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Research Paper

Understanding the Foundational Principles of Ethics in Clinical Psychology Practice

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ABSTRACT

Ethics in the area of professional practice of psychology is a widely taught but poorly understood and implied dimension of practice. The purpose of this essay is to highlight certain basic ethical principles that are required from early career right up until being a senior professional in the field. Since students of psychology are frequently engaged in client-facing activities from early on in their education, it becomes necessary to explain and highlight the principles of beneficence, non-maleficence and a respect for the rights and dignity of all persons involved in their care. Furthermore, responsible practice is necessary as it protects both the client and the professional from untoward incidents. Therefore, this essay is formulated keeping in mind official and unofficial observations made in an Indian context with the aim of inculcating a higher standard of professionalism in the field.

Keywords: *Ethics, Professional Development, Psychological Science, Indian context*

In a paper produced a few years ago, it was reported that younger nurses tend to experience ethical issues more frequently and subsequently report higher levels of stress (Ulrich et al., 2010). The very nature of this statement must be a sufficient reason for the professional practitioner to pause for a moment and assimilate the meaning of such a statement. What does it mean to establish age as a factor when examining what dimensions affect why professionals are attuned to issues of ethical concern?

As an intern, there are several kinds of ethical dilemmas that one may encounter. Sometimes the dilemmas do not have anything to do with the field of psychology but instead reflect axiomatic oversight within organisations that leave people inside the organisational machine subject to functional errors. A common problem that most interns may encounter in the Indian context is the overutilisation of the intern, by applying their eagerness to a variety of tasks and situations, including but not limited to clerical work, goffering and other tasks that the intern has not signed up for. This conflicts with the job description being offered and is against the very reasons that the intern seeks employment within an organisation in the first place.

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Beneficence and Non-maleficence

When it comes to ethical dilemmas that one faces as a trainee, perhaps the first issue that is of prime importance is that of the field of Beneficence and Non-maleficence. Beneficence is defined as an act of charity, mercy and kindness with a strong connotation of doing good to others including moral obligation (Kinsinger, 2009). This paper, cited previously, further goes on to state that in the context of the professional-client relationship, the professional is obligated to favour the wellbeing and the interest of the client. It is for this very reason that I believe that I might have issues with boundary crossings. I am personally of a classical orientation in psychology and firmly take the position that the psychologist is an authority in a situation and that this situation is brought before the psychologist because such a matter requires the intervention of a trained and supervised specialist. The Kantian assumption is that this represents a transcendent moral authority related to the earliest unity of mother (or parent) and child (Breen, 1986). I believe in the position that the psychotherapist must maintain a firm boundary while trying to have no adverse effect on the lives of the client. The boundary in itself is defined as the edge of appropriate professional behaviour, the transgression of which involves the therapist stepping out of the clinical role or breaching the clinical role (Aravind et al., 2012). It is my recent understanding that boundary violations bear a great deal of importance to both the professional and the profession in question and stretch not only to present patients but also former patients and the family members of these patients. It bears importance because of the imbalance of power in the professional-client relationship (Friedman & Martinez, 2019).

The caveat of these regulations has been worked on quite eloquently by Guthiel who states that boundary crossings are transient, nonexploitative deviations from classical therapeutic or general clinical practice in which the treater steps out to a minor degree from strict verbal psychotherapy (Guthiel, 2005). At the same time, there is ample evidence to provide knowledge which is a testament to the fact that boundary crossings such as accepting hugs by patients or token gifts may be appropriate (DeJong, 2014) with some anecdotal evidence indicating that this process depends on the meaning that the patient is deriving and the professional is assigning to the specific boundary violation. There is always the problem that boundary-crossing, such as gift-giving, might only serve to reinforce behaviour from the client and may lead the client to perceive that such gift giving helped increase the attention and care that the professional and other staff directed at the client. Boundary crossings should be rare occurrences and should be used, if ever, most sparingly.

To overcome this one should be aware of the slippery slope that can emerge when boundaries have been violated. This means that small violations may snowball into bigger ones when left unchecked. The way to manage this is to be vigilant of boundary issues and as soon as they arise, the patient must be transferred to another colleague (Aravind et al., 2012) (code 10.09, Interruption of Therapy). Another good practice is to avoid the sharing of personal details because unlike personal conversations, the therapeutic conversation involves mostly listening; while also using formal language and avoiding words that could be connoted in any other manner (Aravind et al., 2012). There may be some boundary issues (code 2.01, Boundaries of Competence which may affect 9.06, Interpreting Assessment Results) especially when professionals become friends with their clients and in smaller communities (Rourke et al., 1993) and collectivistic cultures (Chadda & Deb, 2013).

Respect for People's Rights and Dignity

A second issue that arises is the case of Respecting the Rights and Dignity of People under the care of a psychologist. I have experienced this issue first-hand and here, try to explain it

in as descriptive a manner as possible. A common issue is that of confidentiality, especially in the Indian context. Confidentiality is absolute and an Iranian study indicates that patients have a moderate understanding of their entitlement to confidential rights (Mohammadi M et al., 2018). In an Indian context, we believe that the individual carries the beliefs and values of not only their own family but the norms of their society and the etiquette of their culture (Hui & Triandis, 1986).Sharma states that the journey of psychological illness is not a personal journey but a theatre (Sharma, 2018), where discussions are often held with numerous family members about how their loved one should be cared for and that sometimes the entire village knows the diagnosis and treatment of a single patient.

Keeping this in mind, I thank that a purely theoretical way to interact with such families is through the use of a trained family therapist to encourage and facilitate engagement with mentally ill family members in a supportive environment (Thomas, 2012). This also means that professional psychologists must make efforts to improve their boundaries of competence and maintain competence (code 2.01, Boundaries of Competence). They should be encouraged to delegate their work responsibly to other well-qualified professional psychologists and should try their best to understand the limits of confidentiality in the Indian setting and to explain to their patients the limits of this confidentiality as well.

Fidelity and Responsibility

The third issue that emerges is understanding how the digital revolution has allowed for several advancements in the field of healthcare whilst simultaneously causing ethical quandaries (Friedman & Martinez, 2019). I have experienced this dilemma vicariously. When we consider the effects that the internet has on the patient's ability to seek out their therapist and further, the way a professional interacts with the patient, there is a risk of an *a priori* blurred boundary effect. There have been several questions raised over the years over a professionals' non-clinical use of the internet, including the use of social media sites, blogs and other means to post content online (Shore et al., 2011). This has some consequences of course as it reflects upon the professional conduct by fostering a degree of trust in the profession and elicits trust between the professional and client (Snyder L, 2011)

Resolving this issue has its own sets of challenges as the conventional boundaries of public and private life, personal and professional, friendship and social relations are already blurred due to social media (Quist N, 2011). In some cases, the use and abuse of social media may come into direct conflict with ethical standard number five; advertising and other public statements (code 5.01, Avoidance of False or Deceptive Statements, 5.02 Statements by Others). It is unprofessional to elicit either testimonials or in-person solicitation, and this may be extended to conduct over social media. The use of social media can, and may, be considered in some cases an ethical breach. To resolve this, there are often institutional boards that have a set of guidelines recommended for use by its members. This helps identify what should be considered appropriate and inappropriate use of social media. Unfortunately, since the ethical principles are aspirational in quality, they cannot directly address the use of social media usage by the profession leaving room for individual interpretation by practitioners and regulatory jurisdiction (Drude & Messer-Engel, 2020). Core ethical concepts common to the practice must always be utilised such as informed consent, confidentiality, privacy and boundary settings.

Observations and Conclusion

Professionalism is a concept that can vary in a spatiotemporal manner but is the foundation upon which the professional-client relationship is built. Changes in health care delivery,

increasing public expectations, corporate involvement and the digital revolution threaten professionalism standards (DeJong, 2014). India is a multicultural society where people do visit religious and traditional healers for mental health-related problems. A second problem is that India has a limited number of trained mental health professionals who are mostly based in urban areas (Khandelwal et al., 2004). A further confounding factor from the cultural nuances required to integrate cross-cultural practice changes the dynamics of psychopathology, where the family plays a vital role in all major healthcare decisions of an individual's life (Avasthi, 2011) and engaging a broad interdisciplinary view helps unravel biases (Das & Rautela, 2018) and helps integrate traditional methods of care by involving the family in mental health care (Murthy, 2010) while at the same time avoiding the defensive practice of psychological services to avoid malpractice. These defensive boundaries of practice are usually created by uncorrected therapists' counter-transferences (Simon, 2000). It must always be remembered that the ethical principles are not exhaustive and the fact that given conduct is not addressed by an ethical standard does not mean that it is either ethical or unethical (Ethical principles of psychologists and code of conduct, 2017)

A suitable plan to overcome personal ethical dilemmas should always inculcate theories of learning and an ability to attribute error where the cause of error must fall. In order to improve upon anticipating ethical dilemmas, one has to be involved in asking practicing professionals to help identify ethical quandaries, reading more about pure ethics such as the Nichomachean Ethics and using models such as Kelley's Theory of Attribution to formulate where the functional conflict of an ethical issue lies.

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Conflict of Interest

The author(s) declared no conflict of interest.

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