

The ethics of psychological intervention

Introduction

Practitioners within helping professions such as psychology need to possess certain characteristics that inform their ethical conduct. Characteristics such as empathy, honesty, integrity, and humility are just some of the core values that practitioners should apply during their encounters with their clients. However, before they can be regarded as practitioners, they need to ensure that they meet their respective registration categories' training and expertise. Each registration category has its own scope of practice that delineates the parameters of what a practitioner can and cannot perform based on the expertise defined within each category. These characteristics and expertise will not only impact the practitioner-client relationship but also the psychological intervention process. The reason for this is because the psychological intervention process needs to comply with a code of ethics before and during intervention. This unit aims to provide you with the core characteristics of psychology practitioners as well as their scope of practice within each registration category. This will be followed by an overview of the ethics that inform psychological intervention.

Learning Outcomes

After working through this learning unit, you should be able to:

- identify the core characteristics needed by practitioners in the psychology profession;
- define the scope of practice within each registration category;
- explain the value/importance of ethics in psychological intervention;
- assess the ethical framework outlined by HPCSA that informs the code of ethics governing psychological intervention;
- use this code of ethics for psychological intervention to solve ethical dilemmas that practitioners encounter/are faced with.

Key Concepts	Ethics, ethical dilemmas, scope of practice, practitioner characteristics, psychological intervention, registration category
Background	<p>As an introduction to the ethics of psychological intervention, a fictitious case study developed by Pope and Vasquez (2016, p. 31) follows below to demonstrate the kind of ethical dilemmas psychologists have to respond to when ethics are brought into real life.</p> <p><i>When George, a 22-year-old college student, began psychotherapy with Dr Hightower, he told the doctor that he was suffering from a fatal disease. Two months into therapy, George felt that he trusted his therapist enough to tell her that the disease was AIDS.</i></p> <p><i>During the next 18 months, therapy focused on George's losing battle with his illness and his preparations to die. After two stays in the hospital for pneumonia, George informed Dr Hightower that he knew he would not survive his next hospitalisation. He had done independent research and talked with his physicians, and he was sure that if pneumonia struck again, it would inflict a long, painful death.</i></p> <p><i>George said that when that time came, he wanted to die in the off-campus apartment he had lived in since he came to college – not in the hospital. When he felt himself getting sicker, he would take a fatal dose of drugs he had bought on the street.</i></p> <p><i>Dr Hightower tried to talk him out of this plan, but George refused to discuss it and said that if Dr Hightower continued to bring up the subject, he would quit therapy. Convinced that George would quit therapy rather than discuss his plan, Dr Hightower chose to offer kindness, caring, and support – rather than confrontation and argument – to a patient who seemed to have only a few months to live.</i></p> <p><i>Four months later, Dr Hightower found out that George had taken his life. Within the next month, Dr Hightower became the defendant in two civil suits. George's family claimed that Dr Hightower, knowing that George planned to take his own life, failed to take reasonable and adequate steps to prevent the suicide, did not notify any third parties of the suicide plan, did not ask George to get rid of the fatal drugs, and did not use hospitalisation to prevent the suicide.</i></p> <p><i>George's lover filed the other suit, claiming that he did not</i></p>

	<p><i>know that George had been suffering from AIDS. Two expert witnesses testified that Dr Hightower, knowing that George had both a fatal sexually transmitted disease and a lover, had a duty to take reasonable steps to try to protect the lover.</i></p>
Ethical intelligence	<p>Psychologists often have to deal with many challenging, unpredictable, and highly sensitive situations such as those that confronted Dr Hightower. They need to demonstrate care, compassion, awareness, ethical responsibility, and foresight –which at times is hard to envisage given that the situations they face might have other unintended consequences (Barnes, 1998; Keith-Spiegel, 2013; Cottone et al., 2021; Pope & Vasquez, 2016; Trachsel et al., 2021).</p>
Self-assessment activity	<p>As the case study above asks, which grounds allow psychologists to disclose confidentiality information such as an HIV diagnosis to their patient’s partner? Is this not a violation of the patient’s right to privacy? Which actions should psychologists take where patient’s express the intention to end their lives? Should such patients be involuntarily hospitalised or assisted with a dignified death as per their wishes?</p> <p>These are just some of the ethics of intervention that fall into the daily lives of psychologists.</p>
The ethics of psychological intervention	<p>Ethical principles influence the functioning and set of values espoused by psychologists (Bhola & Raguram, 2016; Cottone et al., 2021; Pope & Vasquez, 2016; Trachsel et al., 2021). When psychologists perform their roles according to acceptable ethical guidelines, they operate and face unique situations with ethical intelligence. Pope and Vasquez (2016, pp. 22–25) highlight eight basic assumptions about ethical intelligence:</p> <ul style="list-style-type: none"> • Ethical intelligence is an active process of continuous awareness that involves constant questioning and personal responsibility. • Awareness of ethical codes is crucial, but formal codes cannot take the place of an active, thoughtful, creative approach to our ethical responsibilities. • Awareness of laws is crucial, but legal standards should not be confused with ethical responsibilities. • We believe that the overwhelming majority of therapists and counselors are conscientious, dedicated, caring individuals, committed to ethical behaviour. But none of us are infallible.

-
- Many of us find it easier to question the ethics of others than to question what we ourselves value, believe, and do. It is worth noticing if we often find ourselves stewing over just how ethically weak, dense, or shady others are while sparing ourselves from a searching self-assessment.
 - Most of us find it easier to question ourselves on those intriguing topics we know we don't understand that we stumble onto with confusion, uncertainty, and doubt. The harder but more helpful work is to question ourselves about our casual certainties. What have we taken for granted and accepted without challenge? Nothing can be placed off limits for this questioning.
 - We often encounter ethical dilemmas without clear and easy answers.
 - We and our clients do not live in a vacuum.

Self-assessment activity

At this point, you might find yourself agreeing with Pope and Vasquez's (2016) assumptions about ethical intelligence. Based on these assumptions, think of a recent ethical dilemma where you did not know exactly what to do. In solving this dilemma, what beliefs, values, experiences, persons, groups, communities, or personal or academic resources did you consult to solve this dilemma? What did solving this ethical dilemma teach you about ethical intelligence? Do you believe that there is only one way to define or achieve ethical intelligence?

How does the study of the ethics of psychological intervention benefit me?

The ethics of psychological interventions deal specifically with the broad, complex, and multifaceted ethical dilemmas faced by psychologists as they approach unfamiliar, intricate, and complicated situations within psychological intervention space involving patients, colleagues, regulatory bodies, and sometimes the criminal justice system (Barnes, 1998; Keith-Spiegel, 2013; Cottone et al., 2021; Pope & Vasquez, 2016; Trachsel et al., 2021). As healthcare professionals, psychologists are often trained to be governed by the professional code of conduct, practice, and values which informs their decision-making and conduct. As Pope and Vasquez (2016) maintain, even though psychologists might be guided by laws and codes of conduct of a particular institution, context, or body, they still need to apply creative problemsolving strategies to navigate complex situations that have implications not just for them, but also the broader social context.

Learning Unit 6 introduces you to the practitioner characteristics and behaviours that influence the intervention process, such as practitioners who must demonstrate integrity, collegiality, and respect for diversity (Knapp et al., 2015). Besides these qualities, practitioners must undergo the required training and obtain the minimum qualifications as well as further training of being qualified practitioners (Keith-Spiegel, 2013). The unit introduces the ethics of psychological intervention that involves the set of values, morals, attitudes, code of conduct, and practice that inform practitioners' decision-making when it comes to resolving ethical dilemmas. Where such a code of practice is violated, patients, civil society as well as other practitioners can approach established structures and systems that regulate the proper and ethical practice of practitioners and consultants where the practitioner has acted outside of the stipulated boundaries.

Core values that guide practitioners in the intervention process

At some point in your journey of becoming a psychologist, you will be required to write a board exam with the Health Professions Council of South Africa (HPCSA). You will be expected to demonstrate ethical intelligence that will guide on how you practice with real clients within complicated and ever-changing situations in the future. Examination requires candidates to demonstrate that they have required the requisite knowledge and can apply this knowledge effectively with judgement and objectivity. The focus of the board exam will be for you to demonstrate:

- Competence;
- practicing outside your scope of practice;
- test misuse;
- emotional or physical impairment of the practitioner;
- poor record-keeping;
- failure to diagnose, treat or refer;
- failure to warn the board of any impairment of your own or another practitioner;
- how to render interventions in keeping within one's category (scope of practice);
- give reasons why psychologists develop problems in these areas, case studies.

Successful demonstration of these principles becomes manifest when psychologists demonstrate:

- beneficence and non-maleficence;
- integrity, professional, and scientific responsibility;
- respect for human rights and dignitiesocial responsibility;

Practitioner characteristics and behaviors that influence the intervention process

The guiding ethical values refer to the general ethical principles as previously discussed. Psychological practitioners, students, and interns must respect the dignity and worth of their clients and endeavor to offer high-standard intervention. Practitioners should go all out to uphold and protect the fundamental human rights of their clients within their environment and themselves as stipulated in the South African Constitution and the Bill of Human Rights. In pursuit of high-quality intervention, practitioners aspire and subscribe to the values of empathy, honesty, integrity, and humility (Cornelius-White & Proctor, 2019).

Empathy

Empathy is defined as the practitioner's ability to understand or feel the subjective view or perception of what is experienced by the client. It is the ability to place oneself in another person's position. Empathy allows the practitioner to understand the uniqueness of the client's needs and to collaborate with client during the intervention process.

Honesty

Practitioners are expected to be sincere, not deceptive, and without any hidden agenda when planning or ending the intervention process. It refers to the practitioner's ability to be genuine and transparent about the advantages and disadvantages of certain intervention techniques, and possible stumbling blocks during the intervention process.

Integrity

Integrity refers to a character trait marked by honesty (described above) and as described under ethical principles. Practitioners are required to be able to show a consistent and uncompromising adherence to the professional code of ethics in all spheres of intervention i.e., to promote integrity in research, teaching, and in practice. During the intervention process, practitioners should act honestly, fairly, and respectfully to others. Practitioners should consistently make an effort to better understand the impact of their own belief system, needs, values, and limitations and the impact thereof on their work that can hamper the process.

Humility

Practitioners are highly trained and competent to render intervention processes. However, it is a virtue to acknowledge and be aware of the potential mistakes, or differences in the interpretation and decision-making, or judgments made during the intervention process. Humility allows practitioners to have the wisdom to identify areas of self-improvement that have to do with awareness of one's skills.

Professional responsibility

Psychological intervention practitioners should uphold a professional standard of conduct, clarify their work roles and obligations, and accept appropriate responsibility for their conduct. They should adjust their methods of intervention to the needs of their clients (and within a particular system). Should the intervention process require the involvement of a multidisciplinary team, practitioners should cooperate with other support professionals to serve the best interest of their clients. They should also be concerned about the ethical practices and compliance of their colleagues and act as a sounding board to colleagues when faced with ethical dilemmas (Knapp et al., 2015).

Respect for people's worth, human rights, and dignity

Practitioners should respect the fundamental human rights, dignity, and worth of all human beings. They should respect individuals' rights to privacy, confidentiality, self-determination, and autonomy. They should also be fully aware of legal and other obligations that may lead to inconsistency and conflict with the exercise of human rights. It is the responsibility of practitioners during the intervention process to take into cognizance the differences relating to age, gender, race, ethnicity, nationality, religion, sexual orientation, disability, language, and socioeconomic status and devise appropriate intervention strategies. Practitioners strive to eliminate or mitigate the effect of these differences (Bhola & Raguram, 2016).

Show care and concern for other's well-being

Practitioners understand that people are social beings and recognise the importance of human relationships. They do not exploit or mislead their clients during or after the termination of intervention. They engage multiple sources of information (i.e., partners or family members) in the psychological intervention process and use their skills solely to promote, restore, maintain, and enhance the well-being of individuals, families, groups, organisations, and communities (Barnes, 1998).



- What acts or omissions or behaviours of practitioners towards clients can be deemed to constitute unprofessional or improper conduct?

Self-assessment activity

Sally is a 15-year-old Grade 12 learner who is faced with making a career choice after she completes her schooling. Sally considers herself a very compassionate, loving, and thoughtful individual who sees herself helping people at all costs. She has volunteered in multiple homeless shelters where she has looked after vulnerable populations, such as street children, and assisted the elderly. However, Sally has not received counselling for her own sexual and psychological trauma. She endured abuse from foster parents and other foster children while being raised in foster homes. She decides that she wants to use her personal experiences to help others by becoming a clinical psychologist.

After reading the above scenario, consider the following questions:

- Does Sally possess the necessary characteristics required by psychology practitioners?
- Will Sally's personal characteristics help make her an effective psychology practitioner?
- How has Sally's personal characteristics been shaped by her previous life experiences?
- How will Sally manage working with clients who display similar life traumas that she experienced?
- How will Sally manage working with clients who present with similar characteristics as those of her foster parents and other foster children?

The training and qualifications of practitioners

Regulations that guide the training and qualification for psychological practitioners

The training and qualifications of psychological practitioners are legislated and gazetted as indicated below:

- *The Higher Education Qualifications Framework as set out in the Schedule as policy in terms of section*

3 of the Higher Education Act, 1997 (Act No 101 of 1997).

- *The Health Professions Act 56 of 1974, as amended by Act No 29 of 2007.*
- *Regulation 312 and Regulation 1096 of the Health Professions Act (56) outline the role of the Health Professions Council of South Africa, tertiary institutions, and psychology students in the registration of psychology students.*
- *Regulation 1094 of the Health Professions Act (56) outlines the role of the Health Professions Council of South Africa, tertiary institutions, and intern psychologists in the registration of psychology interns.*
- *Regulation 263 of the Health Professions Act (56) defines the scope of practice of practitioners of the profession of psychology.*

Categories for registration of psychological practitioners

Eight categories of psychological practitioner registration are currently offered by the Health Professions Council of South Africa. These are described below in terms of the requirements for registration and the scope of practice for each category.

Registered counselors

Requirements for registration

- (1) The board may register as a registered counsellor any applicant who satisfies the board that he or she complies with the requirements set out in these regulations.
- (2) A person referred to in sub-regulation (1) shall:
 - (a) hold an honours degree in psychology or a four-year bachelor's degree in psychology or any other qualification in psychology, the standard of which shall be recognised by the board for the purpose of registration as equivalent;

-
- (b) provide proof of compliance with the minimum core competencies and proof of successful completion of internship training;
 - (c) Upon completion of the internship, the candidate should apply to write the national board examination.
 - (d) Upon a successful completion of the national board examination for registered counsellors conducted by or on behalf of the board, professional registration will be done:

On qualifying, registered counsellors will be entitled to render the following services:

Scope of practice

- performing psychological screening, primary mental status screening, basic assessment and psychological interventions with individuals aimed at enhancing personal functioning;
- performing psychological assessments (excluding projective, neuropsychological and diagnostic tests);
- enhancing personal functioning, performing supportive, compensatory, and routine psychological interventions;
- identifying clients who require more sophisticated or advanced assessments and then making the necessary referral;
- participating in policy formation based on aspects of psychological theory and research; participating in the design, management, and evaluation of psychologically based programmes in the organisations including (but not limited to) health, education, labour and correctional services;
- training and supervising other registered counsellors and practitioners – practicing in accordance with ethical guidelines and within their scope set out by the Act;
- conducting and reporting on research projects;
- providing expert evidence and/or opinions.

Self-assessment
activity

The registered counselling category has been one which has been misunderstood since its introduction. For example, students cannot make the distinction as to when a registered counsellor should refer a client to a psychologist.

- After how many sessions can a registered counsellor retain a client?
- Is the student required to partake in an internship if they have successfully completed a recognised BPsych-equivalent programme?
- As someone advising a student who is considering pursuing this registration category, how would you advise students considering these questions?

Psychometrists

Requirements for
registration

- (2) The board may register as a psychometrist any person who:
- (2) holds an honours degree in psychology or industrial psychology obtained from a university approved by the board;
 - (b) has obtained 720 hours' practical experience in psychometric techniques; and
 - © has been successful in an examination conducted by the board.
- (2) The practical experience referred to in sub-regulation (1)(b) must:
- (a) commence within twelve months after completion of the honours degree referred to in sub-regulation (1)(a);
 - (b) be completed within a period of not less than six months and not more than twelve months;
 - (c) be obtained under the supervision of a psychologist approved by the board;
 - (d) be certified as satisfactory by the board; and
 - (e) provide proof of compliance with the minimum core competencies and proof of successful completion of

internship training.

- (3) Upon completion of the internship the candidate should apply to write the national board examination.
- (4) Upon a successful completion of the national board examination for psychometrists conducted by or on behalf of the board, professional registration will be done.

Scope of practice

Registered psychometrists are entitled to render the following services:

- performing assessments and contributing to the development of psychological tests and procedures;
- measuring psychological functions including cognitive, interest, aptitude, and personality;
- identifying clients that may require more sophisticated or advanced psychological assessment and referring such clients to the appropriate professionals;
- providing feedback to clients on the results of psychological assessments;
- participating in policy development in respect of psychological assessment;
- participating in the design, management and evaluation of psychological assessment procedures in diverse settings and organisations including (but not limited to) health, education, labour and correctional services;
- participating or conducting needs analyses relating to psychological assessment in diverse settings and – select/compile appropriate test batteries;
- training and supervising registered counsellors and psychometrists in supervised practice in psychological measurement;
- conducting research and practice in accordance with the ethical rules and working within their prescribed scope of practice;
- providing expert evidence and/or opinions.

Self-assessment
activity

Psychometrics presents as one of the highly specialised categories given the category's focus on sophisticated and advanced psychological assessments. However, students in other related fields such as statistics, mathematics, computing, or data and behavioural science might be confused as to what distinguishes them from psychometrists. Given the background you have about the requirements for registration as well as the scope of practice for psychometrists,

- what distinctions can you make between psychometrists and practitioners in the field of statistics, mathematics, computing, or data and behavioural science?

All categories of registered psychologists (i.e., Clinical, Counselling, Educational, Industrial, Neuropsychologists, and Research)

Requirements for
registration

Registration as a psychologist is dependent on *Condition (1)* completion of internship with the facility approved by the board and *Condition (2)* pass the national board examination.

Condition 1: Internship (register as inter psychologist)

- (1) Any person who has successfully completed a first year of a full-time course work in a specific field of psychology (as indicated above) at a master's level shall be recognised by the board for the purpose of registration. The board may also register any applicant after obtaining a master's degree who satisfies the board that he or she complies with the requirements set out in these regulations.
- (2) A person referred to in sub-regulation (1) must apply to the board for registration as an intern in one of the specified fields in psychology. He or she must:
 - (a) submit proof that he or she holds a qualification referred to in sub-regulation 1 or that he or she holds a qualification accepted by the board in terms and or has passed an examination from a recognised or accredited tertiary institution approved by the board or other assessment determined by the board.

-
- (b) submit proof that he or she holds a qualification referred to in regulation 2 or that he or she holds a qualification accepted by the board in terms and or has passed an examination from the Tertiary Education and Training approved by the board or other assessment determined by the board.
 - (c) submit the name of the approved facility at which he or she was admitted to undergo training as an intern and must notify the board in writing in advance if he or she intends to change from that facility to another approved facility.

Terms of internship training and status of internship facility

- (1) The internship training to be undertaken by an intern psychologist shall meet the following conditions:
 - (a) internship training must be for a period of twelve (12) months and where it is broken up or interrupted, it shall consist of periods which, when added together, are not less than twelve months in total, including vacation leave not exceeding one month per annum, and must comply with the criteria laid down by the board from time to time;
 - (b) no such break, or interruption must exceed a period of one year if the period of training prior to such break or interruption is to be recognised as part of completed internship training;
 - (c) the period of twelve months of internship training contemplated in paragraph (a) must be completed within a period of two years from the date of registration as intern psychologist under the Act;
 - (d) if an intern does not complete his or her internship training within a period of two years, his or her registration in terms of the Act shall be cancelled, unless
 - he or she furnishes the board with satisfactory reasons as to why his or her registration should not be cancelled; and

-
- he or she complies with conditions which the board may determine for the completion of the internship training, and for the board to recognise the applicant's internship training, the conditions may include the passing of the board national examination in psychology (*N.B: board examination is a prerequisite for registration as a psychologist and must be written during the final 3 months of the internship program*);

(e) the training must be undertaken by an intern at a facility approved by the board.

2. If a facility contemplated in sub-regulation (1)(e) is not available, the board may, at its discretion, accept alternative training, which in the board's opinion is equivalent to a training at a facility approved by the board

(a) when approving a facility or alternative training, the board may stipulate that only a portion of an intern's training must be undertaken at facility and that remainder must be undertaken at another approved facility;

(b) if internship training at an approved facility is regarded by the board for any reason to be inadequate or unsatisfactory, the board may withdraw the approval of that facility, in which case the board must inform any interns at that facility accordingly in writing and request those interns to undertake internship training at another approved facility for their remaining period of internship training.

3. Duty certificate as proof of training

- Upon completion of internship training, an intern must submit a duty certificate to the satisfaction of the board that he or she has satisfactorily undertaken internship training as required by the board, and it must be a precondition for registration as a psychologist.
- The duty certificate contemplated in sub-regulation (1) must be issued by an authorized official of an approved training facility where an intern successfully undertook internship training.

Condition 2: Successful Completion of a National Board Examination

- (1) Upon completion of the internship, the candidate should apply to write the national board examination.
- (2) Upon a successful completion of the national board examination for registered counsellors conducted by or on behalf of the board, professional registration will be done.

Clinical psychologists

Scope of practice

- Assessing, diagnosing and intervening in clients dealing with different life challenges especially those with developmental problems, psychological distress and psychopathological issues;
- Identifying and diagnosing psychiatric disorders and psychological conditions, applying evidence-based psychological interventions to clients with psychiatric and psychological conditions and referring clients to appropriate professionals for further assessment and intervention when required
- Training and supervising other registered clinical psychologists in clinical psychology;
- Conducting psychological practice and research in accordance with the ethical rules of conduct for practitioners and adhering to the scope of practice of clinical psychology;
- Designing, managing, conducting, reporting on and supervising psychological research;
- Providing expert evidence and/or opinions.

Self-assessment Activity

Clinical psychologists have been popularised in the media and on television for the ability to speak on topical issues, such as the impact of Covid-19, crime, high unemployment, stress, substance use/abuse, amongst others, and their impact on mental health. However, the choice of becoming a 'public psychologist' may come with certain consequences. For example, clinical psychologists could be put on the spot to answer certain questions that might be harmful to certain audiences.

- How can such clinical psychologists avoid being exploited by the public or other media figures?

-
- How can clinical psychologists ensure that they do not violate their scope of practice in working with clients and other audiences in such spaces?
 - Where can clinical psychologists working in such spaces report any violations committed by themselves (e.g., under duress)?

Counselling psychologists

Scope of practice

- Assessing, diagnosing and intervening in clients dealing with different life challenges – especially those with developmental problems and psychological distress;
- Assessing cognitive, personality, emotional and neurological functions in relation to life challenges and developmental problems and adjustment (e.g., career choice);
- Identifying psychopathology and its impact on developmental processes and adjustment;
- Identifying and diagnosing disorders of adjustment applying psychological interventions to clients with developmental challenges and adjustment problems;
- Performing therapeutic counselling interventions;
- Referring clients to appropriate professionals for further assessment or interventions;
- Advising on the development of policies based on various aspects of psychological theory and research;
- Designing, managing and evaluating programmes dealing with developmental and adjustment problems;
- Training and supervising other registered counselling psychologists in counselling psychology;
- Designing, managing, conducting, reporting on and supervising psychological research;

Self-assessment
Activity

- Conducting psychological practice and research in accordance with ethical rules and within their scope of practice;
- Providing expert evidence and/or opinions.

Counselling psychologists have been known to work strategically within under-developed or impoverished communities with multiple stakeholders and beneficiaries. Counselling psychologists apply certain approaches within community psychology to achieve evidence- and theory-driven results, such as the assessment-based approach, indigenous knowledge systems, as well as decoloniality.

- What other theories can you think of that counselling psychologists can utilise when working with vulnerable groups and poor communities?
- How do these approaches incorporate the community?
- What roles and responsibilities do these approaches award both the psychologists and community members?
- How do these approaches empower communities?

Educational psychologists

Scope of practice

- Assessing, diagnosing and intervening in order to optimise human functioning in terms of learning and development;
- Assessing cognitive, emotional, personality and neuropsychological functions of people in relation to the learning and development they have had;
- Identifying psychopathology in relation to learning and development;
- Identifying and diagnosing barriers to learning;
- Applying psychological interventions in order to enhance facilitate and promote optimal learning and development;
- Performing therapeutic interventions in relation to learning and development

	<ul style="list-style-type: none"> • Referring clients to appropriate professionals for further assessment and intervention; • Designing, managing, conducting, reporting on, and supervising psychological research related to learning and development; • Conducting psychological practice and research in accordance with the ethical guidelines of the Act and within the prescribed scope of practice; • Advising on the development of policies based on various aspects of psychological theory and research; • Designing, managing and evaluating educationally based programmes; • Training and supervising other registered educational psychologists in educational psychology; • Providing expert evidence and/or opinion.
Self-assessment activity	<p>Given their predominance in working within or alongside schools, educational psychologists have been largely regarded as school counsellors. Given your exposure to the registration requirements and scope of practice presented for educational psychologists:</p> <ul style="list-style-type: none"> • What differentiates the two categories? • How are the two categories similar? • What other contexts can educational psychologists work in besides the school context?
	<p>Research psychologists</p>
Scope of practice	<ul style="list-style-type: none"> • Planning, developing and applying psychological research methods; • Performing psychological assessments relevant to the development of research for research purposes, including the development of psychological measures; • Researching, monitoring and evaluating psychological interventions;

	<ul style="list-style-type: none"> • Advising on the development of policies based on psychological theory and research; • Designing, managing and evaluating measurement and intervention programmes; • Training and supervising other psychological practitioners in research psychology; • Designing, managing, conducting, reporting on and supervising psychological research; • Conducting psychological practice and research in accordance with ethical guidelines put forth by the act and within the scope of practice of research psychology; • Referring clients to appropriate professionals for further assessment and intervention; • Providing expert evidence and/or opinions.
Self-assessment activity	<p>Research psychologists mainly differ from the above categories of psychologists in the sense that they do not perform any therapeutic interventions. However, research psychologists can have gainful careers in other areas.</p> <ul style="list-style-type: none"> • In which settings or industries can research psychologists find or create employment for themselves? • Do research psychologists have to be registered with HPCSA to work within these settings? • What has been the response or market need for research psychologists within these settings/industries?
Scope of practice	<p>Industrial psychologists</p> <ul style="list-style-type: none"> • Planning, developing and applying paradigms, theories, models, constructs and principles of psychology in the workplace in order to understand, modify, and enhance individual, group and organisational behaviour effectively; • Performing psychometric and other assessments in order to determine the potential and/or suitability for training, development and employment and to determine individual, group and organisational effectiveness;

Self-assessment
activity

- Referring clients to appropriate professionals for assessment and interventions;
- Designing, developing, standardising and implementing assessment tools and procedures related to the work environment;
- Facilitating individual and group processes for effective organisational functioning;
- Designing and implementing training programmes for effective organisational functioning;
- Designing and developing strategies in consumer behaviour;
- Developing interventions to ameliorate poor performance in the work place;
- Designing and implementing programmes based on understanding ergonomics;
- Advising on the development of policies based on psychological theory and research;
- Designing, managing and evaluating industrial psychology intervention programmes;
- Training and supervising other registered psychology practitioners in industrial psychology;
- Conducting psychological practice and research in accordance with the ethical guidelines put forth in the Act and in accordance with the scope of practice for industrial psychologists;
- Designing, managing, conducting, reporting on and supervising industrial psychology research;
- Providing expert evidence and/or opinions.

Self-assessment
Activity

The role of industrial psychologists has sometimes been confused with those of human resource practitioners. Although it can be argued that the two professions may overlap and sometimes carry simultaneous roles:

- What differentiates the two categories?
- How are the two categories similar?

-
- In which other contexts besides the human resources environment can industrial psychologists work in?

Neuropsychologists

Scope of practice

- Assessing, diagnosing and intervening in the psychological disorders of people experiencing neuropathology or compromised functioning of the central nervous system;
- Diagnosing and evaluating psychological disorders caused by neurological conditions and differentiating them from other psychological disorders;
- Treating and rehabilitating the psychological disorders of people suffering from CNS dysfunction;
- Referring clients to appropriate professionals for further assessment and intervention;
- Advising on policy development based on neuropsychological theory and research;
- Designing, managing, conducting, reporting on and supervising neuropsychological research;
- Training and supervising psychological practitioners in neuropsychology;
- Conducting psychological practice and research in accordance with the ethical guidelines put forth by the Act and within the scope of practice of neuropsychology;
- Providing expert evidence and/or opinions.

Self-assessment activity

Neuropsychology has been one of the least well-known categories in the South African context. Although neuropsychology has been well received in resource-rich countries such as the UK, US, and Canada, keeping the South African context in mind:

- What has been some of the challenges in making marketing and attracting students to some of this category's programmes in the country?
- What can higher academic institutions offering or considering offering this programme do to make this a mandate?

-
- What lessons can be learned from other programmes in psychology, such as military psychology that was a promising field but did not gain similar traction?

Forensic psychologists

Scope of practice

- Conducting psychological assessments, diagnosis and interventions in relation to forensic psychology;
- Referring clients to appropriate professionals for further assessment and intervention;
- Providing therapeutic interventions;
- Advising on the development of policies based on forensic psychology theory and research;
- Designing, managing and evaluating forensic psychology programmes and interventions;
- Designing, managing, conducting, reporting on and supervising research in forensic psychology;
- Conducting psychological practice and research in accordance with the ethical guidelines put forth by the act and within the scope of practice of forensic psychology;
- Providing expert evidence and/or opinion.

Self-assessment activity

Given that South Africa is internationally renowned as one of the most unsafe places to visit in the world, forensic psychology presents as one of the solutions to curbing the problem. As a student who has the exposure to the scope of practice of forensic psychologists:

- At what level of intervention do you think forensic psychologists can contribute to alleviating the country's growing crime rates?
- What strategies can forensic psychologists provide to this epidemic?
- How can forensic psychologists advise inter-governmental organisations such as the United Nations in devising measures to rectify victimisation and rehabilitation of offenders as well as victims of crime?



Registration with the HPCSA is mandatory for Psychologists/ Practitioners rendering psychological intervention.

- Do you think registration with the HPSCA is important?
- Please justify your answer.

The ethical framework for psychological intervention in South Africa

In South Africa, the ethics of psychological intervention are contained in the Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act 56 of 1974. These guidelines include the following:

Performance of professional acts

A practitioner shall perform a (except in case of emergency) professional act for which he or she is appropriately educated and trained and under the proper conditions and in appropriate surroundings.

Professional competence

Psychologists shall develop, maintain, and encourage high standards of professional competence to ensure that clients are protected from professional practices that fall short of international and national best practice standards. Furthermore, psychologists shall be accountable for actions in all parts of their professional life.

Scope of practice

A practitioner or practitioner under supervision should limit practice and supervision to areas of competence in which proficiency has been gained through education, training, and experience.

Beneficence

A practitioner has the moral obligation of a psychologist to act for the benefit of others.

Non-maleficence

A practitioner must not inflict harm, nor engage in activities that risk harming others, or minimise harm if it is unavoidable.

Informed consent

A practitioner shall obtain the client's written, informed consent to conduct such procedures – using language that is reasonably understandable to such client. While the content of informed consent will vary according to different circumstances, informed consent will ordinarily require that a client

- has the capacity to consent
- has been provided with information about participation in the activity that might reasonably be expected to influence their willingness to participate including exceptions/limits to the requirement of confidentiality, monetary or other costs or remuneration
- is aware of the voluntary nature of participation and has freely and without undue influence given their consent
- has had the opportunity to ask questions and has been provided with answers regarding the activities concerned.

In the case of a client who is legally incapable of giving consent (e.g. children, mentally retarded adults), a psychologist must:

- provide an appropriate explanation (explain the situation in easier terms)
- seek the client's assent
- consider such client's preferences and best interests
- obtain permission from a person legally authorised to give consent if such substitute consent is permitted or required by law. However, if such consent is not required by law, the psychologist shall take all reasonable steps to protect the client's rights and welfare.

Confidentiality

A practitioner shall safeguard the confidential information obtained in the course of their practice, teaching, research or other professional duties, subject only to the exceptions to the requirement of confidentiality as may be determined by law or a court of law (keep all information obtained confidential). A practitioner may disclose confidential information only:

- with the permission of the client concerned

-
- when permitted by law to do so for a legitimate purpose, for example providing a client with the services required
 - to obtain services from appropriate professionals and then for strictly professional purposes only
 - to protect a client or other persons from harm (e.g., client discloses a plan to kill themselves or someone else)
 - to obtain payment for a psychological service – in which instance disclosure is limited to the minimum information to require such payment.

Self-assessment activity

Ms Mbhele is a registered research psychologist employed by the Department of Basic Education in Mpumalanga Province. She has been instructed to conduct research on the perceptions of grade 08 learners on grade 12 assessment criteria. Ms Mbhele plans to acquire the permission to conduct research from the Provincial Department of Basic Education and the School Governing Body. She also plans to interview at least 12 grade 08 learners in a township school and in a suburban school. Considering the previously discussed ethical framework for psychological intervention as prescribed by the HPCSA:

- How can Ms Mbhele apply the principle of beneficence, non-maleficence, informed consent, and confidentiality?
- What do you understand by capacity to consent?
- How can it be determined in this context?
- What can Ms Mbhele do should one of the learners disclose a plan to kill themselves or someone else in the school?

Multiple and dual relationships

A multiple relationship occurs when a psychologist fulfils a professional role with respect to a person or organisation, and at the same time:

- fulfils or fulfilled another role with respect to the same person or organisation (the psychologist cannot be a lecturer to a student and at the same time be that student's therapist)
- is in a relationship with the person or organisation closely associated with the person or organisation with whom they have the professional relationship
- promises to enter into another relationship in the future with that person or organisation or a person or organisation closely associated with that person or organisation

A psychologist shall refrain from entering into a multiple relationship if that multiple relationship could reasonably be expected to impair that psychologist's objectivity, competence or effectiveness in performing their functions as psychologist or cause a risk of exploitation or harm to the person or organisation with whom the relationship exists.

If a practitioner finds that owing to unforeseen factors a potentially harmful multiple relationship has developed, they shall attempt to resolve the problem with due regard to the best interests of the client concerned and maximum compliance to these rules.

In the circumstance referred to above, the psychologist shall assist the client in obtaining the services of another professional and shall not enter into any relationship with such client until at least 24 months have elapsed since the termination of such multiple relationships. However, if the client is emotionally or cognitively vulnerable to influence by the psychologist no such relationship shall be entered into.

When a psychologist is required by law or institutional circumstances to fulfil more than one role in administrative or judicial proceedings, they shall clarify the role expectations and any exceptions to confidentiality at the outset of such proceedings.



- Assume you are providing therapeutic intervention to a client who's intending to initiate divorce. Will it be ethically appropriate to terminate a therapeutic relationship, wait for 24 months, and enter into a sexual relationship with this "former" client?
- Please justify your answer.

Conflict of interest

A practitioner shall refrain from assuming a professional role when personal, professional, legal, financial, scientific or other interests or relationships could reasonably be expected to:

- a) impair their objectivity, competence or effectiveness in performing their duties as a psychologist
- b) expose the client concerned to harm or exploitation.



- Can a therapist refer a client to a family advocate, dentist, car mechanic, or debt counsellor who is also the spouse of the practitioner/therapist?
- Under which circumstances will it be appropriate for the practitioner/therapist to offer taxi money to the client?

Personal impairment

It is the responsibility of the practitioner to take action to:

- discontinue or not to undertake a professional relationship with a client when the objectivity of the psychologist is compromised because of their present or previous familial, social, or sexual relationships with the client or his/her relatives
- discontinue or not to undertake a professional relationship with a client when the psychologist is impaired due to mental, emotional or substance abuse issues. For example, a mental condition could include a head injury, while an emotional could be the psychologist going through a divorce or the loss of a loved one
- discontinue or not to undertake a professional relationship when they become alert to signs of and attain professional assistance for their personal problems at an early stage to prevent further impairment (e.g., if the psychologist notices signs of burn out and seeks appropriate intervention).

Impeding a patient

A practitioner cannot impede (stop) a patient from getting the opinion of another practitioner regarding their treatment. Instead, a practitioner shall co-operate with another professional:

- as approved by the board in order to serve their clients effectively, or
- arrange for appropriate referrals and consultations based on the best interests of the client, taking into account consent and any other legal obligations

Interruption of psychological services

A practitioner shall not abandon a client by terminating the psychological relationship prematurely or abruptly, but

shall:

- make appropriate arrangements for another psychologist to deal with the needs of the client in the event of an emergency or in periods of absence when the psychologist will not be available
- make every reasonable effort for continuity of service. This includes cases where events such as psychologist's death, illness, unavailability through relocation might interrupt services.



- Are psychologists/helping professionals allowed to seek therapeutic intervention for themselves?
- Please justify your answer

Towards a decolonial ethical framework for psychological intervention

In the first three learning units, we emphasised the fact that the module's point of departure is togetherness as the fundamental condition for psychological intervention. This should be clear given the fact that the first three units extensively deal with this concept. In Learning Unit 4 we focused our attention on some of the main theoretical frameworks and conceptual approaches that have dominated the field of psychological intervention. You will recall that we said that these theories that form the foundation of modern psychological theory and practice constitute a psychology that is embedded in Western Euro-American culture. In Learning Unit 5, we critically examined this monocultural psychology referred to in Learning Unit 4 to problematise its relevance in non-Western African contexts.

Culture and ideology

In the preceding sections of the current learning unit, we looked at the ethical issues that guide psychological intervention in general and specifically in the South African context as stipulated in the relevant policy and legislative frameworks that govern the professional practice of psychological intervention. If we agree that psychological practices in South Africa remain embedded in Western Euro-American culture, in a country where more than 80% of the population is black, then it stands to reason that there

is a need for a psychology that speaks more accurately to the realities of those from non-Western cultures. Furthermore, if this shift is required in the practice of psychological intervention, then it should be obvious that a concomitant shift will be required in the ethics of psychological intervention. Howitt and Owusu-Bempah (1994) remind us that the ethical basis of the discipline is not grounded in psychological knowledge as such, but in the actions of practitioners. In other words, the moral debate that must surround psychology is as vital as its knowledge base and simply cannot be left to take care of itself (pp 18–19).

Thus, in as much as the previous sections on ethics addressed in this learning unit, may remain relevant to a decolonial psychology, they are not sufficient if we are to truly decolonise the profession. The critical question therefore for practitioners of psychological intervention schooled in Euro-American Western psychology is: How are they as psychologists, carrying the privileges they do, to create decolonial ways of working across this colonial binary when their day-to-day lives are implicated in the social structures that reproduce the need and suffering, they address professionally (Watkins, 2021)?

We attempt to answer this question in the latter section of this learning unit by interrogating the ethical character of an African and/or decolonial psychology. Our approach to this will be guided by what is referred to as accompaniment. Once you've engaged with this concept, its relation to the notion of togetherness will be clear.

Psychological
intervention is not value
neutral or value free

According to Ciofalo (2019), practitioners of psychological intervention who resist coloniality must create non-hierarchical, reciprocal relationships with the communities in which they practice, the communities whose knowledge systems are regarded as peripheral to the academic, hegemonic center. Almeida and Sanchez Diaz de Rivera (2016b) emphasised openness, humility, and trust as key ingredients for learning from cultures that have historically been silenced and erased. We must learn from what Vizenor (2008, 1999) called survivance practices in communities, constantly identifying coloniality and contesting false universalisms and colonial ideas about the religious, economic, and cultural underdevelopment of non-European societies. Furthermore, Marsella (2009) shed light on the need to critically analyse decontextualised understandings of the psychological,

including psychopathology.

Psychological practitioners need to come to grips with the role they play in perpetuating the psychological status quo. They need to become aware of the pitfalls and dead ends into which contemporary psychology has led the society they are supposed to serve. An unawareness of the extent to which psychology is imbedded in the ideology of the Western world, is one of the many paradoxes that bedevil the discipline, particularly the way it is practiced in the Global South, including South Africa. There is a need to acknowledge the ways in which psychological functioning and theories about psychological functioning are culture specific and are conditioned by particular models of the self and the world that are typically not obvious. Even the influence of culturally constituted understandings on psychiatric concepts in Western societies, often goes unrecognised (White and Marsella, 1989).

Joan Robinson, a well-known Cambridge economist, stated that ideology is like your own breath, you cannot smell it. "One of the distinguishing features of any culture is what people take for granted about the nature, the causes and the expectable results of human activity" (Bruner in Gilbert, van Vlaanderen, and Nkwinti, 1995, p 229). According to Triandis (1996), "all humans are ethnocentric ... and suffer from naïve *realism* that limits the full appreciation of the subjective status of their own construals, and, as such, they do not make sufficient allowances for the uncertainties of construal when called on to make behavioural attributions."

Referring to the prospering of psychology in Nazi Germany, Howitt and Owusu-Bempah (1994) regard it as an important lesson for psychology to realise "that a 'neutral science' can be hijacked to serve causes that most psychologists abhor." The flourishing of psychology in South Africa during the apartheid era is an equally telling example of how a scientific discipline can come to serve the political ends of those in power. One of the earliest expressions of social community psychology in South Africa – even though it was not named as such – was the study of the poor white phenomenon by the Carnegie Commission of 1932. The study was in part motivated by the idea of Black Peril (Swartgevaar), and so it is not surprising that those psychologists who served in the study offered reasoning and recommendations supporting and justifying racial segregation and white privilege.

Reverse Osmosis:
Stepping Out, Turning
Toward

In contrast to the above, work explicitly described as critical or liberatory community psychology focused on the well-being of the socially excluded and theorised about how psychology may support social justice. Social justice here refers to the way in which fairness or equity, equality and human rights are expressed in the everyday life of all people, and they include access to resources, opportunities, and privileges within a society. A commitment to social justice reveals a value system that emphasises dignity and respect. In an article entitled, 'Who must do the hard things?' Payton (1984) questioned psychology's responsibility with respect to social issues. The growing realisation in psychology of the importance of culture in determining the way we feel and think and behave is of special significance to African psychology. The African worldview mentioned in Learning Unit 5 is incongruent with the medicalised and individualised approaches to psychological intervention.

Accompanimentⁱ

Horizontality: Coming
Down to Earth and
Moving Alongside
of Others

For practitioners of psychological intervention to responsibly answer invitations to enter into marginalised communities that are not their own, we need to deepen a process of self-reflection, of psychic and *relational decolonisation*. It is best not to think that it is possible to fully liberate ourselves from the imposition of colonial relationships, but that we need to maintain a vigilance for coloniality, an openness to critique, and a commitment to a path of trying to ever more deeply understand the interpersonal and intercommunity effects of our own seeing, understanding, and living. Alongside such understanding, however, de-powerment, de-privileging, re-distributing resources (land and wealth), and other actions for social and environmental justice are necessary correlates of *relational accountability*.

Being Invited; Being
Asked to Stay Away

Psychology – has its own colonial history, marked by its practices of evaluation, testing, diagnosing, researching *about* people, making interventions, pursuing treatments, and offering prognostications. Its history is marred by its use of the construct of the "primitive," its racist arguments, and its collusion with colonial values and forces (Brickman, 2003; Keller, 2007; Khanna, 2003). A decolonial approach to mutual accompaniment interrupts practices of diagnosing and treating "from above" and seeks to create

	<p>an ethics of being alongside of, of learning together, of acting in solidarity and co-shouldering necessary risks. How are we to put such an ethic into practice?</p>
Becoming Clear About What an Invitation is for	<p>Mutual accompaniment</p> <p>Building solidarity with others to create beloved community – community where resources are equitably shared, and the dignity of all members is respected is a slow intergenerational process. Beyond simply “showing up”, it requires fundamental shifts in one’s life priorities, values, and the risks one undertakes. If a person begins accompaniment from within a binary construct of “helper” and “helped,” a conversion will be necessary to experience the potential and desirability of mutuality in accompaniment. Building solidarity together requires ongoing learning and continuing apprenticeship to those who are “inside” accompanists, in other words community members themselves.</p>
Learning New Skills and How to Work Across Levels of Organisation	<p>By “outside” accompaniment, we are drawing attention to psychosocial accompaniment engaged in by a person or group that does not belong to the group that has requested accompaniment. Outside accompanists who have privilege – that is, socioeconomic, racial, ethnic, citizenship, ableness – are faced with the additional enduring task of reflexively and critically examining their own positionality and developing a sensitivity of openness and responsiveness to critical feedback they receive from the members of the community they are working with that better orients them in their relationships and work (see Watkins, 2019).</p>
Resisting Uncritical Representations and Stereotypes of Ourselves and Others	<p>Those of us who have access to excess social and economic privilege have choices. We can segregate ourselves in a very small corner of a sadly divided world, working to increase our own personal happiness and security, relatively unconcerned with the effects of our living on others; or we can take decisive steps to live in a more inclusive and challenging world where relationships across differences attune us to the lives of others and to the effects of our privilege and the systems that generate them, perpetuating injustice. In doing so, we can engage the struggle to understand how we can most meaningfully build solidarity with others to co-create a more just, peaceful, free, and sustainable world, and set about the work of doing so.</p>

Looking in the Mirror is
Opening our Ears ...
and Keeping
them Open

While accompaniment cannot wipe away the pain born of traumatic injuries – individual or collective – it can begin to set into motion needed processes of psychic and social restoration through witnessing, supporting, and working to change the structural conditions that gave rise to the trauma. For this to even be a possibility, potential accompanists with privilege need to challenge habitual and normalised tropisms to turn away from the difficult. Often accompaniers with more relative privilege experience themselves as crossing from the familiar and the comfortable into the unfamiliar and the unsettling. They need to challenge the normalisation of their own privilege so that they can see links that may exist between their privilege and the misery or difficulty they are walking toward.

When individuals and communities experience an extremely difficult situation – acute or chronic – some people from outside may come to “lend a hand”. Others live in indifference and pretend the difficulty does not exist, pretend that they are not implicated, and/or that they couldn’t do anything about it if they wanted to. Privilege, including economic and white privilege, can operate to foster ignorance or disregard from both knowing about and responding to the critical social and ecological realities of our time and their impacts on communities. The insults and harms a community are dealing with can be redoubled by the absence of others, and by their failures of acknowledgment, empathic concern, and action. Accompaniment can be a necessary – even if insufficient – antidote to the injuries caused by others’ passive bystanding or active denial of the human suffering in their midst.

Reflexivity:
Problematising One’s
Own Identity,
Positionality,
Privilege, and Actions

For this to even be a possibility, potential accompanists with privilege need to challenge habitual and normalised tropisms to turn away from the difficult. This reverse osmosis, of intentionally moving across boundaries in the opposite direction of normative responses that bystand or move away from others’ difficulties, is a clear mark of accompaniment from the “outside” and is needed so that one can begin to think “from where the feet are planted,” as well as to enable the heart to feel where the feet are planted.

From “Helping” and
Cultural Invasion
Toward Mutuality

For those born and educated into privilege, psychosocial accompaniment requires a fundamental re-orientation. Turning towards and moving alongside are necessary

movements to orient the practice of accompaniment. Horizontality instead of verticality are the needed coordinates. This re-orientation involves developing counter-tropisms: to look at rather than to look away, to listen rather than to speak prematurely, to encourage and respect others' leadership rather than always assuming and asserting one's own, to hang in rather than to flit away upon signs of difficulty.

Jordan Flaherty (2016), in *No More Heroes: Grassroots Challenges to the Savior Mentality*, describes the saviour mentality as wanting to help others, but not being open to guidance from these very same people. The "saviour" believes that others are helped more by him- or herself staying in the lead. The solutions saviours turn to are within the dominant system, even when that system is the problem, because the current system is the one that supports the privilege they do not want to interrogate. To go beyond merely performing horizontality, however, requires efforts to actively de-privilege oneself.

Seeking Integrity of our
Understanding with our
Action:
The Role of
Reintegrative Shame

When accompanists are not a member of the community in which the work is unfolding, they are not on their own ground. They join others on theirs – even if this is a temporary place such as a refugee camp. They need to attune themselves to those around them, follow their lead, and lean into discerning how they might be of support to the desired social transformations.

A person or a group may not be interested in accompaniment by a member from another group. A community may request that outsiders do not live near or even visit members. Being sensitive to whether or not one is invited, and welcome, is critical to an ethical practice of mutual accompaniment. There are very legitimate reasons for people and communities to refuse accompaniment or to be quite particular about how and where it is to occur, if at all, and by whom. For instance, a group may have legitimate security concerns about infiltration by outsiders who seek to undermine their organisations. In other instances, a group or community may issue a clear call for accompaniment or if offered accompaniment accept it with few reservations. For instance, international accompanists are often asked for in situations where a community perceives it is under threat. Asylum seekers caught in detention prisons and immigrants undergoing the threat of deportation may welcome accompaniment because they do not have adequate access to the resources they need

to advocate for themselves.

Historical Lens

If an invitation has been extended, it is important to carefully clarify what it is for. There can easily be a collision between what the accompanier thinks in their own mind they have come to do and what is actually desired. In “The White Savior Industrial Complex,” Nigerian-American writer Teju Cole (2012) describes the harm that white people can do when they use “helping” to feel good about themselves and neglect engaging in needed complex understandings of the situations they are sentimentally addressing. Speaking of Nigeria, Cole critiques white people who focus on hungry mouths, child soldiers, or raped civilians, [when] there are more complex and widespread problems. There are serious problems of governance, of infrastructure, of democracy, and of law and order Such problems are both intricate and intensely local.

Ameliorative and Transformative Lenses

People’s needs and desires can be surprising and often they do not neatly fit the skill sets we have developed. We will often need to learn new skills or seek resources we may at first know little about. Psychosocial accompaniment often includes participatory research and other conscientising efforts to construct “liberating knowledge,” knowledge that will assist in transforming status quo arrangements that undermine the integrity of body and mind, relations between self and other, and between one community and another (Sacipa-Rodríguez, Tovar-Guerra, Galindo-Villareal, & Vidales-Bohórquez, 2009, p 222).

Critical race and indigenous studies scholar and Eve Tuck (2009) cautions us that spaces where oppression has occurred can become “saturated with the fantasies of outsiders” (p 412). In accompanying, we need to struggle to become aware of both negative and idealising stereotypes we bring that lead us to misread situations and to distort the personhood/being of another or others. Once we have discerned these stereotypes, we need to dismantle them, understand their history and functions, and refrain from projecting them. The negative stereotypes that we project can have disastrous consequences. Bell Hooks gives an example of this in her discussion of dominant cultures’ representations of those who are “poor” as lazy, shiftless, and dishonest. In speaking of representations of “the poor,” Hooks (2006) cautions us to resist normative representations of others that diminish them before we have even had the chance to meet them

(p 248).

Strength-Based Versus
Damage and Deficit-
Centered Lenses

“Self-reflection is not a turn inward but a turn toward otherness” (Oliver, 2001, p 219). There is much about ourselves that we can never understand with only an inward turn. We discover ourselves in and through our relationships, and particularly in relationships where we are open to differences and to feedback. As we try to better understand what decolonial accompaniment might look like, we have also been describing its potential shadow: intrusion, entitlement, disempowerment, projection, stereotyping, diminishing. It is best to name these potential pathologies that carry over colonial relations. Hopefully, the “accompanier” realises that they are not the only one doing the looking, the observing. Some of the descriptors applied to would-be accompanists traveling under a “colonial passport” are “fly-by-night humanitarian workers,” “trauma tourists seeking disasters by deserted beaches,” “trauma trophy academics,” “industrial white saviors.” Some try to rebrand their vacations as generosity (Flaherty, 2016).

These labels bespeak the harm created by too-frequent failure by would-be accompanists to take the time to deeply enough understand the situation being suffered, to examine their own relationship and the relationship of their country or group to the problem, and to make an enduring commitment to a community under stress. Instead frameworks and interventions derived from one cultural location are thoughtlessly applied to another location one knows almost nothing about. They also speak to the need for soul-searching about who such work is for, and whether the potentially self-serving nature of it has been disguised or minimised. Hopefully, as accompanists we wonder how we are seen, and are willing to discover things about ourselves we never imagined, or only feared.

Outside accompanists need to reflect on their own complex positionality with respect to dimensions such as race, ethnicity, class, gender, sexual orientation, nationality, religion, ableness. They need to reflect on how their complex positionality may contribute to perpetuating structural injustice. This entails facing seeing how our positionality creates challenges and contradictions in our practice of accompaniment. What is the history between the groups we belong to and those we may be accompanying? How does it affect attempts to relate to one another, to understand each other, and to effectively act with each other?

Unfortunately, efforts at accompaniment can easily go awry if the colonial framework of “helping,” “charity,” and “being of service” are not thematised and deconstructed. Too often, humanitarian, community, and psychosocial work occur within the same structure of colonial relations that gives rise to a community’s suffering in the first place. Hierarchical relations are mindlessly reproduced, ignoring or denigrating the knowledge of already marginalised community members. Interventions from the outside can displace and disable indigenous approaches better suited to the particular local context. Ameliorative actions can neglect the deeper causes of distress, particularly those of systemic injustice. When this occurs, creative and transformative work that could have emerged from processes of dialogue and collaboration across differences in experience and knowledge is thwarted.

Disempowerment of community members prevails, while “solutions” fail in places that were not understood in advance of the application of knowledge derived from elsewhere. Paulo Freire (2000) called this *cultural invasion* and carefully contrasted it with cultural synthesis. In *cultural synthesis* people “do not come to *teach* or *transmit* or *give* anything, but rather to learn, with the people, about the people’s world” (p 180) – there is a synthesis of worlds through efforts of mutual understanding. In culturally invasive approaches, interpretations and interventions are imposed from the outside. Psychosocial accompaniment counters the cultural invasion of exporting to places around the world diagnoses, treatment interventions, and research agendas that should not be universalised and imposed from positions of falsely presumed cultural supremacy.

Accompaniment by “outsiders” is a risky endeavour and is best undertaken with an acceptance of likely failures and feelings of deserved shame. Shame, however, can be generative. Watkins (2018) distinguish *deserved from undeserved shame*. Sometimes we are made to feel undeserved shame by things that happen to us, for instance, being raped, growing up in poverty, or being disparaged for our skin color. At other times, we do or do not do something that causes us to feel grave disappointment in ourselves. Perhaps we did something with one intention and find that grievous unintended consequences resulted and we are suffused with shame for our inadequate forethought or understanding.

Psychosocial accompaniment almost inevitably awakens feelings of deserved shame in “outside” accompanists, feelings that when metabolised have the potential for generating critical insight. The one who accompanies from the outside in a psychosocial manner has learned to see – to better understand – structurally the social misery they are witnessing. For instance, it becomes clear to them, as Jon Sobrino puts it, that “poverty results from the actions of other human beings” (Griffin & Block, 2013, p 14). The capacity to recognise feelings of deserved social shame is not, of course, an endpoint, but a gateway to reparative actions. These not only align one’s evolving social understandings with one’s daily living, enhancing the integrity of the accompanist, but are hopefully catalytic in reaching our mutual goals.

Decolonising lenses for psychosocial accompaniment

Decolonial lenses for psychosocial accompaniment must include a critical historical lens, a transformative lens (over and above an ameliorative approach), and a strength-based lens (vs. a damage and deficit-centered lens).

Accompanists learn to see the situation they are addressing in its historical context. This is necessary so that distress observed in the present can be traced to its structural and historical roots. As we endeavor to create and embody decolonial psychosocial and ecopsychological practices, we must ground ourselves in an understanding of the history of colonialism and its present-day embodiment in neoliberal power and practices. We need to develop an understanding of psychology’s complicity with colonial relations and practices. A decolonial approach to psychological intervention must be a historical approach that includes and centers the experiences of the dispossessed.

Without understanding the wider historical context of the difficulties we witness, much of the work of helping professions consigns itself to ameliorative approaches. Critical community psychologists Nelson and Prilleltensky (2005) have clarified differences between ameliorative and transformative approaches. While both are concerned with promoting well-being, they often do so differently. *The ameliorative approach*, as they define it, focuses on various interventions at the personal and relational levels, emphasising values of holism, care, and compassion. *The transformative approach* engages people in a collective

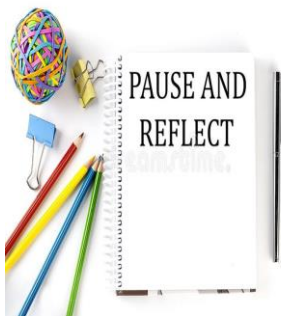
level of analysis, seeking to understand and effect the root causes of the affliction. It focuses on eliminating oppression and unjust power differentials, while embodying and enacting values of social justice, interdependence, collaboration, egalitarianism, and solidarity. The transformative approach strives for collective and systemic change through collaborative partnerships and community participation. In their intervention processes these partnerships aim for “conscientization, power-sharing, mutual learning, resistance, participation, supportive and egalitarian relationships, and resource mobilization” (Nelson & Prilleltensky, 2005, p 145).

Unfortunately, human service agencies and providers, as well as psychological intervention practitioners, have too frequently peddled damage and deficit-centered narratives of the people and communities with whom they work. In addition to the racism that can be an ingredient to such narratives, there also may be self-serving and self-perpetuating motives, conscious and unconscious. As they are currently configured, “helping” professions are dependent on addressing the “needs” of their clients. Seeing others principally through their needs is a highly distorting lens. Such a lens constructs the other in a disempowering light, even if the stated goal is empowerment. “Helping” unwittingly becomes complicit with harming. In reflecting psychologically on mutual accompaniment, we need to become clearer about the lens(es) we are using to represent others and ourselves and their effects.

For instance, Eve Tuck (2009) urges us to become aware of the long-term effects of damage-centered research on marginalised populations. While such studies, she says, have been used in the hope of obtaining needed reparations and political or material gain, it is time to consider the long-term consequences of communities thinking of themselves as broken and being presented to others uni-dimensionally in this light. Damage-centered studies reduce those studied to speaking of their pain, deprivation, and wounds. When the colonial context of these wounds is not clearly articulated, those who have suffered the wounds are themselves seen through a pathologising lens, neglecting a focus on the cultural and individual pathologies of the perpetrators. As feminist liberation psychologist Geraldine Moane (2000) underscores, the strengths born of oppressive conditions, such as generosity, courage, perseverance, ingenuity, and

solidarity are infrequently acknowledged or witnessed.

Tuck (2009) contrasts the pathologising consequences of a damage-centered paradigm to the empowering and affirmative aspects of a paradigm focused through the lens of desire. While not denying the loss and despair wrought by colonisation and ongoing racism, a focus on a community's desire points members toward the future they hope is possible and the efforts underway to achieve that future. It creates a space for both vision and hard-won wisdom. Tuck concedes that there is a role for damage-centered inquiry to document the harms suffered, but, she says, communities are so much more than the damage they have had to endure. Accompanists need to struggle to avoid both denigrating and idealising attitudes and assessments, as they try to understand a particular community in a balanced and realistic light.



Psychological practitioners should continuously do introspection and objectively evaluate their own moral issues in relation to professional obligations/ethical issues and codes of ethics as they have a potential to harm as well as help, to exploit as well as to empower, and to restrict as well as to liberate. Therefore, it is necessary to reflect on personal thoughts, feelings, and actions about moral and ethical issues deliberately, consciously, and consistently..

Self-assessment activity

Please carefully read the scenario below as you will be required to answer some questions at the end.

Ms Cain brings her two daughters, ages 4 and 6, to Dr Raseona for a psychological evaluation. She reports that they have become upset during the past few months. They have nightmares and wet their beds. She suspects that the problem may have something to do with their last visit to their father, who lives out of state.

Dr Raseona schedules three sessions in which he sees Ms Cain and her two children together and three individual sessions with each daughter. While preparing his report, he receives a subpoena to testify in a civil suit that Ms Cain is filing against her ex-husband. She is suing for custody of her children. During the trial, Dr Raseona testifies that the daughters seem, on the basis of interviews and

psychological tests, to have a stronger, more positive relationship with their mother. He gives his professional opinion that the children would be better off with their mother and that she should be given custody.

Mr Cain files an ethics complaint, a civil suit, and a licensing complaint against Dr Raseona. Mr Cain claims that Dr Raseona failed to obtain informed consent to conduct the assessments. When Mr and Ms Cain had divorced two years earlier, the court had granted Mr Cain legal custody of the daughters but granted Ms Cain visitation rights. (Ms Cain had arranged for the assessments of the children during a long summer visit.)

Mr Cain also claimed that Dr Raseona made a formal recommendation about custody placement without trying to interview him. Mr Cain's attorney called two expert witnesses to testify that no custody recommendation should be made without interviewing both parents. They also testified that Dr Raseona should not have served as both therapist and forensic evaluator. Dr Raseona clearly had not reviewed the Guidelines for Evaluation of Child Custody in Family Law Proceedings (American Psychological Association [APA], 2010b).



Answer the following question based on the above scenario:

Critically evaluate the ethical principles of psychologists and the codes of conduct governing psychological intervention as outlined by HPCSA.

References

Almeida, E. & Sanchez Diaz de Rivera, M.E. (2016b). *Openness, humility and trust, conditions to achieving community democracy*. Durban, South Africa: Sixth International Conference of Community Psychology.

- Barnes, F.P. (1998). *Complaints and grievances in psychotherapy: A handbook of ethical practice*. Routledge: London and New York.
- Bhola, P. & Raguram, A. (Eds.). (2016). *Ethical issues in counselling and psychotherapy practice: Walking the line*. Springer: Singapore.
- Brickman, C. (2003). *Aboriginal populations in the mind: Race and primitivity in psychoanalysis*. New York: Columbia University Press.
- Ciofalo, N. (2019). Indigenous psychologies: A contestation for epistemic justice. In N. Ciofalo, Ed, *Indigenous psychologies in an era of decolonization*, pp 1–38. Cham, Switzerland: Springer.
- Cole, T. (2012). The white-savior industrial complex. *The Atlantic*. Retrieved from <https://www.theatlantic.com/international/archive/2012/03/the-white-savior-industrial-complex/254843/>
- Cottone, R.R., Tarvydas, V. & Hartley, M.T. (2021). *Ethics and decision making in counseling and psychotherapy*. Springer Publishing Company: New York.
- Cornelius-White, J.H., & Proctor, G. (2019). Empathy, Honesty, and Integrity in the Therapist: A Person-Centered Perspective. In M. Trachsel and others (Eds.). *Oxford Handbook of Psychotherapy Ethics* (p.111–121).
- De Beer. M. (2019) Paternal Masturbation of Profoundly Disabled Son: South African Case Study. In Chappell, P. & de Beer, M. (Eds.). *Diverse Voices of Disabled Sexualities in the Global South* (pp 189–220). Palgrave Macmillan: Cham.
- Flaherty, J. (2016). *No more heroes: Grassroots challenges to the savior mentality*. Chico, CA: AK Press.
- Freire, P. (2000). *Pedagogy of the oppressed*. New York: Continuum.
- Gilbert, A., van Vlaanderen, H. & Nkwinti, G. (1995). Planting pumpkins: socialization and the role of local knowledge in rural South Africa. *South African Journal of Psychology*, 25, 229–235.
- Griffin, M. & Block, J.W. (Eds.). (2013). *In the company of the poor: Conversations with Dr. Paul Farmer and Fr. Gustavo Gutiérrez*. Maryknoll, NY: Orbis Books.
- Hooks, B. (2006). *Outlaw culture: Resisting representations*. New York: Routledge.
- Howitt, D. & Owusu-Bempah, J. (1990). Racism in a British journal. *The Psychologist: Bulletin of The British Psychological Society*, 3, 396–400.
- Keith-Spiegel, P. (2013). *Red flags in psychotherapy: Stories of ethics complaints and resolutions*. Routledge: London and New York.
- Keller, R.C. (2007). *Colonial madness: Psychiatry in French North Africa*. Chicago: University of Chicago Press.
- Khanna, R. (2003). *Dark continents: Psychoanalysis and colonialism*. Durham, NC: Duke University Press.

- Knapp, S.J., Gottlieb, M.C. & Handelsman, M.M. (2015). *Ethical dilemmas in psychotherapy: Positive approaches to decision making*. American Psychological Association: Washington, D.C.
- Marsella, A. (2009, March). Some reflections on potential abuses of psychology's knowledge and practices. National Academy of Psychology (NAOP) India. *Psychological Studies*, 54, 23–27.
- Nelson, G. & Prilleltensky, I. (2005). *Community psychology: In pursuit of liberation and well-being*. New York: Palgrave Macmillan.
- Oliver, K. (2001). *Witnessing: Beyond recognition*. Minneapolis, MN: University of Minnesota Press.
- Payton, C.R. (1984). Who must do the hard things? *American Psychologist*, 39, 391–397.
- Pope, K.S. & Vasquez, M.J.T. (2016). *Ethics in Psychotherapy and Counselling. A Practical Guide (5th ed.)*. John Wiley & Sons, Inc.: New Jersey.
- Sacipa-Rodríguez, S., Tovar-Guerra, C., Galindo-Villareal, L. F. & Vidales-Bohórquez, R. (2009). Psychological accompaniment: Construction of cultures of peace among a community affected by war. In M. Montero & C. Sonn (Eds.), *Psychology of liberation: Theory and applications* (pp 221–236). New York: Springer.
- Stevens, G. & Sonn, C. (2021). *Decoloniality and epistemic justice in contemporary community psychology* (Eds.). New York, NY: Springer
- Trachsel, M., Biller-Andorno, N., Gaab, J., Sadler, J. & Tekin, S. (2021). *Oxford Handbook of Psychotherapy Ethics*. Oxford University Press: Oxford.
- Triandis, H.C. (1996). The psychological measurement of cultural syndromes. *American Psychologist*, 51, 407–415.
- Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard Educational Review*, 79(3), 409–427. Retrieved from http://pages.ucsd.edu/~rfrank/class_web/ES-114A/Week4/TuckHEdR79-3.pdf
- Vizenor, G. (Ed). (2008). *Survivance: Narratives of native presence*. Lincoln & London: University of Nebraska Press.
- Watkins, M. (2018). The social and political life of shame: The U.S. 2016 presidential election. *Psychoanalytic Perspectives*, 4(2), 25–37.
- Watkins, M. (2019). *Mutual accompaniment and the creation of the commons*. Yale University Press.
- Watkins, M. (2021). Toward a decolonial approach to psychosocial accompaniment from the “Outside”. In G. Stevens & C. Sonn (Eds), *Decoloniality and epistemic justice in contemporary community psychology* (pp. 101–120). New York, NY: Springer
- White, G.M. & Marsella, A.J. (1989). Introduction: Cultural conceptions in mental health research and practice. In A.J. Marsella & G.M. White (Eds), *Cultural conceptions of mental health and therapy* (pp 1–38). Dordrecht: D. Reidel.

ⁱ Most of the section on accompaniment was adapted from: Watkins, M. (2021). Toward a decolonial approach to psychosocial accompaniment from the “Outside”. In G. Stevens & C. Sonn (Eds), *Decoloniality and epistemic justice in contemporary community psychology* (pp. 101–120). New York, NY: Springer.