the preliminary talk before the interview that he wouldn't comment on Mary's inner mental states out of ethical and professional reasons. During the interview the reporter asked repeatedly what conclusions could be drawn from Mary's behaviour regarding her current psychological condition. The psychologist didn't answer the question, but eluded it as he had resolved to do by describing common stresses and strains and coping processes typical for these kinds of situations. When, after the interview, he complained to the reporter about the question, she responded that Ms Peters had knowingly made herself a public persona, and therefore must have anticipated the media coverage and the public response to it.

Psychology as a science has the function to offer explanations to the interested public. In these cases the psychologist's clients are primarily the public and the media representatives. However, it is imperative to respect personal rights. In addition, when a psychologist makes a diagnostic statement about a third person, he implicitly turns that third person into his "client" without his or her agreement. This is essentially a violation of the right of self-determination and of the privacy of the person



concerned. Another problem concerns competence, as the question must be raised, if a scientifically based statement can be made without a direct contact with the client. But even if it were possible to provide substantiation neither of diagnostic statements, neither the consent to make these statements nor implicitly to being made a client would have been given. From the professional ethical perspective of psychologists the mandatory respect of personal rights of human beings is not substantively changed by public appearances or status of a VIP.

As journalists typically take a different approach, psychologists run a high risk of finding themselves faced with ethical conflicts while being interviewed. Certain special precautions, like asking the persons for their consent, as a rule will be almost impossible, leaving only the last precaution of not making statements about inner mental states at all. Even if there is a tendency in media coverage for different approaches to be taken with perpetrators and victims, and for different limits to be set, as a matter of principle for psychologists the ethical restrictions will be the same for both victims and perpetrators. A more contentious and somewhat open ethical question concerns statements about deceased persons (e.g. Hitler, Marilyn Monroe or Princess Diana) where the public and historical interest might outbalance their personal rights and/or the rights of their living relatives.

CONTINUITY OF CARE

i) Responsibility for the necessary continuity of professional care of clients, including collaboration with other professionals and appropriate action when a psychologist must suspend or terminate involvement.

When dealing with psychological problems, psychologists may get into awkward situations where the client's problem isn't yet solved but, because of disturbances to the professional relationship or for other reasons, an untimely termination of the service is necessary, even though the psychologist knows that further help is needed. In this case there is an obligation to organise continuity of care in order to avoid harm and take responsibility for the unfinished process. This obligation also includes the need for collaboration with other professionals or institutions concerning the continuity of care and to ensure that all necessary information is given and actions taken to address the best interests of the client. The responsibility for continuity is also an aspect of competence and respect

because competent psychologists are able to anticipate possible negative consequences following early termination of the professional relationship.

Example 6

Ms Miller is a clinical psychologist working in the area of psychotherapy in independent practice. After some years she expanded and hired Ms Meyer, a competent clinical psychologist. They made a contract stating that Ms Miller could keep her contracts with the private health services including settlement of accounts. Ms Meyer worked in Ms Miller's rooms in independent practice and received money in relation to clients treated. Given the multiple rates of the special insurance of most of the clients, Ms Meyer received a significantly reduced hourly rate but one that was common in the market. The contract contained the obligation of secrecy concerning matters of practice and a clause in case of leaving the practice to prepare and turn over the clients to another therapist, including the provision of a final report. In case of opening an own independent practice in the vicinity, Ms Meyer was bound by the contract to not take along any clients from the original to the new practice.

After one year personal conflicts and theoretical differences led to a serious problems and the termination of the contract by Ms. Miller. Ms. Meyer met her obligations by preparing the clients for her leaving office and a change of therapist. However, after the termination of employment it became evident that some of the 21 clients were not ready to change their therapist and additionally not all of the clients could be attended to. There was a discussion between a client, Ms. Miller and Ms. Meyer, where the client insisted that Ms. Miller agreed to the client's being passed over to Ms. Meyer. Afterwards Ms. Miller and Ms. Meyer discussed the handling of unprovided clients. While Ms. Meyer offered to take these over, Ms. Miller suggested that they should be treated in her practice based on the former fee until the end of the therapy.

As Ms. Meyer was still busy in the setup of her own new practice and wasn't willing to work at half of her possible pay, she declined. Ms Miller refused to pass clients to Ms Meyer as she was not willing to assist her competitors and in addition she wasn't convinced of Ms. Meyer's competence. During the following months Ms. Meyer would meet former clients in the street and found out that some of them hadn't started a new therapy or had quit their therapy after a short period of time, due to the long



time of waiting for a new therapist. But there was no complaint filed in this case.

In this example the termination of therapy resulted from organisational causes. Both psychologists bear the responsibility for finding a solution for aftercare and continuation of therapy. Ms. Miller is responsible to provide a new therapist as quickly as possible and to refer unprovided clients to her other colleagues. Ms. Meyer bears responsibility to secure the continuation of her clients' ongoing therapy. Unfortunately, both counterparts may see the responsibility as resting on the other side, thus violating their ethical obligation to co-operate with colleagues in order to guarantee a proper continuation of treatment.

From an ethical viewpoint it is hard to decide which of the two psychologists bears the higher degree of responsibility for the continuing treatment of the clients. Because Ms. Miller legally claims the representation of the clients she also is legally accountable to a higher degree for the continuation. On the other hand there is Ms. Meyer's responsibility derived from her (long term) relationships with her clients. Therefore the question arises: was it really unbearable for Ms. Meyer to accept, under the previous conditions of employment, some financial cutbacks and a somewhat delayed business start-up in order to finish the treatment of clients refusing to change therapist or being unprovided.

However, the evaluation of the degree of responsibility is of secondary interest. It is essential that both psychologists accept responsibility and are obliged to find a good solution. The consequences of their personal dispute resulted in the fact that there was no effort to settle for the benefit of the clients. Both psychologists were confronted with the task of coming to an arrangement and to provide a swift continuing treatment, even if some financial cutbacks had to be accepted. In this example the method of mediation would have helped to come to a solution with balanced burdens on each.

On a more basic level it is to be questioned if the employment contract is ethically correct in all aspects. The contract interferes with the right of free choice of therapist as it regulates the interruption of treatment and the referral of clients. However, it can be objected that a psychologist starting a new position at a nearby hospital won't take his or her clients along. Still, a contractual framework which is based too much on economic interests and limits the clients' autonomy doesn't seem appropriate in the realm of psychotherapy. It is Ms. Miller's duty to

specify employment contracts and to implement procedures on clients' information in a way that won't violate freedom of consent and the clients' best interests.

ii) Responsibility towards a client which exists after the formal termination of the professional relationship, upon new contact with matters which derive from that original professional relationship.

Example 7

Mr Baker a young organisational psychologist works in a company selling proficiency assessment. He carries out the tests for the job of a secretary among 10 candidates and provides a brief counselling session afterwards to each applicant on their results. The interpretation of all the results is done by a senior psychologist in the company and the decision regarding who gets the job is taken by the client of the company. Two months afterwards he met Mary, one of the candidates in a pub, and some days later they come closer to an intimate relationship. Mr Baker asks himself if he is allowed to get in closer contact with her. As he does not remember Mary's results very well and as he has performed no personality or clinical tests he comes to the judgement that it would be ethically acceptable.

Is it ethically acceptable for Mr Baker to go into an intimate relationship with Mary? How would it be if this happens in the following week rather than two months later?

The responsibility to clients persists even after the professional relationship has ended since there is a special history of a professional relationship, including a differential power relationship between the psychologist and the client. This history may interfere in a new relationship whether that is a private or professional relationship. Therefore psychologists have to reflect on this and on keeping professional distance from their former clients. Inequality of power is a characteristic of professional relationships and this may persist.

To address this issue it is often suggested that a time limit should be specified for keeping professional distance. But a time criterion is formal and abstract compared with the real relationship which may take many forms (See also Examples 7.13, 7.15, in *Ethics for European Psychologists*, p 142-148). Influences from a short but intense therapeutic relationship dealing with severe psychic problems may exist after years. Influences of a relationship arising from an intervention to reduce a fear



of flying, by contrast may reasonably be considered to have, relatively, little influence within perhaps half a year. That does not mean that there is evidence that such clients of psychologists are free from any influence after successful termination of the intervention. There is a need to consider criteria relevant to the *particular* ethical decision in line with both the kind of former relationship and the stage of the personal development of the client. It would not be sufficient to be guided by the time passed.

Important criteria to aid the evaluation of the possible influence of a prior professional role would be the degree of possible dependency caused by theme, type and duration of the relationship and the resulting knowledge about the client. In this current example the professional relationship is defined by a single contact covering job related proficiency assessment. The information obtained about the client is hardly sufficient to constitute or continue a personal dependency or exercise of power. The professional relationship was not personal by nature. No intimate knowledge about the client's personality, problems or other relevant private secrets from her biography had been acquired.

EXTENDED RESPONSIBILITY

i) Assumption of general responsibility, for the scientific and professional activities, including ethical standards, of employees, assistants, supervisees and students.

The clause on extended responsibility broadens the general responsibility to those working under the supervision of psychologists. Professional and ethical standards as well as awareness are important components of the responsibility and competence of psychologists but to behave ethically is also a necessity for a psychologist's employees, assistants, supervisees and students. Since psychologists bear a general responsibility for actions taken by these groups they also have the responsibility to take care that people involved in their work are well-trained for the tasks they have to fulfil and that they act in accordance with the appropriate ethical and professional standards. Requirements such as the avoidance of harm are also addressed as a responsibility that psychologists have for their assistants, supervisees and students.

Example 8

Ms Green is working as a clinical psychologist in the geriatric section of a big hospital providing psychological

assessment, intervention and training for all patients. As they see a growing demand, the management of the hospital decides to open a specialised section on dementia and to transfer the psychological service to this section. The former geriatric section will become an independent part of the dementia section and will concentrate on physiotherapeutic and occupational therapeutic interventions only. Therefore no psychologists will work there anymore and the management will be done by an experienced occupational therapist. Since patients regularly come to this former section first it is proposed that a form of minimised assessment of intellectual competence should be done there but without psychological supervision.

The general manager of the hospital asks Ms Green as head of the dementia section and the psychological service within it to provide the psychological tests by ordering them from the test publisher. He claims that, although the staff in this section have no extensive training in psychological assessment, they do have experience with these kinds of tests. He asserts that these staff are capable of performing assessments under supervision of the management who has years of experience as an assistant to a psychologist. Ms Green makes the observation that these staff often do not give enough time and/or skip some items. Ms Green has serious doubts that an adequate performance at the appropriate professional level is assured and refuses to order the tests which, by the publisher's policy of quality management, are restricted to professional psychologists. She argues on the basis of her professional responsibility for the psychological activities involved in the task, the need to avoid harm and the financial risks for damages that could arise as a result of improper test use.

Under what conditions is the delegation of psychological assessment organised in your country and how well does this fit the responsibility to avoid harm?

Given the organisational changes in the health systems of many countries, a tendency can be found to hire cheap labour, in part with only borderline qualifications, in order to deliver services. Psychologists playing a part in this area bear a heavy responsibility for the quality of services and the prevention of damage. In this case a psychologist is asked to obtain psychological tests to be subsequently administered by inadequately trained personnel, thus undermining the common quality standards for test acquisition and administration.

Put into an ethical perspective the psychologist accounts



for the quality of the results, damage prevention and quality assurance. As psychological assessment represents a major invasion with extensive consequences for the people concerned, supervision is a central quality measure. Quality control of the assessment results includes the initial training of support personnel, continuing education, supervision and the professional psychologists' monitoring of the interpretation of results, including the taking over of difficult cases and very complex assessment procedures. In the example given this is not guaranteed by the organizational structures of the new department. Therefore the contribution of the psychologist of only the acquisition of tests is insufficient to control quality. Regardless if whether the hospital management is legally liable for any damages and claims, from an ethical perspective there is the necessity to prevent or minimise the risks of possible damage to clients and the standing of the profession.

RESOLVING DILEMMAS

1) Recognition that ethical dilemmas occur and responsibility is placed upon the psychologist to clarify such dilemmas and consult colleagues and/or the national Association, and inform relevant others of the demands of the Ethical Code.

Ethical awareness as an obligation for psychologists is defined under the principle of Competence but this must also be considered in combination with the principle of Responsibility, to be open and sensitive to the occurrence of dilemmas. Furthermore this clause clarifies that the responsibility to reflect on and solve dilemmas, in all areas of professional practice, is primarily the task and duty of the psychologist. In addition the national association has a role providing support for the decision-making process. This clause outlines possible steps to deal with ethical dilemmas after having become aware of them. If ethical questions or dilemmas occur psychologists have the task to develop a strategy. They may develop their own approach for this or use a systematic approach developed by others. A very useful list of 10 questions has been published by the Canadian Psychological Association in their *Canadian Code of Ethics for Psychologists (Third Edition)*. At first there are systematic questions dealing with the persons involved, their relationships and which clauses of the ethical code are relevant to consider. These are helpful to find a balanced judgement. Experiences from training and supervision show that regularly five or six of these questions are

necessary in a decision-making process to find the most appropriate ethical way forward. Approaches to decision making will be discussed in Koene (2008).

Example 9

When the psychologists association made a call for members to send in ethical dilemmas to be discussed in its own magazine, a psychologist who was close to retirement replied that she would welcome the endeavour but unfortunately couldn't contribute an example. She continued that this was a result of her being the manager of an organisation, thus not coming into conflict with ethical dilemmas.

This reply illustrates an attitude not infrequent in older psychologists (see also Examples 5.3, in *Ethics for European Psychologists*, p 82-83). During their professional development they have developed certain routines concerning professional and ethical questions that might lead to the conviction to act ethically by default. While evaluating such a statement it would not be fair to imply that there is no sufficient awareness of the fact that ethical problems do occur. On the other hand it is hard to believe that during long years of practical experience no ethical problems should have come up which are worthy of reporting. It could be argued that a heightened degree of self-confidence, accompanied by minor attention and sensibility to problematic developments, is common in leadership positions, whereas a specific characteristic of ethical awareness perhaps is not.

As ethical questions in psychologists' practical experience don't come along as clearly expressed tasks to be carried out, an inadequately developed sensitivity to dilemmas and ethical challenges among those in leadership positions becomes an additional problematic factor. Therefore it is essential for psychologists to pay attention in order to develop and maintain a high degree of awareness and inner readiness to perceive and to seize ethical questions as a self-aware component of their professional role. The maintenance of this level of awareness and a sensitivity towards unknown future incidents is a difficult task, which requires a continuous monitoring of one's inner readiness during everyday practice. Therefore training at the beginning of professional careers is needed in order to sensitise the awareness for ethical questions as a part of the professional role.

But let's go back to the discussion of example 6 to illustrate further aspects of the clause. In the run-up to the



conflict described here, and the task of ensuring the continuation of treatment, both Ms. Miller and Ms. Meyer had the duty to detect and to grasp the ethical problem that occurred. Both of them had an ethical obligation to make an effort to come to a solution beneficial for the client. The fact that both bear a part of the responsibility does complicate the matter but this should have led to a process of compromise, provided that both of them had awareness of this ethical obligation and a willingness to act appropriately.

Measures have to be taken especially in situations where it can be anticipated that the planned strategies to deal with a problem will turn out detrimental to the clients' interests. Given the background of the psychologists' conflict, it would have been helpful to call in a neutral third party, either within the setting of consultations with the psychologists association, or the services of a mediator before the employment was terminated. This neglect can't be undone a certain time after the event of interruption or termination of therapy. This case study makes clear that even just the lack of activity at the given point of time is enough to create an ethical problem whose consequences can't be easily countered a short time afterwards.

The clarification made in this clause that it is each psychologist's obligation to make efforts to come to an ethical solution is made even clearer by the weak position in which the clients in this example find themselves, and, even worse, are held in by the concealment of their possibilities to change therapists.

CONCLUSIONS

Psychologists have a number of responsibilities. These interact with the other three Principles that comprise the Meta-code. These are responsibilities to clients – present and past – and to wider society. These responsibilities including practising on the basis of a scientific evidence base. However, this paper has also indicated that there may be conflicting responsibilities, for example to direct and second order clients. There may be tensions when it is not clear how to prevent or, at least, to limit harm. These

are very real dilemmas. But we have also seen how psychologists, by focussing on their own needs rather than those of their client or wider society, may fail to demonstrate appropriate responsibility.

It is *always* the responsibility of the psychologist to show ethical awareness and appropriate responsibility for practice – whether one's own or that of assistants and students, for example. However, there is also a responsibility on the *profession* in the form of the national association of psychologists and the community of psychologists. The profession has a role in regulating and supporting the optimal, ethical practice of psychologists. The provision of opportunities for Continuing Professional Development is one clear example of how this responsibility can be exercised. Another is the provision of "help lines" to discuss ethical dilemmas. But, furthermore, we have a collective responsibility as individual psychologists to optimise practice. This includes supporting colleagues who are under stress but also – on those rare occasions when this occurs – taking action to report unethical behaviour. Responsibility, therefore while primarily concerned with the individual psychologist is also central to the collective of psychologists.

REFERENCES

- European Federation of Psychologists Associations (2005). *Meta-code of ethics*. Brussels: Author. (www.efpa.eu)
- Koene, C. (2008). When things go wrong: On mediation, arbitration, corrective action and disciplinary sanction. In G. Lindsay, C. Koene, H. Ovreide, & F. Lang (Eds). *Ethics for European psychologists* (pp. 167-180). Gottingen, Germany and Cambridge, MA: Hogrefe.
- Lindsay, G., Koene, C., Ovreide, H., & Lang, F. (2008). *Ethics for European psychologists*. Gottingen, Germany and Cambridge, MA: Hogrefe.
- Milgram, S. (1963). Behavioral study of obedience. *Journal of Abnormal and Social Psychology*, 67, 371–378

