

CHAPTER 27: DILEMMAS AND ETHICS

❖ DILEMMAS IN EFFORTS TO CHANGE BEHAVIOR

Dilemmas therapists and other professionals often face are:

1. those that pertain to the **behavior change goals**
2. those that pertain to the **behavior change methods of the intervention.**

❖ ARE THE BEHAVIOR CHANGE GOALS ACCEPTABLE?

- **Goal acceptability** refers to the degree to which the outcome or behavioral goals are fair, appropriate, and reasonable.
- **Goal acceptability criteria:**
 1. goals should have a *high degree of social validity* (they should be desired by society and appropriate for the target person's life)
 2. goals should involve a *clinically significant improvement* that we can realistically hope to achieve.

➤ Examples of Dilemmas in Behaviour Change Goals:

- Is the goal of losing weight worth pursuing in therapy if many people fail? Would the goal be worth pursuing if people who kept the weight off didn't live very much longer than they otherwise would have?
- Should a therapy program pursue the goal of decreasing children's extremely oppositional and aggressive behavior if doing so requires getting them to play alone much of the time?

❖ ARE THE BEHAVIOR CHANGE METHODS ACCEPTABLE?

- **Treatment acceptability** refers to the extent to which the client and community consider the methods of a behavior change program to be fair, appropriate, and reasonable for the circumstances
- **Evaluating treatment acceptability is important for two principal reasons:**
 1. to protect clients' rights
 2. to make the intervention agreeable to clients so they will participate fully in the treatment

➤ Treatments Involving Aversive Stimuli

Greatest concerns regarding treatment acceptability relate to methods that apply physically aversive stimuli, either as punishers or as USs in aversion therapy

- Two useful procedures to protect clients from harm and safeguard their rights:
 1. Therapist should *identify an appropriate professional committee* that can review the plan to use aversive methods and seek their approval.
 2. Therapist should fully *describe the aversive methods to the client or guardian* and seek their consent to use those methods.

➤ Assessing Treatment Acceptability

- individuals *fill out rating scales* to evaluate the methods applied in interventions
- several *rating instruments have been developed* for this purpose and are becoming more and more widely used
- Ratings of treatment acceptability tend to be higher:
 - * if a rationale for the method is given
 - * rater has a good understanding of the treatment procedures
 - * when the client's behavior problem is very severe
 - * there are few undesirable side effects from the treatment
 - * the methods involve reinforcement rather than punishment
 - * the cost in time and effort is low
 - * if the therapist has obtained the consent of the client or guardian and approval from an appropriate committee to use the techniques

❖ ETHICAL AND LEGAL ISSUES IN THERAPY AND RESEARCH

An important mechanism that is available to protect clients and participants in research is the **institutional review board (IRB)** or **other review committee**:

- Consist of *at least five individuals who* are not connected to the therapy or research in question and who can represent the views of significant and relevant elements of society, such as the general community, child welfare groups, and the fields of medicine and law.
- Develop *guidelines as standards* of general professional conduct and as rules to guide the process of conducting therapy and research.

❖ GENERAL PRINCIPLES FOR PSYCHOLOGISTS

The **American Psychological Association (APA)** has developed a detailed *set of ethical principles and codes of conduct* to guide the behavior of psychologists because psychologists work in many settings and roles.

➤ This code of ethics is divided into two sets of guidelines:

- *General principles*: are aspirations that psychologists should strive toward
 - *Ethical standards*: specific guidelines that the APA can enforce with sanctions.
- **Five general principles apply broadly:**
 1. *Beneficence and non-maleficance*. Psychologists try to benefit and do no harm to the individuals they work with or provide services for.
 2. *Fidelity and responsibility*. Psychologists strive to establish trusting and consultative relationships with colleagues, clients, and others they work with in an effort to serve the best interests of those individuals and to prevent unethical conduct.
 3. *Integrity*. Psychologists strive to be honest and fair toward others and in presenting descriptions of their qualifications and activities.
 4. *Justice*. Psychologists oppose injustice in the distribution and quality of psychological services and procedures for all individuals.
 5. *Respect for people's rights and dignity*. Psychologists respect people's rights to privacy, confidentiality, and autonomy and are sensitive to cultural and individual differences.

❖ ETHICAL SAFEGUARDS IN TREATMENT SETTINGS

The **Association for Behavior Analysis International (ABAI)** advances a set of positions called the Statement on the Right to Effective Behavioral Treatment. This statement lists six client rights to:

1. A therapeutic environment that includes opportunities for training, stimulation, and social interaction.
 2. Services with the client's personal welfare as the overriding goal. This includes an assessment of treatment and goal acceptability.
 3. Treatment administered by a competent behavior analyst who has had appropriate training and experience.
 4. Interventions that reduce behaviors that are dangerous or problematic and teach skills that are functional in everyday life.
 5. Objective assessments of behavior and its antecedents and consequences before and during treatment, and an ongoing evaluation of the treatment.
 6. The most effective treatments available, considering the scientific evidence, the degree of restrictiveness of the methods, and the importance of producing quick, clinically significant behavior changes.
- **Informed consent:** specific guidelines to protect clients from harm in psychological therapy and to promote effective behavior change. Can be obtained from the client or other legally authorized individual if the target person is too young or otherwise unable to give consent.

➤ Organizations with specific ethical guidelines:

- **Behavior Analyst Certification Board (BACB)** guidelines for Responsible Conduct: an extensive and detailed code of conduct that is divided into 10 topic areas, such as behavior analysts' professional conduct as a teacher or in research.
- **American Psychological Association (APA)** has published ethics codes. The current version is in an article entitled Ethical Principles of Psychologists and Code of Conduct which details the standards of conduct.
- **Association for the Advancement of Behavior Therapy (AABT)** has published guidelines for therapy: an extensive set of questions that therapists and other individuals can consider in evaluating the ethical standards of an intervention.

❖ ETHICAL SAFEGUARDS IN RESEARCH

APA has also developed **guidelines to safeguard individuals' rights and protect** from harm those who serve as participants, or subjects, in research:

1. *All individuals*, regardless of their ages or other characteristics, ***have rights that supersede those of the researcher.***
2. The researcher should (a) ***inform the participant*** of all features of the research that may affect his or her willingness to participate, and (b) ***answer the subject's questions*** in terms that are appropriate to his or her abilities to comprehend.
3. ***Informed consent*** should be obtained from the participant, if possible. If the participant is a child or an adult unable to give consent, it should be obtained in writing from his or her parents or individuals who have the legal authority or can reasonably act in loco parentis

(teachers or directors of institutions, for example). Individuals giving consent should be informed of all features of the research that may affect their willingness to consent.

4. The researcher ***should respect the subject's freedom to choose not to participate*** in the research or to discontinue participation at any time without undue coercion to reconsider such decisions.
5. The researcher should ***not use any procedure that may harm the participant*** physically or psychologically. When harm seems possible, the researcher must consult an IRB for guidance and approval. This often means that the research will need to be postponed and redesigned or abandoned.
6. ***Concealing*** important information from participants or ***deceiving them should be avoided*** whenever possible. If such procedures are contemplated, the researcher must consult an IRB, demonstrate that alternative procedures are not feasible, and show that the research outcome will have considerable scientific or applied value. If the use of concealment or deception is allowed, the researcher must ***debrief the subjects to correct misconceptions***, preferably as soon as their participation has been completed. Debriefing entails describing the purpose of the research and explaining the need for deception (which may then be self-evident).
7. The researcher should keep ***confidential all information*** obtained about participants, unless the participants had agreed in advance to the open use of the information.
8. When research procedures result in unforeseen and undesirable circumstances for the participant, the researcher should take ***immediate action to correct the circumstances***, including any long-term effects they may have on the subject.