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Ethical Dilemmas that Arise when Mental Health Professionals use Client Data for Research Purposes

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ABSTRACT

This manuscript presents a critical analysis of the ethical implications when mental health professionals, such as psychologists, use data from their clients' assessments for research purposes. The ethical premise, drawn from the Canadian Psychological Association (CPA) which is the national association for the science, practice and education of psychology in Canada, focuses on the dual role of the clinician-researcher. This includes the need for mental health professionals to remain cognizant of the strengths and limitations associated with the use of assessments in both clinical and research settings, and ensure that the research produced is guided by ethical standards. This manuscript includes four best practice recommendations that mental health professionals can utilize as a guide when using standardized and unstandardized assessments in their research studies.

Keywords: assessments in research, ethics, ethical dilemmas, clinician-researcher, dual-roles

This article focuses on the ethical implications of using counselling data such as assessments (e.g., intake forms, psychological measures such as the Beck Depression Inventory) for research purposes. Research refers to the process in which mental health professionals assess for change within a specific setting (e.g., therapy sessions, group therapy). The data gathered from assessments is used to generate answers to research questions, which may also include publishing results to communicate the findings. Additional examples of research will be provided later.

The Clinician-Researcher: The Dual Role

A major ethical issue associated with using assessment data is managing the dual role when a mental health professional intends to also work as a researcher. According to Perrier, Etchegary, Palarchio, and Snelgrove (2009), "A dual relationship in professional practice occurs when a practitioner is in another significantly different professional or non-professional relationship with one or more of his or her clients" (p. 53). Dual roles, when not managed ethically, can lead to unethical practice and ruptures in the therapeutic relationship (Perrier et al., 2009).

Yanos and Ziedonis (2006) explained conflicts of interest present within the dual role of the clinician-researcher in applied research settings can often be summarized into three areas: (a) financial conflicts of interest, (b) conflicts of interest arising from the opposing agendas inherent to the role of the clinician and the role of the researcher, and (c) an internal clash between the clinical mandate to act in the client's best interest (beneficence) and the scientific mandate to pursue truth with appropriate rigor (scientific autonomy). Therefore, it is important for mental health professionals to understand the multitude of ethical issues present in the dual role of clinician-researcher and ensure that ethical research protocols are implemented prior to engaging in either role with a client.

Examples of Assessments Being Used in Research

The focus of the examples and the ethical implications will be geared to mental health professionals (counsellors/ psychologists) who adopt the CPA code of ethics (Canadian Psychological Association, 2000). But the discussion is highly relevant to many other helping professionals who may use client assessment data

for research such as nurses, psychiatric nurses, social workers, doctors, school counsellors, etc.

Example 1: Sharing client assessment data.

Mental health professionals may be asked to share client assessment data with the agency's administrators for the purpose of assessing the impact of services on the clients and the effectiveness of the professionals working at the agency. Another possible scenario within this example is when clients' assessment data are accessed by agency administrators and researchers to demonstrate the effectiveness of a particular intervention or program offered by the agency (Michaels, 2006). These two situations pose ethical issues related to the dual roles of the mental health professional because he or she is obligated to maintain ethical responsibility to a code of ethics such as Canadian Psychological Association (CPA) (Canadian Psychological Association, 2000), while also being required to follow the agency's mandate as part of their employment with the agency.

Example 2: An agency-wide assessment scale.

A counselling agency may ask that all helping professionals administer an assessment scale to all clients to determine if clients believe their therapy sessions are purposeful and creating change. The agency may have intentions to use this data for funding applications as well as publish a manuscript on how change occurs in counselling agencies. This creates an ethical dilemma if the helping professional is told to submit all results to the clinical researcher without informing the helping professional or client of the larger purpose of the assessment scale or the uses of the data gathered from the scale. This scenario calls to question the helping professional's involvement with clients in both the role of clinician and researcher either indirectly, by handing over collected assessment data to the agency, or directly, by being a researcher who analyzes client data to share with other professionals.

In addition, the conflict of roles is present for clients, as they must complete psychological measures that are part of the research study or agency assessment that may not relate to the clients' reasons for seeking the agency's services (i.e., clients are not coming to therapy to help the agency with their research). Further complications arise when the clients believe the helping professional will read their answers to the assessment questions, as clients may modify their answers or respond in a manner that they think the helping professional wants them to in order to support the research study question, help the agency secure funds, or to appear in a socially desirable manner within the therapeutic relationship.

Example 3: Use of intake interview data.

An additional ethical issue is raised when assessment data collected during intake interviews (e.g., standard batteries of measures administered to all clients upon intake) are made available for research purposes. This might include using assessment intake data to compile a profile of the typical client who seeks services at an agency. It is also possible that administrators and researchers may see research value in asking mental health professionals to make client data available to ascertain if a specific program or service being offered at the agency is of therapeutic value. This information could result in securing additional funding to expand, remove, or modify programs and could be used to evaluate staff.

Being an employee, the helping professional has another role in this dilemma. The helping professional, as an employee, must adhere to the agency's directive, yet the professional's code of ethics states that he or she cannot participate in unethical practice. It could be argued that agencies are unaware of the need to seek consent to use clients' assessment data. This lack of awareness could be due to insufficient education and training in research ethics and codes of ethics involving clients' rights when engaging in both therapeutic and research activities. The agency's lack of awareness could be a result of a variety of professionals working in collaboration at the organization in which different codes of ethics and levels of responsibility could result in confusion regarding the responsibilities of the professionals engaging in both therapeutic and research activities.

These scenarios raise questions regarding why agencies might use data from clients' assessments without seeking consent. Perhaps it may be that some agencies and researchers regard intake data as not requiring consent, as it will be anonymously coded, used for research purposes only, and securely stored. If true, this proposes a serious problem for the mental health professional, as the CPA (2000) stipulates that mental health professionals should not allow client data to be used in research without the client being aware of this purpose and providing informed consent.

Analysis of the Problem – The Need for Informed Consent

According to many codes of ethics, the client must be informed of how any of their data will be used, how data will be stored, and who will have access to the data (Corey, Corey, & Callanan, 2011). This includes data for therapeutic purposes and when the data may be used for research purposes. These rights have been thoughtfully developed to safeguard the dignity and well-being of individuals whose data may be used in research. Agencies and those that fall under a Health Act or Code of Ethics must adhere to regulatory requirements, privacy laws, and ethical standards that govern human research. These standards mandate informed consent procedures and documentation, scientific and ethical review, formal confidentiality protections, and data and safety monitoring (Appelbaum & Roberts, 2006).

When mental health professionals decide to ask clients for permission to use their assessment data in a research study or as a case study, the mental health professional must determine whether the client has the ability to understand all sides of the issue, is truly capable of giving permission, and whether the therapeutic process can afford to be interrupted to thoroughly address the issue (Sieck, 2012). The American Psychiatric Association's Task Force on Research Ethics (2006) affirmed informed consent safeguards are even more important when research involves persons whose capacities for autonomy and informed consent may be compromised by the nature of their illnesses (e.g., terminal illness or serious physical or mental illness), by their life circumstances (e.g., institutionalization, feel obligated to give consent to continue to receive service at a reduced fee), or by other characteristics (e.g., research with children, dependent personality disorder). The ethical goal is to respect and protect the privacy of clients when their therapy data are used for research. Mental health

professionals must remain cognizant of the privileged relationship between themselves and the client-participant.

Ethical Dilemmas when Client Assessment Data are used for Research

The most common ethical issues that may arise when using assessment data for research purposes include: (a) misunderstanding the procedures and administering measures incorrectly or at the wrong time in the process, (b) the professional-ethical obligations of the helping professional when he or she is in the role of clinician-researcher, and (c) the unforeseen conflicts between therapeutic process and study protocol. Such ethical dilemmas require the clinician-researcher to use his or her own judgement related to ethical conduct surrounding the use of the assessment for both therapeutic and research purposes.

Is informed consent truly possible?

Some mental health professionals may not have a full stake in a research study but may instead be asked to use their clients' assessments for the research team's study (Castonguay et al., 2010). This may cause ethical discomfort on the part of the mental health professional, as he or she may not want to implement the research study protocol in therapeutic practice even though the agency would like the research study to proceed. Spending time in the first therapy session to outline for the client the study rationale and procedures can detract from establishing a therapeutic relationship with the client or delay understanding why the client is seeking help. The clinician-researcher must maintain a balance when interacting with clients by keeping the research study protocol in mind but must also give the client and his or her story full attention during the session (Castonguay et al., 2010).

Another source of ethical discomfort for a helping professional is whether clients make an informed choice when they grant permission for their assessment data to be included in a research study. Clients may not have an informed choice if they are operating from a belief system that they do not have the right to say no, particularly if the research project is introduced during the first session and clients are worried whether the helping professional will agree to help them. As Cleary, Hunt, Robertson, and Escott (2009) explained, "Making potential research subjects in clinical care settings aware of their right to refuse to participate in research is problematic in that such patients may fear that their clinical care may be affected" (p. 2). This highlights the tension between the needs of the research study and the needs of the client when the helping professional engages in the dual role of clinician-researcher.

When to ask for permission.

Beginning a therapeutic relationship with a request to use the data gathered from a client's assessment might be off-putting to the client because trust will not yet have developed. The client may become concerned with the helping professional's use of all information shared in the therapeutic setting and remain self-conscious throughout treatment (Sieck, 2012).

Similarly, asking for consent to use data from an assessment during the middle stage of treatment may allow for the opportunity to explore the client's feelings regarding the issue, but can also disrupt therapy at its most productive stage, as this middle stage is when most clients begin to feel trust to open up to the helping professional. Additionally, as the helping professional introduces his or her own needs and desires to the therapeutic relationship, he or she may find it more difficult to remain objective (Kantrowitz, 2010). Thus, if a helping professional introduces a request for a personal need it may, depending on the client, result in a rupture to the therapeutic relationship, as the client may question the helping professional's intentions and genuineness in the relationship.

Making the request to use a client's assessment data for research purposes during termination may impede the separation process because clients may wish to stay involved with the mental health professional while his or her data are being used in the research study. As well, during the termination stage, a client may feel that the quality or significance of the therapeutic relationship was not genuine, because the request for data could be misconstrued as the helping professional just wanting to use the client to collect data for research purposes. Finally, requesting the use of data during the termination stage may not leave sufficient time to process the client's emotions about the request (Kantrowitz, 2010).

Although making the request when therapy is complete may ensure that the actual therapy will not be affected, it may also prevent the opportunity to discuss and manage any of the client's uncertainty or discomfort (Kantrowitz, 2010). This is particularly problematic if the request is made through email or in the form of a letter to be signed and returned. It is important to note that if a mental health professional feels uncomfortable asking for the client's permission to use his or her assessment data for purposes outside of the intended therapeutic use at any stage during the therapeutic process, the mental health professional should consider not using the client's assessment data for research purposes.

Selection and administration of assessment measures

Mental health professionals should not select measures solely on the data needed for a research study; the selection of measures should be based on what is in the best interest of the client. Mental health professionals may face ethical issues about the administration of appropriate measures for each client's presenting issue as well as relevance based on age, reading level, and cultural background. The administration of the appropriate measures is important, as these measures allow the clinician-researcher to effectively interpret the results as well as provide appropriate feedback to the client regarding his or her results.

Professional obligations of the mental health professional.

Another ethical issue is the professional obligations of mental health professionals to inform clients in advance of how the results of measures completed during the assessment process will be used. For example, mental health professionals are ethically required to inform clients before the client chooses to complete any assessment materials that the results from the measures will remain

confidential unless the client provides informed consent for the results to be used or shared with others (Hood & Johnson, 2007) or when required by law (e.g., court order). An ethical dilemma emerges when the client's assessment report is accessed without the client's consent to be used in a research study. For instance, in order to secure funding, the agency director may ask all counsellors to submit their clients' pretreatment and posttreatment depression scores as evidence that counselling is effective. Similarly, the agency director may ask a staff member to access closed client files that are in storage to gain data on pre- and posttreatment scores to provide evidence to accreditation auditors and demonstrate that the agency has a long history of creating client change.

The use of assessments for research purposes presents a unique situation for the clinician-researcher regarding issues related to the therapeutic process including informed consent and client rights. This makes it even more important that clinician-researchers adhere to their code of ethics in regards to how to obtain informed consent for both therapeutic and research purposes.

Best Practice Recommendations

The following section presents five core recommendations generated through an in-depth study of the CPA (2000) code of ethics and through completing an intensive critical analysis of the available literature on the topic (See Kewley, 2013 for more information). The recommendations are not intended to be exhaustive, but rather are to provide mental health professionals and researchers with knowledge to ensure data obtained from clients' assessments are used in an ethical manner.

An initial recommendation is to use a standardized informed consent process including an informed consent document, as has been previously discussed. Additional recommendations will be listed next.

Recommendation 1: Maintain an open and honest dialogue and relationship with clients.

This recommendation stems from the ethical standard that clients have the right to decide how their personal data will be used by others. Open and honest communication between the mental health professional and his or her clients concerning the use of assessment materials for research purposes needs to be part of all therapeutic and research-related discussions. The advantage of open and honest discussions surrounding this topic may in the least provide insight for the mental health professional into the client's thought processes while assisting the client in achieving greater self-awareness.

According to the experiences presented by psychologists who use their clients' cases for research purposes, it appears the need for open communication is paramount in ensuring ethical practice when using a client's information outside of the therapeutic setting. The experience of asking a client for permission to use his or her clinical material can be stressful for the psychologist, as it can affect the power differential that can be present between the professional and the client. Clients may give blanket permission,

refuse completely, or ask to read what the psychologist wants to publish before making a decision (Blechener, 2012). Therefore, open and honest communication is important as it places the responsibility on the professional to communicate openly with clients when asking for permission to use their clinical material in a manner that respects the client while also maintaining what is in the best interest of the client.

Recommendation 2: Continue to learn and train in research ethics.

Mental health professionals and researchers need to supplement their ethical knowledge on a regular basis by seeking out opportunities to learn more about relevant professional topics, including training on new and emerging areas within the field of psychology. Helping professionals can seek out web-based training, conference seminars, and consider enrolling in a university course on counselling ethics.

In considering opportunities for training, Perrier et al. (2009) suggested the option of accessing online tutorials, such as those available through the National Institute of Health (2012) or the Government of Canada's Panel on Research Ethics (2011). Training programs, such as the ones suggested above, discuss important concepts, principles, and methods inherent in the research setting. These resources have the potential to provide the psychologist-researcher, as well as other professional staff collecting or using research data, with useful tools to resolve ethical dilemmas, which may arise when conducting research that involves the use of the psychological assessments of clients (Hijazi, 2010). The use of websites and listservs has also become a popular method for professionals to share information on practices in psychological assessment and research (Krishnamurthy et al., 2004).

Training in research ethics may also assist psychologists in achieving better role integration as psychologist-researchers. Through experience in dealing with both ethical and practical conflicts that can arise as a result of the dual role that occurs when psychologists wish to engage in research activities, training can assist psychologists in learning how to protect their clients as they engage in both therapeutic and research activities. Training should also provide knowledge and insight into the importance of maintaining the client-oriented position, even when the psychologist transitions into the researcher role.

Recommendation 3: Communicate and consult with research ethics boards.

This recommendation involves communicating and consulting with REBs as they are a neutral third party in the research process, and they do not have a vested interest in any research being conducted within the setting they oversee. They can also offer information and insight into the creation and implementation of research study protocols.

To access a research ethics board (REBs), counselling agencies as well as psychologists working in private practice can create partnerships with professors working at universities that have established REBs. Psychologists working in the hospital setting will also have access to the REB, as hospitals commonly incorporate

research into medical practice and thus have an established REB for its professionals to utilize. The process of accessing and using an REB for research studies involving human participants involves the creation of a detailed ethics application that outlines the study procedures, the risks and benefits of completing the research study, the costs to conduct the study, in addition to the compensation being provided to those who participate in the study. The REB uses a check-and-balance process for research applications to ensure that the proposed research is of value to society while protecting the safety and well-being of those who agree to participate in the research study.

The involvement of an REB is a valuable resource for the psychologist-researcher, as it provides support in achieving the main goal of protecting the well-being of the individuals involved. REBs offer consultation for researchers prior to initiating the research through to the completion of the study, including the potential uses of research data after a study has been completed. Psychologists who wish to engage in research within their clinical setting need to initiate and continue to communicate and network with the professionals and resources provided through the services of institutions with REBs.

Recommendation 4: Seek consultation and guidance from colleagues and experts in ethics.

In addition to consultation with REBs, consultation with other professionals well versed in ethics may help clinician-researchers negotiate the challenges of using client data for research purposes.

Consultation provides additional sources of knowledge and insight into the psychologist-researcher's motives and choices regarding the use of a client's psychological assessment for research purposes. Collaboration and sharing of different professionals' best practices is encouraged, as it leads to the generation of higher quality ideas related to the ethical practice of using client information for research purposes (Kaslow et al., 2004). Consultation with professionals can be accomplished using resources such as the American Psychological Association's Board of Educational Affairs and the Psychology Executive Roundtable (Kaslow et al., 2004). The use of consultation among professionals has a long history and it has been proven repeatedly in various fields that multiple perspectives on an issue offer the originator of the idea with valuable insight and information regarding the presenting issue. Consultation can help ensure the psychologist-researcher uses the data gathered from clients' psychological assessments in an ethical manner.

Recommendation 5: Implementation of a standardized informed consent process.

The recommendation to implement a standardized informed consent process is a significant component to the ethical practice of using psychological assessments for research purposes. The use of informed consent procedures ensures that the rights of the client are respected while at the same time ensuring that the psychologist-researcher adheres to his or her ethical code.

The consent process begins during a client's intake session and continues until a client is discharged or terminates services with

the psychologist. The psychologist is responsible for seeking permission to use clients' personal information or data from a test in addition to the informed consent process for therapeutic purposes; the psychologist-researcher must provide clients with information that is user-friendly regarding:

- A brief description of the nature of the study
- A description of what participation will involve, in terms of activities and duration
- A statement indicating that participation is voluntary and can be terminated at any time without penalty
- A list of any potential risk and/or discomfort that participants may encounter
- The guarantee that all responses will remain confidential and anonymous
- The researcher's name, plus information about how the researcher can be contacted
- An individual or office that participants can contact, should they have questions or concerns about the study
- An offer to provide detailed information about the study (e.g., a summary of findings) upon its completion
- A place for the participant to sign and date, indicating agreement to participate. (Leedy & Ormrod, 2010, p. 102)

Conclusion

The continued attention placed on the ethical issues within the field of psychology including the use of assessments for varied purposes highlights the importance that should be placed on accountability and ethical responsibility of mental health professionals who engage in assessment activities for both therapeutic and research purposes. It is evident that using assessments in an ethical manner is a complex and multifaceted process. Helping professionals must adhere to and uphold integrity, competence, and awareness of the ethical responsibilities set out by the regulatory body such as the CPA (2000). This is a complex process; many codes of ethics are aspirational in nature, speaking to the need for mental health professionals to find congruence in their personal and professional activities when they choose to engage in the dual role of clinician-researcher.

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