**Virginia R post to week 1 Discussion 1**

**There are many similarities for ethical standards when conducting client therapy and research.  The majority of those similarities are summed up in section 3 of the**APA’s Ethical Principles of Psychologists and Code of Conduct: 3.04 (Avoiding Harm) and 3.06 (Conflict of Interest).  Psychologists must take reasonable steps to avoid harm to both clients and research participants.  Psychologists are also expected to avoid accepting any professional role where personal interests (interpersonal, scientific, professional, legal, financial) may impair their objectivity and effectiveness, or expose the client to harm or exploitation (APA, 2017).  A declaration of conflict of interest can be found in most published studies.  This ethical requirement is arguably an extension of requirement 3.05 (Multiple Relationships); which is broken down into more detail in Section 10 concerning client therapy. Informed Consent (covered in 3.10, Section 4, 8.02, and 10.01) is also central to both research and therapy.

In regard to therapy, Informed consent and maintaining confidentiality is essential.  In situations where maintaining confidentiality is questionable – either because of 3rd party hiring, couples or group therapy, or services enlisted by law enforcement – the psychologist must inform all clients of the limitations for confidentiality.

In a research setting, confidentiality and informed consent are still expected, but certain exceptions do exist. **Section 8.05 (Dispensing with Informed Consent for Research)** applies to a situation where the research is reasonably assumed to not create harm or distress to participants. This applies to educational settings, anonymous questionnaires, and naturalistic observations.  Key to this exception is whether participants are protected from adverse risk from civil liability, or damage to finances, employability, or reputation.  Participants confidentiality must also be protected.  **Unlike therapy settings, deception may be permitted in research but only if the researcher can justify the deception as essential to the study, and it reasonably poses not harm to the participant** **(APA, 2017, 8.07)**.  Deception in research also directs psychologists to provide an opportunity for study participants to receive appropriate information about the research and take reasonable steps to correct any misconceptions (APA, 2017, 8.08).  Dispensing with informed consent or applying deceptive tactics wildly differs from therapy situations.  In all cases for Therapy, informed consent is necessary protocol before beginning services.  Even in situations where third-party consent or government agency overrides that consent, a psychologist must inform all parties of the exact nature of the client/psychologist relationship and limitations to confidentiality. Furthermore, deception is never a feature that will be involved in therapy situations regardless of whether it is expected to do harm.  It is only permitted in research in order to illicit accuracy in the results of a study.  Trust in the client/psychologist relationship is necessary for successful treatment.  Undermining that trust with deceptive tactics would undermine the client’s progress, not only with that specific psychologist – but with the entire profession.  Furthermore, there is no essential purpose or value to deception in a therapy setting.

Resources:

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct: Including 2010 and 2016 amendments. Retrieved from http://www.apa.org/ethics/code/index.aspx