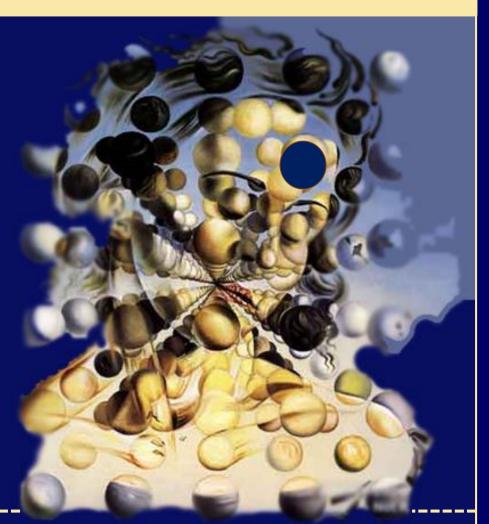
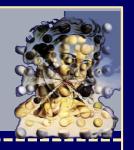
Spring Semester 2018

Wed, 9-12, Xianlin I-112

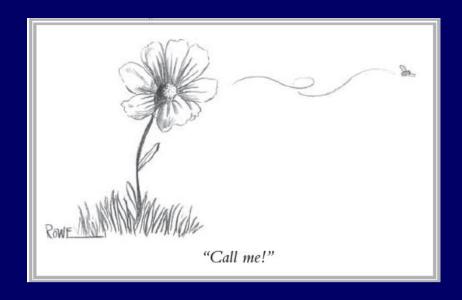
Phone: 86229323 (H)
Office: Heren Lou #315
Email: hillerschen@nju.edu.cn
Office hours: Mon 10-11



10. Ethics



Add-on: Disorders of Sex and Gender





Lou et al. (2017)

doi:10.4103/0366-6999.207466

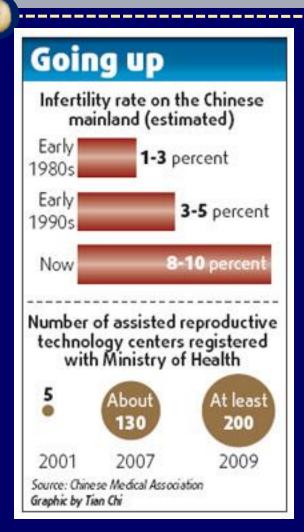


Results: A total of 6000 consecutive women entered this study, with an actual response from 5024 women, corresponding to a response rate of 83.7%. A total of 4697 (78.3%) questionnaires were effective. The prevalence of adult Female Sexual Dysfunction in Beijing was 2973 (63.3%) using a score of 26.55 as the boundary value, whereas the total mean FSFI score was 23.92 ± 6.37. However, 1423 (30.3%) women did not seek help. By multivariate logistic regression analysis, the possible potential risk factors included age (odds ratio [OR] = 1.051), dissatisfaction with the spouse's sexual ability (OR = 3.520), poor marital affection (OR = 2.087), spouse **sexual** difficulties (OR = 1.720), dissatisfaction with married life (OR = 1.476), living in a rural area (OR = 1.292), chronic pelvic pain (OR = 1.261), chronic disease (OR = 1.534), previous pelvic surgery (OR = 1.605), vaginal delivery (OR = 2.285), lower education (OR = 3.449) and postmenopausal (OR = 3.183).



Infertility



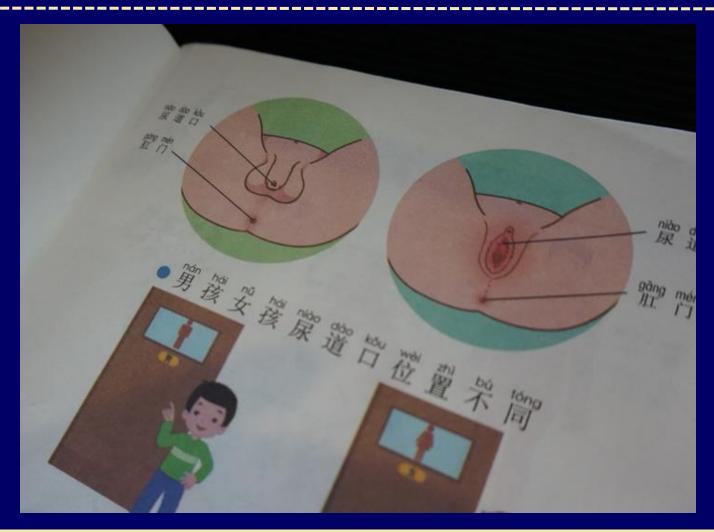


- delaying motherhood
- previous abortions
- environmental factors
 - long working hour (exhaustion)
 - pollution
 - (unfriendly maternity policies)



Sex education in China (1)







Sex education in China (2)





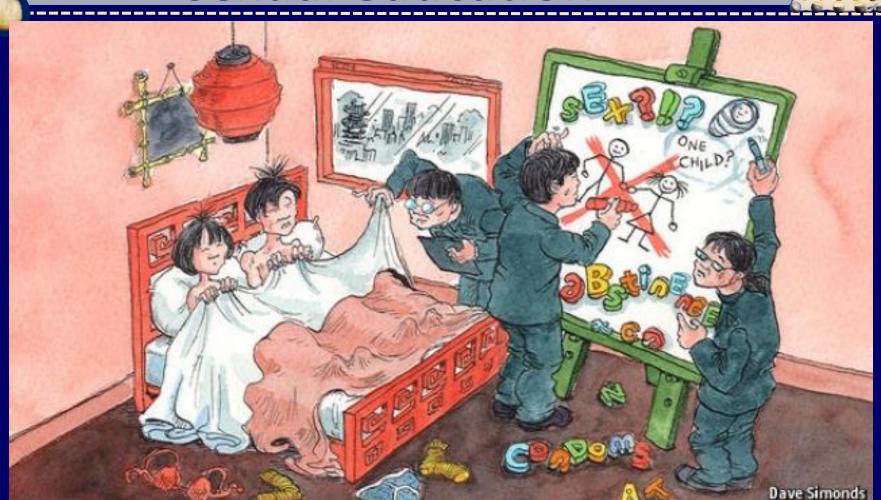
Sex education in China (3)







"Western" views on Chinese sexual education





Sexual dyfunction disorders

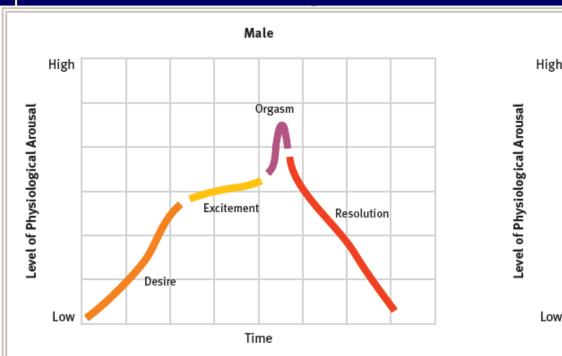


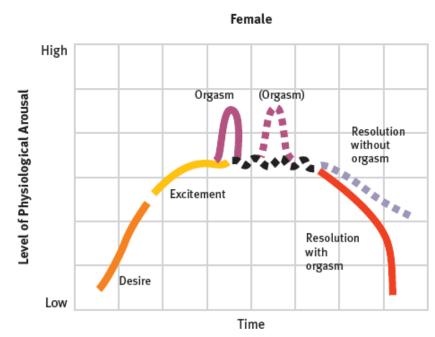
- Male Hypoactive sexual desire disorder
- Female sexual interest/arousal disorder
- Erectile disorder
- Premature ejaculation
- Delayed ejaculation
- Female orgasmic disorder
- Genito-pelvic pain/penetration disorder
- Important: significant distress (subjective norm)



Sexual dysfunction disorder









Other disorders related to sex and gender

- Paraphilic disorder
 - Fetishistic disorder
 - Transvestic disorder (cross-dressing)
 - Exhibitionistic disorder
 - Voyeuristic disorder
 - Frotteuristic disorder (rubbing)
 - Pedophilic disorder
 - Sexual sadism disorder
 - Sexual masochism disorder
- Gender dysphoria





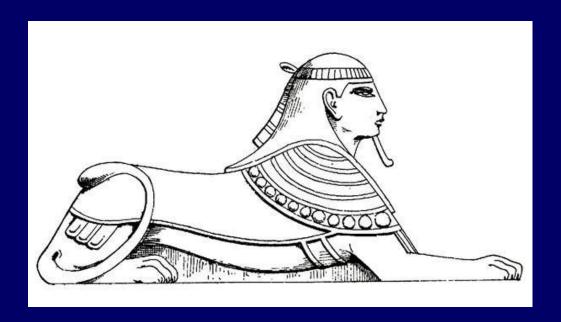




Ethics



- $\vec{\eta}\theta \circ \vec{\eta}\theta \circ \vec{\eta} = \text{"character"}$
- Moral philosophy determining right and wrong behavior.



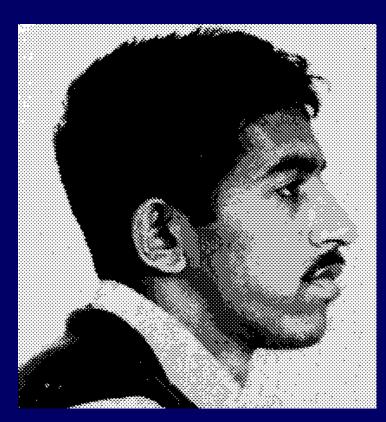


Tarasoff vs. Regents of the University of California (1976)





Tatiana Tarasoff



Prosenjit Poddar



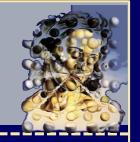
APA ethics vs. 24 other countries

(Leach and Harbin, 1997)

Nation	A	В	C	D	E	F	%
Australia	x	x	x	x	X	x	100
Canada	x	x	X	X	X	x	100
Israel	X	x	x	x	x	x	100
South Africa	X	X	X	X	X	x	100
Chile		x	x	x	x	x	83
Germany	X	X	X	X		X	83
Hong Kong		X		X	X		50
China							0
M can							70.2
Standard Deviation							27.4



Ethics



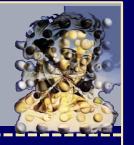


- Anthropological theories/metatheories (e.g., humanism => Mankind is good)
- Ethical theories
- Ethical principles

 (e.g., non-maleficience)
- Knowledge of rules (e.g., confidentiality)
- Ethical behavior within concrete situations



Ethical theories



- Focal virtues
 e.g., compassion, discernment, trustworthiness,
 integrity, conscientiousness, etc. as personal
 characteristics
- Teleological ethics (Gr. τέλος = end, goal)
 intention of an act important for ethical assessment
- Deontological ethics (Gr. $\delta \dot{\epsilon} ov = duty$, "the necessary") absolute basic values, always applicable
- *Utilitarian ethics* consequences of an act important for ethical assessment



Four-principles-model

(Beauchamp & Childress, 2001)

- Patients'/Client's autonomy respect for the individual and their ability to make decisions with regard to their own health and future
- Beneficial care (beneficence) 2. actions intended to benefit the client or others
- Prevention of harm (non-maleficence) actions intended not to bring harm to the patient and others
- 4. Justice equality being fair or just to the wider community in terms of the consequences of an action



Beneficence vs. non-maleficence



- Non-maleficence
 Do not harm or damage someone else.
- Beneficence
 - Prevent others from being harmed.
 - Eliminate harm already done to someone.
 - Promote the benefit of someone.



Possible sources of harm



Clinical psychologist's needs

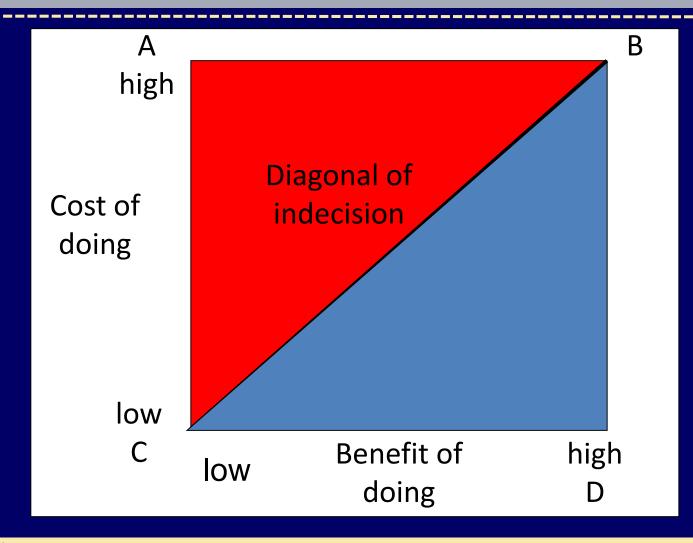
- The urge to help
- The urge for interpersonal contact
- The urge for power/belief to know something
- The urge to earn money
- The urge to feel better himself/herself
- Curiosity for madness

But: To live and to let others live!



Costs and benefits of research

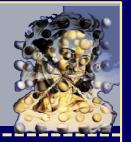




Rosnow (1997)



Research participants' rights



- Informed consent
- Privacy
- Being treated with respect and dignity
- Protection from physical and mental harm
- Right to choose or refuse to participate at any point without prejudice
- Anonymity in the reporting of results
- Safeguarding of records



APA code of conduct (2002)

http://www.apa.org/ethics/code/index.aspx



General principles (aspirational) Standards

- 1. Resolving Ethical Issues
- 2. Competence
- 3. Human Relations
- 4. Privacy and Confidentiality
- 5. Advertising and Other Public Statements
- 6. Record Keeping and Fees
- 7. Education and Training
- 8. Research and Publication
- 9. Assessment
- 10. Therapy



CPS Code of ethics for counseling and clinical practice



http://www.chinacpb.org/a/lunlizhuanlan/lunligongshi/2016/0613/104.html

- I.) General principles
- II.) Standards
 - 1. Professional relationship
 - 2. Privacy and confidentiality
 - 3. Professional responsibility
 - 4. Assessment and evaluation
 - 5. Teaching, training, and supervision
 - 6. Research and publication
 - 7. Implementation



Four-principles-model

(Beauchamp & Childress, 2001)



1. Patients'/Client's autonomy

- Self-determination
- Informed consent
- Compliance



- Best and most efficient indication and treatment
- Transparence

3. Prevention of harm (non-maleficience)

- Professional competence
- Confidentiality
- Duty to warn

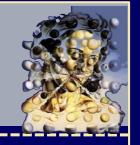
4. Justice — equality

- No preferential treatment to or discrimination against certain groups
- Consideration of all consequences of action
- Fairness to the wider community





Example (1)



A therapist treats a couple. In single person sessions the man confesses the therapist, that he has an affair.

- Scenario A: The therapist does not tell the woman and continues treatment with the couple as usual.
- Scenario B: The therapist tells the woman during the couple therapy and continues treatment with the couple as usual.

Evaluate each scenario briefly with respect to Beauchamp and Chambless's four principles model.



Example (2)



"A graduate student client tells you that he has been slapped by his supervisor into the face several times after the student had told the supervisor that he did not want to be exploited by the supervisor in the lab anymore. After the incident, the supervisor refused to provide a signature to the student which delayed the student's graduation by one year."

Based on Beauchamp and Childress's principles, what should the counselor do?



Chinese national survey: The therapists

Zhao, J., Ji, J., Yang, X., Yang, Z., Hou, Y., & Zhang, X. (2011). National survey of ethical practices among Chinese psychotherapists. *Professional Psychology: Research And Practice*, 42(5), 375-381. doi:10.1037/a0025138



- *N* = 680 psychotherapists from mainland China
- Best practice
 - Informed consent (80%)
 - Confidentiality (80%)
- Problematic areas
 - Feelings of incompetence (76.4%)
 - Therapy for acquaintances (34.2%)
 - Picked up the phone during session (20%)
 - Disclosed client information on conferences without consent (20%)
 - Sexual contact with a client (1.9%)
 - Dual business relationships (1.8%)
- Space for improvements of the ethics code
 - Role of "face" in pre-existing relationships
 - Importance of others



Chinese national survey: The clients

Zhao, J., Ji, J., Tang, F., Du, Q., Yang, X., Yang, Z., & ... Zhang, X. (2012). National survey of client's perceptions of Chinese psychotherapist practices. *Ethics & Behavior*, 22(5), 362-377. doi:10.1080/10508422.2012.696435



- N = 1100 clients from mainland China
- Best practice
 - Confidentiality (data safe, 91.7%)
- Problematic areas
 - Therapist answered the phone during session (40%)
 - Information about possible risks of therapy (<30%)
 - Shared own experiences (35.8%)
 - Were friends before therapy (21.8%)
 - Failed to start and end therapy on time (21.6%)
 - Were told that therapist is disappointed with them (24.3%)
 - Intimate relationship with therapist (9.4%)
- Space for improvements of the ethics code
 - "should base on Confucian ethics"
 - Should include guidelines for payments



Points for discussion



- Principle-based framework suitable in China?
 - Focus on individual autonomy vs. social harmony
 - Are principles really universal?

More suitable: Virtue-based approaches?

(Motto: "person to work for the good of others";君子、仁)

- ⇒ Consent form
 - ⇒ Not to protect participants' rights, but
 - ⇒ To relieve the researcher from their virtue-based responsibilities
- Macro-procedures: How ethical can research remain if dependent on liberal market economical forces?
 Important: Independence of ethics committees!



Indications of macro-issues



procedures, are also absent in China. "Most journals in China give no consideration to ethical matters," says one editor, who is adding notices of informed-consent procedures to his journal pages in an attempt to raise awareness among potential authors. "But if we followed international practice seriously, we would receive very few papers," he says.

adopt more rigorous ethical standards. "If we reject them, they often just go somewhere else," says Wang.

Cyranoski, D. (2005). Chinese clinical trials: Consenting adults? Not necessarily... *Nature*, *435*(7039), 138-139. doi:10.1038/435138a



Final comments



- Ethical principles are indeed "aspirational"
- Most cases fall in between clear boundaries
 => gray zone with space for discussion
- "Best" solution:
 - Ethics committee
 - (Regular exchange and decision making in a group of colleagues with the support of the authorities)
- Heuristic:
 - If it feels wrong, don't do it and ask for advice!
 - Create evidence.



Homework



- Homework
 Read the Code of ethics of the Chinese
 Psychological Society (CPS)
- Write a CRISPy feedback for this class.



Midterm



Stem and leaf diagram

.00

3.

2.00

3.23

5.00

3.44455

4.00

3.6777

4.00

3.8889

3.00

4.001

5.00

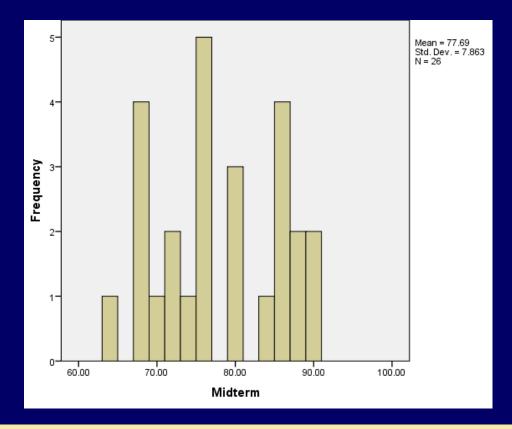
4.33333

3.00

4.445

M = 38.8

SD = 0.7



Midterm corrections



Correct your midterm for half of the credit, i.e.
 Maximal gain = (50 - [your score])/2

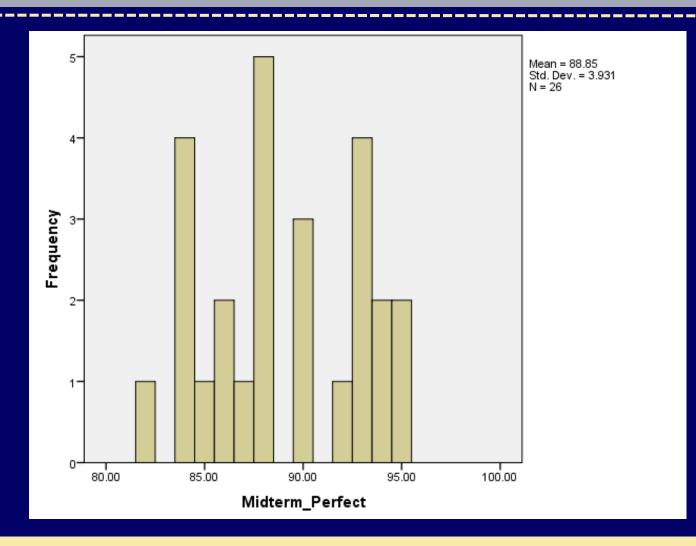
e.g.

- If your score is 40, you can get 10/2=5 additional points leading to a final score of 45.
- If your score is 21, you can get 29/2=14.5 additional points leading to a final score of 35.5
- Correct your midterm on a separate sheet of paper attached to the original midterm. Do not write anything on the original!!!
- In addition
 - Add your CET-4 score on your sheet
 - Add a sentence of what you believe was your personal challenge in this exam experience.
- Deadline: Wednesday, June 20, 2018



Midterm after corrections









Watching a movie together?



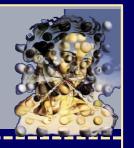


Review



Learning progress exercise

(voluntary)



cluster A

alogia

DSM-5

borderline

obsessions

depressive episode

prevalence

anhedonia

negative symptoms

aphonia

delusions

schizoid

incidence

panic disorder

hallucinations

narcissistic

ICD-10

rapid cycling

compulsions

delusions

agoraphobia

bipolar II

panic attack

CCMD-3

avoidant

Group these terms into categories according to your current knowledge about these phenomena!



Goals/Objectives

- To get an overview over mental disorders, their etiology, classification and (basic) treatment options
- To become familiar with the key terms of clinical psychological language
- To be able to do basic research on a given topic
- To be able to express one's opinion on a given topic clearly in written form
- To become wise consumers of reports about mental disorders and their public portrayal
- To learn how to give "crispy" feedback



Recall



- 1. Think back over this semester and recall what from this class you remember most vividly.
- 2. Fill out the evaluation form.
- 3. Go into your groups of 4 people and share.
- 4. Choose one representative who gives a brief summary of your results.



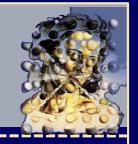
Syllabus (1)



- What is Abnormal Psychology? Historical background
- Paradigms and etiology of mental disorders
- Classification (DSM-5, ICD-10, CCMD-3), assessment
- Anxiety disorders
 (phobias, panic disorder, GAD, OCD)
- Mood disorders (depression, bipolar I, bipolar II)
- Eating disorders



Syllabus (2)



- Somatoform and dissociative disorders
- Substance-related disorders (e.g., alcohol)
- Schizophrenia
- Personality disorders
- Ethical and legal issues
- Review



Final Exam

13 questions (50pts +3)



- Fact knowlege via example (5, 18 pts)
 - Case example disorder/symptom (2, 8pts)
 - Example of symptoms symptom (1, 4pts)
 - Knowledge application (1+1, 3+3pts)
 - Cartoon interpretation (1, 3pts)
- Direct fact knowledge (5, 12 pts)
- Evaluation based on background knowledge/opinion (11 pts)
 - Evaluate an example (1, 4pts)
 - What would you prefer and why? (2, 4pts)
 - Could that be a disorder and why? (1, 3pts)
- Interpret statistical information (1, 3pts)
- Extra credit: 3pts (A or B)
- Right or wrong (9 questions)

Utensils allowed: dictionary, one handwritten A4 paper



Topics distribution in the exam



- Schizophrenia xxxxxx
- Personality disorders xxxxx
- Somatoform disorders xxx
- Substance-related disorders xxx
- General paradigm/research knowledge xx
- Ethics x
- Anxiety x

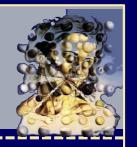


Avoid common mistakes!



- Do A and B! => first do A, then do B
- Which would you prefer....and why? => first, tell me what you prefer, then give reasons why you made that choice
- What is the difference? => work out the difference, do not just state A is like this and B is like that
- Interpret... => interpret all information and make sure you are not simply repeating/describing what's already stated
- Evaluate... => weigh the pros and cons, come to an overall conclusion
- "Why?" => ...because; name reasons.
- Generally: Use whole sentences!!!





"Be patient toward all that is unsolved in your heart and try to love the questions themselves. Do not now seek the answers, which cannot be given you because you would not be able to live them. And the point is to live everything. Live the questions."

Rainer Maria Rilke

