

**THE DUAL ROLE OF PSYCHOLOGIST-RESEARCHER: USING  
PSYCHOLOGICAL ASSESSMENTS FOR RESEARCH PURPOSES**

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## **Dedication**

I would like to dedicate this project to my Mom. She has always been there for me with unconditional love and support, not only during the completion of this project but also during my entire graduate school journey. Without her unwavering support and encouragement my success would not be possible. Her reassurance and confidence that I can accomplish anything is invaluable.

## **Abstract**

This project presents an extensive critical analysis of the ethical implications present when psychologists use data from their clients' psychological assessments for research purposes. This is an important relationship to explore, as it presents numerous ethical dilemmas related to the responsibilities as outlined in the Canadian Psychological Association's (2000) code of ethics. The presentation of a fictitious case study demonstrated the applicability and importance of addressing the ethical issues that occur when psychological assessments are used for research purposes. This project provides psychologists with a guide to the best ethical practice when using standardized and unstandardized assessments in their research studies. Through a discussion of the ethical issues present in the case study, this project demonstrates how research and further critical analysis are needed to address the gaps in the literature regarding the ethical dilemmas present in using psychological assessments for research purposes and the dual role of the psychologist-researcher. The final contributions of this project include a comprehensive list of best practice recommendations that psychologists should consider when using assessments in their research studies and a draft manuscript that is based on the content in this project and will be submitted to a peer-reviewed journal.

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## Chapter 1: Overview and Introduction

The intent of this final project is to highlight the ethical implications of using psychological assessments for research purposes. This project explores the importance of conducting research with clients in an ethical manner by examining the various best practices associated with using the data collected through psychological assessments for research purposes. To provide a foundation for the topic of this project, a review of the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) and the applicable values and standards are discussed. This project also presents a case study to demonstrate the ethical implications of using psychological assessments for research purposes. Through a discussion of the ethical issues present in the case study, this project addresses the gaps in the literature, demonstrating the need for further research on the ethical issues of using psychological assessments as part of a research study protocol. This project concludes with two major elements, a comprehensive list of best practice recommendations that psychologists should consider when using assessments in their research study protocols and a stand-alone document placed as an appendix item. This applied part of the project is a manuscript based on the final project, prepared for publication in the scholarly journal, the *Journal of Ethics in Mental Health Issues*. Considering the common practice of using both informal and formal assessments in research studies, there is a lack of research available on the ethical implications and protocols psychologists should adhere to when using these assessments for research purposes. The target audience for this project is registered psychologists in Canada who engage in any type of research that involves human participants.

**Preamble**

To provide context for this project, please note that this project refers to Canadian psychologists and the Canadian Psychological Association's (2000) *Code of Ethics for Psychologists*. Other professionals are encouraged to incorporate the content of this project as it fits with their professional regulatory body, as the content and recommendations presented in this project may still fit with codes of ethics of other professional regulatory bodies.

**Project Rationale**

The importance of examining the ethical implications present when psychologists use assessments for research purposes is evident in the existing practice standards and requirements as set out in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Psychologists need to remain cognizant of how professional activities in practice, training, and research affect their work with clients when using psychological assessments (Hiebert, Domene, & Buchanan, 2011). When psychologists engage in the dual role of psychologist-researcher they must remain cognizant of the strengths and limitations associated with the use of psychological assessments in both clinical and research settings and ensure that the research produced is guided by ethical standards.

Psychological assessments are powerful tools for influencing change and making decisions about clients (Hood & Johnson, 2007). A shift is required from a lack of attention to the ethical dilemmas present when using psychological assessments to a position in which psychologists critically evaluate the use of psychological assessments, not only in treatment planning but also for research purposes. In research settings,

psychologists need to take reasonable care to avoid including data that go beyond the agreed upon scope of a psychological assessment. Even if such information may be helpful to the psychologist in his or her research, utilizing these types of data violate the rights of the client, including informed consent and confidentiality in knowing what will be done with the information the client shares with the psychologist. Clients' rights are at the core of the ethical issues presented when using psychological assessments for research purposes (Michaels, 2006).

Given the lack of current research available on the ethical issues present in using assessments for research purposes and the ethical principles present in the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001), the applicability of this final project is clear, as the best practice recommendations will provide psychologists with a much needed resource when using psychological assessments for research purposes. Therefore, this project provides psychologists with a guide regarding how to practice ethically when using standardized and unstandardized assessments for research purposes.

### **Psychological Assessments – Background**

Background information is included in this section to provide a context for the main theme of this project and specifically for the focus of Chapter 3, in which the ethical implications of using psychological assessments for research purposes and the ethical issues presented in the dual role of psychologist-researcher are explored through a critical analysis of scholarly literature.

Psychologists are obligated to adhere to the highest professional and ethical standards when using psychological assessments (Hood & Johnson, 2007). A primary

purpose of a psychological assessment is to evaluate a client's current level of functioning, which may include cognitive, affective, and behavioural abilities. Given this purpose, psychologists typically use assessments to assist clients in understanding their problems. An assessment can support a psychologist's impression regarding therapeutic outcomes and when a differential diagnosis of a cognitive, affective, or behavioural disorder is required (Hood & Johnson, 2007). Psychologists can use the results from a psychological assessment to help clients explore and identify their abilities, personality characteristics, and patterns of interests for the purpose of making choices and changes to achieve therapeutic goals. The results from a psychological assessment can also assist a psychologist in creating recommendations and interventions for the client.

Psychologists have an ethical obligation to adopt new test instruments in order to remain current with the best available instruments and methods for assessment use. The consensus of scientific and clinical opinion is that new instruments represent an improvement in quality over their predecessors (Bush, 2010). However, an ethical dilemma arises when psychologists must continue to use assessment materials from earlier version of the psychological tests, as these versions are already being used in the research study (King, 2006). Therefore, the information included in assessments used for research purposes needs to be carefully evaluated based on the ethical standards set out by the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001) to ensure that the use of the assessment does not violate the psychologist's responsibilities when working with clients and using assessments for clinical and research purposes.

## **Psychological Assessment versus Psychological Testing**

Psychologists often use assessments to confirm or refute the impressions they form through their less structured interactions with clients (Hood & Johnson, 2007). Within the assessment process, psychologists use clinical interviews and behavioural observations to gather relevant information about a client. In addition to the use of interviews and behavioural observations, utilizing psychological tests provides an opportunity to obtain standardized information concerning individual differences that can be useful both to plan interventions and to promote clients' understanding of themselves (Hood & Johnson, 2007). This makes assessment a significant aspect of psychological practice. A distinction should be made, however, between psychological testing and psychological assessment, as psychological testing is a relatively straightforward process wherein a particular scale is administered to obtain a specific score. A descriptive meaning can then be applied to the score on the basis of normative data (Meyer et al., 2001). In contrast, when conducting a psychological assessment, the psychologist obtains a variety of test scores that are generally obtained from multiple test methods. The psychologist then considers all the data gathered in the context of the client's history, referral information, and observed behaviour to understand the individual being evaluated and inform the therapeutic work with the client (Meyer et al., 2001). Psychological assessments use test-derived sources of information in combination with historical data, presenting complaints, observations, interview results, and information from third parties to disentangle the client's story and presenting issue (Meyer et al., 2001).

## **Informal Assessments**

An additional consideration to be addressed regarding assessments is the use of informal assessments. Informal assessments present an important ethical consideration, as they are not a standardized means of gathering data. Informal assessments often include documentation through observations of the knowledge and skills clients have acquired as a result of therapy. Psychologists may observe the intrapersonal characteristics clients have developed, including the changes clients have experienced as a result of participating in therapy. However, the use of informal assessments as research data creates an ethical dilemma, because psychologists must shift their focus from clinician to researcher. This shift may create a problem for psychologists, as they must have experience in conducting research, which may be beyond their therapeutic experience. Thus, psychologists must obtain knowledge and experience in how to translate their informal assessment findings into standardized results in order for the results to be used as valid data (Hiebert et al., 2011).

## **Statement of Interest in the Topic**

This project was motivated by my desire to address the ethical issues present in the use of psychological assessments for research purposes, as this is a common occurrence in settings that provide psychological services and conduct research. My desire to explore this topic came from my background as a researcher in a variety of settings, as I had observed how challenging it could be for psychologists to uphold ethical requirements when working in a setting that conducts research and provides therapeutic services. Such settings place psychologists in a dual role in which they are both psychologist and researcher. In addition, after an extensive literature search, it was



evident that this topic requires further attention, as there are limited resources available for psychologists and researchers regarding best practice standards when using psychological assessments as part of a research study protocol. I determined that the creation of best practice recommendations would be a beneficial resource for professionals in the field of psychology.

### **Chapter Summary**

The intention of this chapter was to provide a brief overview of the project topic, including a rationale for why this topic is important to examine. I included an explanation of the purpose of this project in addition to a statement of interest in the topic. To provide a context to the project, Chapter 2 identifies how the project topic was researched and developed in addition to a statement of ethical conduct. Thereafter, Chapters 3 and 4 of this project explore the use of psychological assessments in the research setting and the ethical considerations psychologists need to take into account when using psychological assessments for research purposes. A case study, which is presented in Chapter 4, demonstrates the applicability of this project's topic to the field of psychology. Chapter 5, of this project presents a list of the top 5 best practice recommendations for psychologists to consider when using psychological assessments for research purposes. Chapter 6, of this project will explore the strengths, limitations and future direction of this project's topic, ending with a conclusion to the project. Finally, Appendix A, presents additional information on the qualifications and requirements needed to use psychological assessment measures. Appendix B, the applied component of this project, presents the manuscript being submitted for publication in the *Journal of Ethics in Mental Health Issues*.

## **Chapter 2: Methodology**

The purpose of this chapter is to identify how the information used in the creation of this project was researched. This chapter also outlines the search terms and databases used to conduct the literature review for this project. This chapter concludes with a statement of ethical conduct.

### **Research Process**

The literature review for this project was based on the available published works regarding the ethical use of psychological assessments for research purposes. Given the limited amount of available literature on this topic, I broadened the search to include ethics in research. This helped to generate background information on the importance of ethical practice when using human participants for research purposes. I selected articles that were peer reviewed and focussed on ethics in the research setting or discussed the use of psychological assessments for research purposes. As such, the following keywords were used separately and in combination to obtain resources: psychological assessment in research; ethics and psychological assessment in research; psychological assessment, ethics, and research setting; ethics and psychological assessment; research assessment, ethical considerations, and using psychological assessment; and research ethics, psychology, and assessments. The following databases were used to search for articles: PsycINFO, Web of Science, and ScienceDirect. The search for articles was limited to articles published from the year 2001 to 2012, as 2001 was when the Canadian Psychological Association's (2000) code of ethics was released. The University of Lethbridge library was also accessed using the same search terms. In addition, by reviewing the reference list of articles already located, other sources related to the ethical

implications of using psychological assessments for research purposes were found. Finally, given the lack of available research on this topic, Google was also accessed using the same search terms as above. Suitable web resources were located, and this search provided direction for locating more scholarly articles on the topic in which the PsycINFO database was used to locate the articles identified through Google. This process evolved over 10 months.

### **Statement of Ethical Conduct**

At all times during the completion of this project, I adhered to the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000; see also Sinclair & Pettifor, 2001). I also adhered to the standards outlined in the *Publication Manual of the American Psychological Association* (American Psychological Association, 2010). As this research did not include human subjects, submission for ethics approval was not required.

### **Project Structure**

This project consists of two parts. Part one includes a critical analysis of available literature on the ethical issues present in using psychological assessments for research purposes, followed by the creation of best practice recommendations for psychologists to consider when using assessments for research purposes. Part two of this project is a manuscript for publication. This project is an important contribution to the field of psychology, as the literature and research on the ethical issues present in using psychological assessments for research is sparse. Part two is located in the appendix of the project and is a stand-alone document.

## Chapter Summary

This project was developed to be an important resource for psychologists who wish to use psychological assessments for research purposes. Given that there is not a substantial amount of literature available on this topic, the importance of this project is reinforced as it identifies the gaps in the literature that need further attention.

The next chapter, Chapter 3, includes a critical analysis of the current research on the use of psychological assessment for research purposes, including the qualifications and requirements to use assessment measures. The *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association, 2000) is also examined regarding the standards and principles set out for the use of assessments by psychologists. The final section of Chapter 3 highlights a number of ethical dilemmas that are present when psychologists wish to use psychological assessments for research purposes.

### **Chapter 3: Critical Examination of the Literature**

The focus of this chapter is to explore the role of the psychologist-researcher and how the use of psychological assessments for research purposes presents a number of ethical issues. These topics are addressed through the critical examination of literature on the use of psychological assessments in the research setting. A number of examples are presented to provide support for the argument that ethical dilemmas occur when the data from clients' psychological assessments are used for research purposes. In addition, areas in which these ethical dilemmas occur are highlighted to provide context to the examples presented. The chapter concludes with a discussion of the Canadian Psychological Association's (2000) code of ethics and how it applies to the ethical dilemmas present when psychologists use assessments for research purposes.

#### **The Psychologist-Researcher: The Dual Role**

To begin the discussion on the ethical implications of using psychological assessments for research purposes, it is important to examine the dual role that is present when a psychologist 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). The literature also referred to the psychologist-researcher as the clinical scientist and the scientist-practitioner (Yanos & Ziedonis, 2006).

A dual role occurs in situations in which the psychologist participates in the recruitment of research participants; this situation exemplifies the inherent ethical issues of using clients' psychological assessments for research purposes. These dual roles,

when not managed ethically, can lead to unethical practice and ruptures in the therapeutic relationship (Perrier et al., 2009). Psychologists, who ask clients to participate in a research project being conducted by them or a colleague, distribute research information, or permit recruitment posters in their office can potentially present to the client that the psychologist views participation in the research study as favourable. The psychologist, even without intending to do so, may be, at least minimally, influencing clients to participate. Clients may participate with the intention of wanting to demonstrate prosocial behaviour to their psychologist. Clients may operate from the underlying expectation that they will be pleasing their psychologist or that they are helping their psychologist, which raises an ethical concern, as psychologists are not to profit from their clients.

Yanos and Ziedonis (2006) explained conflicts of interest presented within the dual role of the psychologist-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 psychologist 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). Yanos and Ziedonis presented an effective approach for psychologist-researchers to integrate their dual roles, suggesting that psychologist-researchers develop an integrated identity toward dealing with conflicts of interest that arise in their dual role. Consistent with Yanos and Ziedonis's stance, this project advocates that psychologist-researchers remain cognizant of their ethical responsibility to the client and that they take the necessary steps to ensure that the relationship with clients

in the capacity of the researcher is formed in a way that minimizes the chance of therapeutic misconception. Therefore, it is important for psychologists to understand the multitude of ethical issues present in the dual role of psychologist-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 dual roles of a psychologist serving both as a therapist and researcher to the same person could surface around the use of assessment data. Essentially, this scenario occurs when a psychologist recruits clients to participate in clinical research studies using psychological assessments that were initially intended to inform the psychologist's therapeutic treatment for the client. This section provides examples of when psychologists engage in the dual role of psychologist-researcher and the resulting ethical issues that arise when using psychological assessments for research purposes.

**Example 1: Sharing client assessment data.** Perhaps the classic example is when psychologists are 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 is that client assessment data, which the psychologist used to assess therapeutic direction and change, might be accessed by agency administrators and researchers to demonstrate or support the effectiveness of a particular intervention or program offered by the agency (Michaels, 2006). These two situations propose ethical issues related to the dual roles for the psychologist because he or she is obligated to maintain ethical responsibility to the Canadian Psychological Association (CPA) code of ethics (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.** Another example involves a counselling agency that asks all clinicians to administer an assessment scale to all clients to determine if clients believe their therapy sessions are purposeful, useful, and creating change. The agency may have intentions to use this data for grant applications, to supply the data for audit review, as well as publish a manuscript on how change occurs in counselling agencies. This creates an ethical dilemma if the psychologist is told to submit all results to the clinical researcher and if the agency does not inform the psychologist and the clients of the larger purpose of the assessment scale or the uses for the scale's results.

This scenario and many others like it lead to questions surrounding the role of the psychologist. Specifically, this scenario calls to question the psychologist's involvement with clients in both the role of psychologist 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 their psychologist will read their answers to the assessment questions, as clients may modify their answers or respond in a manner that they think their psychologist 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 at a clinic) are made available for research purposes. This might include using assessment intake data to compile a profile of the typical client who seeks counselling services at an agency. It is also possible that administrators and researchers may see great research value in asking therapists to make client data available to ascertain if a specific program or service being offered at the agency is of therapeutic value. The effectiveness of different interventions and approaches (e.g., group therapy or psychoeducational programs) could also be evaluated through the analysis of client data in addition to the skills and effectiveness of the psychologists employed at the agency. This information could result in securing additional funding to expand, remove, or modify programs and could be used to evaluate staff. All these examples are ethical issues because the client was not informed of his or her rights regarding the use of the data generated from the psychological assessment. As well, there is the ethical issue involving the need to obtain informed consent from individuals when psychologists wish to use information gathered from individuals for research purposes regardless of its initial intended use.

**Summary of examples of assessments being used in research.** The three scenarios presented in this section raises 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 psychologist, as the CPA (2000) stipulates that psychologists should not allow client data to be used in research without the client being aware of this purpose and providing informed consent.

Being an employee, the psychologist has another role in this dilemma. Thus, the psychologist, as an employee, must adhere to the agency's directive, yet the psychologist'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' psychological 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.

### **Analysis of the Problem – The Need for Informed Consent**

To ask psychologists to use their clients' assessment data for a research study, or for administrators to access client data without their psychologist's permission, raises ethically related questions such as: “Where is the border between reporting, assessment, and research?” and “Do we avoid ethical dilemmas by calling research something else?” (Hijazi, 2010, para. 6). These general questions serve to introduce the need to have informed consent.

When psychologists decide to ask clients for permission to use their psychological assessment in a research study or as a case study, the psychologist 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 so as to thoroughly address the issue (Sieck, 2012).

According to many codes of ethics, the client must be informed of how their data will be used, how data will be stored, and who will have access to the data (Corey, Corey, & Callanan, 2011). These rights have been formed over the past three decades to safeguard the dignity and well-being of individuals whose data may be used in research. Agencies and psychologists 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 for clinical trials and treatment studies (Appelbaum & Roberts, 2006).

When agencies intend to use intake data for research and grant-funding purposes they need to take the proper steps to ensure informed consent from clients has been obtained. The American Psychiatric Association (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), or by other characteristics (e.g., research with children, dependent personality disorder).

The issue of what is informed consent and what variables must be addressed will be extensively addressed in the upcoming section. Further, upcoming sections in this project will provide ethical options to handle the four ethical examples cited earlier.

### **Summary**

The protection of human research participants requires an integrated approach among the various stakeholders involved, including research sponsors, institutions, investigators, and participants. The ethical goal is to respect and protect the privacy of clients when their therapy data are used for research. Another theme that is present in the above examples is the importance of remaining cognizant of the privileged relationship between the psychologist-researcher and the client-participant. Individuals who participate in research entrust researchers with personal information and at times assume significant personal risk. Individuals do this with the hope that their participation in a given research study will lead to improved understanding of psychological issues and treatment for themselves and others while contributing to the advancement of science for the benefit of society (Appelbaum & Roberts, 2006).

The following section of this chapter continues to advocate for the importance of awareness and knowledge of the ethical dilemmas present when using psychological assessments for research purposes. The goal of the following section is to educate the reader on working through the issues that are present when psychologists engage in the dual role of psychologist-researcher and use psychological assessments for research purposes.

### **Ethical Dilemmas when Client Assessment Data are used for Research**

The following issues arise when considering the ethical dilemmas of using psychological assessment data gathered for clinical purposes in research:

(a) misunderstanding the procedures and administering measures incorrectly or at the wrong time in the process, (b) concerns related to report writing, (c) the professional-ethical obligations of the psychologist when he or she is in the role of psychologist-researcher, and (d) the unforeseen conflicts between therapeutic process and study protocol. These ethical issues create dilemmas for the psychologist-researcher, as he or she may be unclear on how to proceed to ensure the client's best interest is upheld while also maintaining the study protocol. Such ethical dilemmas require the psychologist-researcher to use his or her own judgement related to ethical conduct surrounding the use of the assessment for both therapeutic and research purposes. Therefore, the psychologist 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, not the study.

**Is informed consent truly possible?** Some psychologists 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, Nelson, et al., 2010). This may cause ethical discomfort on the part of the psychologist, as he or she may not want to implement the research team's study procedures in therapeutic practice even though the agency would like the research study to proceed. For example, spending time in the first counselling session to outline for the client the study rationale and procedures the client is being invited to participate in can detract from establishing a therapeutic relationship with the client or delay understanding why the client is seeking help. The psychologist-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, Nelson, et al., 2010).

Another source of ethical discomfort for a psychologist is whether clients make an informed choice when they grant permission for their assessment data to be included in research data. For instance, 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 psychologist will agree to help them. Likewise, clients may be concerned about expressing a “wrong” choice if they are fearful of being judged or are motivated by the desire to please the psychologist. 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). Thus, the above examples continue to highlight the tension between the needs of the research study and the needs of the client when the psychologist engages in the dual role of psychologist-researcher.

**When to ask for permission.** Beginning a therapeutic relationship with a request to use the data gathered from a client’s psychological assessment might be off-putting to the client because trust will not yet have developed (Sieck, 2012). The client may become concerned with the psychologist’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 and comfort to open up to their psychologist. Additionally, as the psychologist 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 psychologist 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 psychologist'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 psychologist 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 that the psychologist was just using the client to collect data for research purposes. This could result in the client calling into question the authenticity of the psychologist and his or her intentions during the therapeutic process. 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 not made in person and psychologists write the request to use assessment data through email or in the form of a letter to be signed and returned.

This project examines solutions to handle these types of complex ethical situations. However, at this point, it is important to note that if a psychologist feels uncomfortable asking for the client's permission to use his or her psychological assessment data for purposes outside of the intended therapeutic use at any stage during the therapeutic process, the psychologist should consider not using the client's assessment data for research purposes.

**Selection and administration of assessment measures.** The previous section focussed on the ethical implications of seeking permission from clients to use their assessment data for research purposes. This section focuses on the psychological measures completed by the client.

***Measures relevant to the client.*** The psychologist 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. This raises issues regarding the use of measures that are standardized with norms for a given demographic group, including age, gender, and cultural background. The administration of the appropriate measures is important, as these measures allow the psychologist-researcher to effectively interpret the results as well as provide appropriate feedback to the client regarding his or her results on a given measure.

***Outdated measures.*** An ethical dilemma arises when the research team uses an outdated scale out of convenience, as the team may have already collected data with the outdated version of the scale and may wish to save money by using up materials already purchased and save the researcher's time in learning how to administer, score, and interpret a newer version of the scale. This violates the CPA (2000) code of ethics,



Standard II.21, in which psychologists should strive to provide the best possible services for those who need and seek psychological services. According to King (2006), “‘Best possible service’ means using the most advanced technical and scientific evidence in the domain where the service is provided” (p. 6). Ethical dilemmas occur when psychologists neglect to adopt newer versions of tests even though they are aware that the newer versions of a test would constitute the best possible services, as the newer version of a test would utilize the most advanced technical and scientific evidence (King, 2006). The continued use of outdated psychological tests raises concern, as there are often reasons why older versions of psychological tests have been updated. Perhaps there have been changes to areas of psychology for which a given psychological test had previously assessed. Examples could include the evolution in the understanding of intelligence, advances in the field of cognitive-neuroscience, and new methods or technical advances for assessing behaviours not previously available (King, 2006). These concerns also apply to the trustworthiness of the data to be used to answer the research study question, as the modification and creation of newer versions of psychological tests results in substantial improvements in the reliability, validity, and utility over the previous version of a test (King, 2006).

***Outdated measures and clients’ rights.*** An additional ethical dilemma that occurs in using outdated versions of psychological tests involves violating the ever-evolving laws related to the rights and privacy of individuals. As King (2006) explained, “International changes in privacy legislation that have led test publishers to take more care in separating test content from response forms or answer sheets to better preserve test content from inappropriate disclosure” (p. 6). Thus, using outdated versions of

psychological tests in which test content and answers are presented on the same page could result in the unnecessary disclosure of client information. Using newer versions of a test maintain the ethical responsibilities of the psychologist, as the newer version will address privacy issues by developing better formatting for test presentation (i.e., separate pages for test content and answers).

**Report writing.** Psychologists introduce an additional ethical concern when a client's psychological assessment report is used for research purposes. Granting researchers access to read and extract information from an assessment report may be a privacy violation because these reports often include personal information about the client beyond the basic numerical data generated by the psychological measures. Clients may not be aware of how much personal information is gathered and reported in the assessment process, which is then used to create a report that is shared with others.

**Summary of selection and administration of assessment measures.** This section focussed on the selection and administration of assessment measures relevant to the clients being assessed as well as the significance of using outdated measures and the implications relating to clients' rights. Finally, this section addressed the ethical issue that arises when psychologists write reports based on psychological assessments and how this relates to the ethical issues of using assessment data from clients for research purposes. The overarching theme of this section focussed on the rights of the client, including the importance of informed consent, the client's right to be fully informed, and the protection of the client's privacy. To continue the discussion of the ethical implications of using psychological assessments for research purposes, the following section will explore the professional obligations of the psychologist within his or her role

as a psychologist and how these obligations impact the use of psychological assessments for research purposes.

**Professional obligations of the psychologist.** Another ethical issue involving the use of psychological assessments for research purposes is the professional obligations of psychologists to inform clients in advance of how the results of measures completed during the assessment process will be used. For example, psychologists 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 psychological assessment 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.

From the perspective of the therapeutic process, a psychologist must determine when it is appropriate to engage the client in a discussion regarding the use of the client's assessment data for research purposes. A request to use a client's experience for purposes other than therapeutic service may result in the client feeling obligated to give permission, which is in direct conflict with psychologists ethical principles and standards (e.g., Canadian Psychological Association, 2000). The importance of establishing trust

with clients adds to the ethical dilemma present in requesting consent from a client to use his or her assessment materials for research purposes. If a client comes to question the motivation behind the psychologist's work, the therapeutic alliance may suffer and the client may feel pressured to repair it by agreeing to the psychologist's request (Sieck, 2012). Levine and Stagno (2001) discussed how, in an effort to be transparent and thorough, psychologists need to engage in open and honest conversations with their clients about the details and purpose of such a request. Although the psychologist may have good intentions, such conversations are still "at high risk for subtle coercion.... even logical, systematic inquiry in a neutral manner cannot disguise this fact" (Levine & Stagno, 2001, p. 198). This discussion is further supported by the fact that when a psychologist seeks a client's permission, the power differential changes, as the client holds the power to disappoint or deny the psychologist (Bridges, 2007). This shift may upset the carefully crafted balance established in the therapeutic alliance.

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

### **Canadian Code of Ethics for Psychologists**

The final section of this chapter explores the use of assessments from the perspective of the CPA (2000) code of ethics. This section is significant because it explores how the principles and standards outlined in the CPA code of ethics applies to psychologists who wish to use psychological assessments for research purposes and how

such activities can result in ethical dilemmas. This section links back to the overarching intent of this project, as it highlights the inherent ethical dilemmas present when psychologists wish to use psychological assessments for research purposes.

**Use of assessments.** Ethical codes such as the CPA (2000) code of ethics are written to guide psychologists through the decisions they must make in their professional roles, including the use and scoring of assessment tools (Adair, 2001). In Adair's (2001) opinion, the CPA code of ethics is "sufficiently detailed and structured through the built-in seven-step decision-making model to actually be helpful and instructive to researchers who seek guidance through difficult ethics choices" (p. 27). The identification of the ethical issues related to the use of psychological assessments for research purposes were outlined in the first half of this chapter. The remaining part of this chapter explores potential solutions to deal with the ethical implications of using psychological assessments for research purposes.

**Psychologist in conflict with colleagues.** In considering the ethical responsibility of psychologists to adhere to their code of ethics, an important ethical dilemma occurs in settings in which the psychologist-researcher adheres to the CPA (2000) code of ethics, but other researchers and colleagues do not adhere to the CPA code of ethics or adhere to a different code altogether. For example, social workers adhere to a code of ethics relevant to their professional designation, and individuals working in the roles of research assistants, coordinators, and managers are not required to adhere to any ethical code. This presents an ethical dilemma for the psychologist-researcher who wishes to collaborate with other professionals when using psychological assessments for research purposes.

Within the CPA (2000) code of ethics, the responsibilities of the psychologist are clearly outlined, placing responsibility on the psychologist to ensure clients in both clinical and research settings are being treated in an ethical manner. Psychologists are responsible for adhering to the CPA code of ethics at all times, particularly when a third party's code of ethics or code of conduct (e.g., agency's) does not operate from the high standard that typifies the CPA code of ethics.

**Principles and standards.** This section reviews relevant principles from the CPA (2000) code of ethics that pertain to the use of psychological assessments for research purposes. The discussion focuses on the ethical issues that arise when psychologists use data from clients' assessment for purposes other than to inform the psychologist's clinical work.

***Principle I: Respect for the dignity of persons.*** Principle I of the CPA (2000) code of ethics is to respect the dignity of persons. Psychologists are encouraged to uphold "the belief that each person should be treated primarily as a person or an end in him/herself, not as an object or means to an end" (Canadian Psychological Association, 2000, p. 8; see also Sinclair & Pettifor, 2001, p. 43). This belief is demonstrated in Standard I.20, which explains how psychologists must "obtain informed consent for all research activities that involve obtrusive measures, invasion of privacy, . . . or any attempt to change the behaviour of research participants" (Canadian Psychological Association, 2000, p. 10; see also Sinclair & Pettifor, 2001, p. 49). Therefore, when a psychologist intends to use assessment data from a client for a research study or some other purpose other than strictly for therapeutic use, the psychologist is obligated to obtain informed consent from the client. Psychologists are also required to share

adequate information regarding their intentions for the additional uses of the client's data, who will have access to the data collected, what will be done with the data, and how and for how long such data will be stored.

The psychologist has a clear responsibility to prevent client data from being used for research purposes until an ethical review of the study has been secured and the client has given consent for personal assessment data to be used by the research team. Further, informed consent means the psychologist provides the client with adequate support and help to make an informed decision that minimizes any form of response bias (Canadian Psychological Association, 2000). Psychologists who collect data from clients for research purposes need to put procedures in place to reduce the chances of response bias. To address response bias, psychologists should pay close attention to how they, and those they work with, gather and analyze the research data collected from clients (Castonguay, Nelson, et al., 2010). Psychologists can also use the informed consent process to ensure that their clients are provided with accurate information regarding the intended uses of the data collected from psychological measures so that clients can make an informed choice to complete the measures (Canadian Psychological Association, 2000).

Overall, psychologists must ask themselves if the client's consent in this situation is truly given freely or if the very act of seeking the client's permission is coercive in nature. It is important that psychologists remain cognizant of the client's vulnerability to the psychologist's influence. Many psychologists see all clients as being in a vulnerable position because of the very nature of the therapeutic relationship. Therefore, it is essential that the psychologist assess each client's ability to freely give informed consent and to fully participate in the decision-making process before raising issues regarding the

use of assessment data for research purposes (Barnett, Wise, Johnson-Greene, & Bucky, 2007).

In Standard I.26 of the CPA (2000), the psychologist's responsibility is extended to include the need to "clarify the nature of multiple relationships to all concerned parties before obtaining consent, if providing services to or conducting research at the request or for the use of third parties" (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001, p. 51). This would include the psychologist notifying clients of the purpose of a research study, the reasonably anticipated use that will be made of information collected, and the limits of confidentiality. Third parties may include the agency's research team, funding and grant committees, as well as collaboration with other research teams.

As discussed earlier in this chapter, the use of client data generated from a psychological assessment for research purposes requires the psychologist to advocate to the agency director that the collection and use of information from client files (both active and closed client files) cannot occur unless each client is contacted so that permission can be obtained through the informed consent process to access and use information contained in the client file. Therefore, psychologists must take reasonable care to avoid including data that goes beyond the agreed upon scope of the assessment, even if that information may be of benefit to the research study (Michaels, 2006).

In addition, CPA (2000) Standard I.31 explained how psychologists must seek an independent and adequate ethical review of human rights issues and protection for any research involving members of vulnerable groups (e.g., children and dependant adults) before making a decision to proceed. Consequently, the psychologist may want to align



with university bodies that have an ethical review board or joint boards that have connections to sites that offer an independent ethical review of proposed research studies. This standard is addressed in greater depth in next section, which discusses Principle II, and is also discussed in the best practice recommendations list presented in Chapter 5.

Finally, Standard I.37 of the CPA (2000) code of ethics outlined how psychologists must only “seek and collect information that is germane to the purpose(s) for which consent has been obtained” (Canadian Psychological Association, 2000, p. 12; see also Sinclair & Pettifor, 2001, pp. 53–55). The responsibilities of the psychologist are further outlined in Standard I.40, which highlighted the overarching need for psychologists to “respect the rights of research participants, employees, supervisees, students, and trainees to reasonable personal privacy” (Canadian Psychological Association, 2000, p. 13; see also Sinclair & Pettifor, 2001, p. 55). Psychologists who adhere to this standard would, for example, ensure no one would be able to identify the client from the data used in the research study, as all identifying information would be removed before the research team (or clinical director) saw the private assessment data of the client. Thus, if a psychologist received a request for permission to grant a third party member access to his or her counselling files so that the agency could create a research profile of those who typically seek the agency’s services, the psychologist would have to take steps to anonymize all client data by removing identifying information and all data that are not necessary for the researcher (e.g., name and contact information, date of birth, employer, etc.). The psychologist would also need to obtain informed consent from clients to grant access for their data to be used in the research study.

***Principle II: Responsible caring.*** In reviewing the standards present within the principle of responsible caring, the importance of ethical practice in using psychological assessments for research purposes were highlighted in regards to the protection and care of clients (Canadian Psychological Association, 2000). For example, Standard II.16 explained psychologists must

seek an independent and adequate ethical review of the balance of risks and potential benefits of all research and new interventions that involve procedures of unknown consequence, or where pain, discomfort, or harm are possible, before making a decision to proceed. (Canadian Psychological Association, 2000, p. 17; see also Sinclair & Pettifor, 2001, p. 63)

This standard requires that the psychologist clearly identifies for clients the risks and benefits of giving consent to participate in a study that the psychologist may be connected to, while at the same time is providing therapy to the client. This practice links well to Standard II.36, which outlined how psychologists and researchers who are psychologists must “act to minimize the impact of their research activities on research participants’ personalities, or on their physical or mental integrity” (Canadian Psychological Association, 2000, p. 19). While this standard is not intended to discourage services that have a research component, it aims to ensure that a beneficial impact is the main objective. Psychologists and researchers who are psychologists should ensure that they have obtained informed consent for both the service and the research activities they engage in with clients (Sinclair & Pettifor, 2001, p. 67).

Standard II.43 related to risk and explained how psychologists and researchers who are psychologists must “not place an individual, group, family, or community

needing service at a serious disadvantage by offering them no service in order to fulfill the conditions of a research design, when standard service is available” (Canadian Psychological Association, 2000, p. 20; see also Sinclair & Pettifor, 2001, p. 71). For example, if the psychologist works for an agency that will only help clients if they agree to allow their assessment data to be entered into a research study, the psychologist must cite these restrictions in the informed consent document provided to all clients during their initial appointment with the psychologist and must provide additional options for care and services within the community should a client decline access to assessment data for research purposes and as such decline the services of the psychologist.

Finally, upon the conclusion of client-participants’ involvement, psychologists and researchers who are psychologists must adhere to Standard II.23 and “debrief research participants in such a way that the participants’ knowledge is enhanced and the participants have a sense of contribution to knowledge” (Canadian Psychological Association, 2000, p. 18; see also Sinclair & Pettifor, 2001, p. 65). This might be achieved by informing clients of a webpage that summarizes the research study results, or perhaps the psychologist may want to inquire, if appropriate to do so, the client-participant’s experience of being a research participant and how past research studies have shared results, including the client’s preference and interest for receiving information about the current research study upon its completion.

***Principle III: Integrity in relationships.*** Principle III is to maintain integrity in relationships; this principle focuses on the relationships psychologists form in the course of their work (Canadian Psychological Association, 2000). The expectation placed on psychologists is that they embody explicit and implicit integrity in their roles and

relationships with others (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Standard III.15 affirmed psychologists must “provide suitable information about the results of assessments, evaluations, or research findings to the persons involved, if appropriate and if asked. This information [should] be communicated in understandable language [to the client]” (Canadian Psychological Association, 2000, p. 24; see also Sinclair & Pettifor, 2001, p. 79). In addition, Standard III.19 detailed psychologists must carry out, present, and discuss research in a way that is consistent with a commitment to honest, open inquiry, and to clear communication of any research aims, sponsorship, social context, personal values, or financial interests that might affect or appear to affect the research. (Canadian Psychological Association, 2000, p. 25; see also Sinclair & Pettifor, 2001, p. 79)

For example, within the informed consent document used by a psychologist in his or her practice, sections could be included that outline the psychologist’s role as both the psychologist and the researcher. Such information provided to clients would ensure open and honest communication on the part of the psychologist regarding his or her roles with the client. As well, an additional informed consent document could be provided that speaks directly to the research activities of the psychologist. Providing a separate form would communicate to clients that they have rights regarding their therapeutic relationship with the psychologist as well as additional rights regarding their relationship with the psychologist in a research capacity. The intent of using informed consent documents is to provide clients with relevant information regarding their rights to ensure they make informed decisions (Canadian Psychological Association, 2000).

Standard III.23 indicated psychologists and researchers who are psychologists must not engage in incomplete disclosure, or in temporarily leading research participants to believe that a research project or some aspect of it has a different purpose, if there are alternative procedures available or if the negative effects cannot be predicted or offset. (Canadian Psychological Association, 2000, p. 25; see also Sinclair & Pettifor, 2001, p. 81)

Standard III.23 affirmed the importance of open communication between psychologists and clients is paramount. It is the psychologist's ethical responsibility to inform clients, discuss all aspects of treatment and research, and debrief clients regarding the tools, techniques, and procedures clients will be engaged in. This is particularly significant within the research setting, as temporarily misleading clients of the study's aim is necessary to elicit honest and true responses from participants. However, the onus is on psychologist-researcher to debrief and clarify the true intent of the research study upon the client's completion of the research study so that the client leaves with knowledge and understanding that is consistent with the research study's true purposes. The psychologist-researcher's goal is to ensure individuals are not negatively affected or harmed by participation in a research study and that any misconceptions or misunderstandings are resolved so that no negative effects continue to affect the individuals who engaged in the research study.

Finally, within Principle III, under Standard III.24 psychologists must not engage in incomplete disclosure, or in temporarily leading research participants to believe that a research project or some aspect of it has a different

purpose, if it would interfere with the individual's understanding of facts that clearly might influence a decision to give adequately informed consent (e.g., withholding information about the level of risk, discomfort, or inconvenience). (Canadian Psychological Association, 2000, p. 25; see also Sinclair & Pettifor, 2001, p. 81)

Thus, the psychologist-researcher, when conducting research, must develop a research study protocol that is honest and straightforward so that all individuals wishing to participate in the study can make an informed decision based on the facts presented regarding the nature of the research study. Although deception may be used regarding the intent or questions the research study is aiming to answer, the use of deception regarding risk and harm are not acceptable, and as such psychologists must be upfront about such negative effects or design their research studies in a manner that does not involve harm or risk to any individuals willing to engage in research activities.

***Principle IV: Responsibility to society.*** The final principle, responsibility to society, speaks to how the psychologist functions within the larger scope of society, including where the psychologist lives and works and how his or her actions can potentially affect the well-being of society as a whole. Within Principle IV, psychologists and researchers who are psychologists who use psychological assessments for any purpose must adhere to Standard IV.8 and “engage in regular monitoring, assessment, and reporting (e.g., through peer review, and in programme reviews, case management reviews, and reports of one's own research) of their ethical practices and safeguards” (Canadian Psychological Association, 2000, p. 29; see also Sinclair & Pettifor, 2001, p. 91). In addition, Standard IV.13 required psychologists “uphold the

discipline's responsibility to society by bringing incompetent or unethical behaviour, including the misuse of psychological knowledge and techniques, to the attention of appropriate authorities, committees, and regulatory bodies" (Canadian Psychological Association, 2000, p. 30; see also Sinclair & Pettifor, 2011, p. 91). This standard is relevant to this project's intent because it speaks to the psychologist's need to be assertive to those in positions of power when the psychologist witnesses unethical practices that entail using client assessment data without upholding CPA's (2000) Principles I to III. Psychologists have a responsibility to protect the best interest and safety of clients through the professional activities and practices they engage in with clients. When psychologists witness or engage in unethical behaviour, it places responsibility on others within the professional to follow through on their ethical responsibility to call attention to unethical practices by reporting such actions to supervisors, authorities, and regulatory bodies. Appropriate actions need to be taken to ensure the well-being of clients and uphold the integrity of the psychological profession.

In addition, Standard IV.26 of the CPA (2000) code of ethics indicated, when working in a setting that conducts research and provides therapeutic services for vulnerable populations, psychologists should "exercise particular care [if] reporting the results of any work regarding vulnerable groups" (Canadian Psychological Association, 2000, p. 31). Psychologists should ensure "that the results are not likely to be misinterpreted or misused in the development of social policy and practices (e.g., encouraging manipulation of vulnerable persons or reinforcing discrimination against any specific population)" (Canadian Psychological Association, 2000, p. 31; see also Sinclair & Pettifor, 2011, p. 93). For example, psychologists who wish to conduct research with

vulnerable groups such as children and the elderly must implement additional safeguards to ensure the safety and well-being of these clients. Such populations are considered vulnerable because of developmental and health issues that place them in positions that make them more likely to be taken advantage of by individuals wishing to exploit their vulnerabilities. Therefore, psychologists are encouraged to build in additional safeguards when working with vulnerable populations to ensure these individuals are safe and that their rights and opinions are respected. Such safeguards include requiring informed consent from both the potential participant and a guardian or caregiver as well as creating consent documents that are at the developmental level of the client and in formats that the client can understand. For example, large print and less writing on forms can be helpful for both children and elderly clients who may have trouble reading and understanding large amounts of text. The psychologist could also verbally discuss the informed consent document with the client while obtaining consent on the individual's behalf from the guardian or caregiver.

**Summary of the Canadian Psychological Association code of ethics.** From the perspective of the psychologist-researcher, this project is advocating that the psychologist be adequately prepared for the ethical responsibilities of their clinical and research roles. Ethical codes such as the CPA (2000) code of ethics are designed to help ensure that psychologist who wish to occupy the dual role of psychologist-researcher are engaging in professional duties with integrity and embody the highest ethical standards in order to provide appropriate protection for their clients. The obligation to conduct research ethically extends throughout the research process, beginning with the choice of the study question, and entails a continuing duty to minimize risks and enhance the benefits of the



research for both the research participant and society as a whole. The intent of this project is to assist psychologists in ethically utilizing psychological assessments for research purposes and educate professionals to be cognizant of the conflict of interest and dual roles that can arise when working from the position of psychologist-researcher.

This project's message is to encourage psychologist-researchers to stay well informed of the evolving strategies and norms of responsible conduct in research, including paying attention to evolving scientific and ethical considerations inherent to their research activities. Therefore, career-long learning for psychologist-researchers includes specific attention to maintaining the knowledge and skills required for the responsible conduct of research involving human participants (American Psychiatric Association's Task Force on Research Ethics, 2006).

### **Chapter Summary**

The intent of this chapter was to establish a firm theoretical and applied foundation of the inherent ethical dilemmas that emerge when psychologists use psychological assessments for research purpose as well as wish to engage the dual role of psychologist-researcher. The intent of this chapter was met by reviewing what the dual role of the psychologist-researcher looks like, including what it means for a psychologist to use psychological assessments for research purposes. This chapter then shifted perspectives to explore examples of ethical dilemmas present when psychologists are in the dual role of psychologist-researcher and wish to use their clients' files for research purposes. This chapter concluded by addressing the ethical requirements regarding the use of assessments through an examination and discussion of the CPA (2000) principles and standards presented in the *Canadian Code of Ethics for Psychologists*.

## **Conclusion**

Overall, the psychologist-researcher has multiple obligations. These obligations may not always be consistent with each other, with obligations to clients, or with obligations to the advancement of the profession. Clients seek therapy for a variety of reasons, and the therapeutic relationship is a special relationship that focuses on the client's needs. The psychologist's decisions and actions should be motivated by what is in the client's best interest. Therefore, seeking a client's permission to use his or her assessment results for research purposes can result in a rupture to the therapeutic alliance. To maintain the client's rights for privacy and respect, great thought and care needs to go into the process of deciding if a client's treatment information should be considered for use in research activities (Barnett et al., 2007).

It is vital that psychologists keep in mind their motivations for asking clients for permission to share information and data gathered as a result of a psychological assessment. Barnett and colleagues (2007) offered an important recommendation for the psychologist-researcher: "When unsure if one's interests are possibly altering one's objectivity and judgment, it is recommended that a trusted colleague who can provide honest feedback be consulted" (p. 13).

The next chapter, Chapter 4, will provide an applied example through a case study to demonstrate the ethical implications of using psychological assessments for research purposes. Chapter 4 will also include a detailed discussion of the CPA (2000) code of ethics and how the principles, values, and standards outlined by the CPA can be applied to the ethical issues inherent in using psychological assessments for research purposes.

## **Chapter 4: Fictional Case Study**

This chapter is an applied example to integrate the material discussed in the critical analysis presented in Chapter 3 of this project. The purpose of this case study is to demonstrate the significance of creating the best practice recommendations for psychologists who want to use psychological assessments for research purposes in an ethical manner. This chapter also provides students studying psychology and ethics at the postsecondary level the opportunity to analyze the applicability of their learning to real-life situations that could be present in the professional world of the psychologist-researcher.

### **Preamble**

In order to demonstrate the significance of using psychological assessments for research purposes in an ethical manner, the following fictional case study was created drawing from my imagination and from hearing a variety of stories from others working in different research settings. Great care has been taken to remove any identifying information about the setting, professionals, and participant groups involved in any clinical-research settings discussed.

### **Data Collection Process and the Research Assistant**

Clients receiving counselling services at a nonprofit counselling agency are approached by the research assistant during their visits, usually during the first visit, to participate in one or more research studies being conducted by the agency. The data collected through the assessment process is meant for the psychologists to inform their decisions regarding treatment and diagnosis of their clients. However, all clients, unknown to them, have their assessment data reviewed by the agency's registered

psychologist. This psychologist determines if any of the clients' assessment data meets the criteria for inclusion in one or more of the ongoing research studies sponsored or hosted by the counselling agency. If so, the research assistant will copy the relevant data from the client's file into the agency's research database. More details on the data collection are presented in the following sections.

The research assistant, Anna, works for the agency works under the registered psychologist. She holds an undergraduate degree in psychology. She is responsible for gathering and entering all data collected at the agency. Anna enters the data gathered from the psychological measures completed by every client regardless of the client's knowledge or permission to enter and use such data. As a result, the agency's research database includes results from all psychological measures that are administered to all clients being treated at the agency regardless of their psychological problem or involvement in a research study. The data entered in the research database are used in analysis of the agency's efficacy, funding opportunities, and research publications. Data entered are anonymized—no names are entered.

### **Identification of the Dilemma**

Anna notices that the transfer of data from the clients' psychological assessment in their clinical file to the research database is being done without psychologists informing their clients that the results from their assessments are being used outside of therapeutic treatment. The psychologists do not obtain consent to use their clients' assessment results for research purposes, which includes entering the results into the agency's research database. When Anna asks her colleagues why they do not obtain consent, the psychologists explain that they do not have to inform their clients of the use

of their assessment results because the data in the agency's research database are de-identified. However, Anna raises the concern that demographic information is entered, such as age, gender, diagnosis, and the psychologist seen. This information is used for running statistical analysis based on different demographic variables. Anna wonders if the accumulation of enough details could make it possible for individuals to identify a client when an individual knows enough unique features of a client such as the psychologist seen, diagnosis, and demographic information.

### **Critical Analysis of Ethical Issues Present**

Given the information provided above about the agency's use of psychological assessments for research purposes, it is clear that a number of ethical issues are raised in this agency's use of its clients' psychological assessments. The following section evaluates the ethical issues present in the case study according to the CPA (2000) code of ethics (see also Sinclair & Pettifor, 2001).

I. Respect for the Dignity of Persons	II. Responsible Caring	III. Integrity in Relationships	IV. Responsibility to Society
1. General Respect (I.1–I.4)	1. General Caring (II.1–II.5)	1. Accuracy/Honesty (III.1–III.9)	1. Development of Knowledge (IV.1–IV.3)
2. General Rights (I.5–I.8)	2. Competence & Self-Knowledge (II.6–II.12)	2. Objectivity/Lack of Bias (III.10–III.13)	2. Beneficial Activities (IV.4–IV.14)
3. Non-discrimination (I.9–I.11)	3. Risk/Benefit Analysis (II.13–II.17)	3. Straightforwardness/Openness (III.14–III.22)	3. Respect for Society (IV.15–IV.18)
4. Fair Treatment/Due Process (I.12–I.15)	4. Maximize Benefit (II.18–II.26)	4. Avoidance of Incomplete Disclosure (III.23–III.30)	4. Development of Society (IV.19–IV.29)
5. Informed Consent (I.16–I.26)	5. Minimize Harm (II.27–II.36)	5. Avoidance of Conflict of Interest (III.31–III.35)	5. Extended Responsibility (IV.30–IV.31)
6. Freedom of Consent (I.27–I.30)	6. Offset/Correct Harm (II.37–II.44)	6. Reliance on the Discipline (III.36–III.38)	
7. Protection for Vulnerable Persons (I.31–I.36)	7. Care of Animals (II.45–II.48)	7. Extended Responsibility (III.39–III.40)	
8. Privacy (I.37–I.45)	8. Extended Responsibility (II.49–II.50)		
9. Confidentiality (I.43–I.45)			
10. Extended Responsibility (I.46–I.47)			

*Figure 1.* The four ethical principles with their respective values and standards.

*Note.* Standards that are applicable to the case study presented in this chapter have grey background shading. This figure is based on information from the *Companion Manual to the Canadian Code of Ethics for Psychologists* (3rd ed.), by C. Sinclair & J. Pettifor (Eds.), 2001, Ottawa, ON, Canada: Canadian Psychological Association. Copyright 2001 by the Canadian Psychological Association.

### **Review of the Canadian Psychological Association’s Code of Ethics**

The four ethical principles of the CPA Code of Ethics; respect for the dignity of persons, responsible caring, integrity in relationships and responsibility to society and

their respective standards will be explored in the following section. Please refer to Figure 1 for a summary of the ethical principles and standards that are present in the case study.

**Principle I: Respect for the dignity of persons.** This principle encompasses the following values: general rights, informed consent, freedom of consent, privacy, and confidentiality. Each of these values is discussed in this section.

*Value of general rights.* In reviewing the value of general rights, a component of moral rights, it is essential that individuals respect the dignity of persons, including rights to privacy, self-determination, personal liberty, and natural justice (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Psychologists, as a result of their professional role in society, have a responsibility to protect and promote these rights in all of their activities (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). In considering the information presented in the above case study, it is clear that the general rights of the clients being treated at this agency have been violated. As the case study describes, the psychologists chose to ignore the clients' general rights to know what is being done with the information they provide through the assessment process. In examining the standards outlined in the CPA (2000) code of ethics under the value of general rights, the actions of the psychologists at the agency demonstrate a violation of Standard I.7, which outlined the psychologist's responsibility to ensure that "psychological knowledge is not misused" (Canadian Psychological Association, 2000, p. 9; see also Sinclair & Pettifor, 2001, p. 47). Standard I.8 was also breached; this standard outlined the obligation of the psychologist to "respect the right of research participants . . . to safeguard their own dignity" (Canadian Psychological Association, 2000, p. 9; see also Sinclair & Pettifor, 2001, p. 47).

These standards were violated at the agency described in the above case study because the clients' inherent rights to self-determination and personal liberty to make an informed decision regarding the use of their personal information for any purpose was not upheld. The psychologists at the agency neglected to inform their clients of the potential uses of the information generated and subsequently collected from a psychological assessment.

***Value of informed consent.*** The value of informed consent is the next area in which ethical issues are raised regarding the conduct of the psychologists discussed in the case study. Clients have a right to know what, how, and why their information will be used when they participate in both therapy and research studies. The value of informed consent involves providing clients with information regarding the purpose of services, both assessment and research related. Information should include what the client is being recruited for, the client's rights to how their information will be used, the steps taken to protect personal information, the limits to confidentiality, and the storage and possible uses of information gathered. Standard I.16 affirmed psychologists should "seek as full and active participation as possible from others in decisions that affect them respecting and integrating as much as possible their opinions and wishes" (Canadian Psychological Association, 2000, p. 10; see also Sinclair & Pettifor, 2001, p. 49). In addition, Standard I.21 stated that psychologists should "establish and use signed consent forms that specify the dimensions of informed consent or that acknowledges that such dimensions have been explained and understood" (Canadian Psychological Association, 2000, pp. 10–11; see also Sinclair & Pettifor, 2001, p. 49). Finally, Standard I.26 extended the importance of informed consent:



[Psychologists should] clarify the nature of multiple relationships to all concerned parties before obtaining consent, if providing services to or conducting research at the request of or for the use by third parties. This would include, but not be limited to: the purpose of the service or research; the reasonably anticipated use that will be made of the information collected; and, the limits on confidentiality. (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001, p. 51)

Thus, clients need to be given a user-friendly consent form that is accessible in both presentation and content and written in a language that is understood by all clients. As Corey, Corey, and Callanan (2011) explained, “Therapists must give clients information in a clear way and check to see that they understand it. Disclosures should be given in plain language in a culturally sensitive manner and must be understandable to clients” (p. 161). The presentation of information in the informed consent document is important because it is used to define the boundaries and clarify the nature of the relationship between the psychologist and client (Corey et al., 2011).

In reviewing the agency’s practice in the above case study, the use of informed consent when psychological assessments of clients were being used beyond the therapeutic purposes indicated a violation of the value of informed consent. The obligation on the part of the psychologist to obtain informed consent was not achieved, as the clients seen at the agency were not always aware that the data generated by their psychological assessment were being entered into a research database to be used for more than the intended purpose of informing the psychologist’s treatment plan. The agency should have implemented and used an informed consent process that clearly outlined the

possible uses of client information at the agency including therapeutic and research uses. Information that should be included in the agency's consent form includes information regarding the psychologist's role and the intended uses of the information gathered from the psychological assessment so that clients could make an informed decision regarding their participation in both therapy and research. Other areas that should be included in the informed consent form include details regarding the therapeutic process, background information on the psychologist, the services provided by the psychologist, risks and benefits of therapy, consultation with colleagues and supervision, the roles and responsibilities of the client and psychologist including the client's rights to access his or her file, the nature and limitations of confidentiality, and financial considerations (Corey et al., 2011).

*Value of freedom of consent.* To continue under the theme of consent, the value of freedom of consent is an ethical issue present in the above case study, given that clients could receive mental health services in addition to being involved in research studies. This raises the issue related to freedom of consent because it is unclear whether clients receiving services at this agency are giving consent under conditions of coercion, pressure, or obligation to their psychologist. This is evident because clients receiving therapeutic services from one of the psychologists may feel obligated to participate in a research study being conducted at the agency if they know that their psychologist is involved in the research study. This could lead to clients wishing to please their psychologist and appear socially desirable through participating, as the client believes that taking part in the research will benefit the psychologist. The issue of freedom of consent is highlighted under Standard I.27, which explains how psychologist should

“take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward” (Canadian Psychological Association, 2000, p. 11; see also Sinclair & Pettifor, 2001, p. 51). Thus, the agency should institute a protocol that informs clients of research study options via posters and general announcement placed in the agency’s waiting room prior to the client’s first session.

Clients could also be asked to arrive an hour early for their appointments if they would be interested in hearing about and participating in possible research studies being conducted at the agency. This would remove the feeling of obligation to participate in a research study, as clients would not have yet met their psychologist and as such would not have any knowledge of who is conducting the research study outside. Clients being seen at the agency could also be asked to share invitations to take part in the study with family and friends, as the study participants do not necessarily need to be clients of the agency. This would further decrease conditions of coercion or undue pressure, as these individuals would have no personal connection and vested interest in the services provided at the agency or the professionals working at the agency who may be conducting the research study.

***Value of privacy.*** In reviewing the value of privacy, which involves, “as a matter of law, the constitutional right of individuals to be left alone and to control their personal information” (Corey et al., 2011, p. 215). The disclosure of personal information regarding a client occurs when information, including a client’s diagnosis or results on a particular psychological measure, is shared with other professionals (e.g., when the psychologist shares information about a client’s results at team meetings in order to demonstrate the effectiveness of a given program or the value of a particular research

study protocol). As was outlined under Standard I.37, psychologists should “seek and collect only information that is germane to the purpose(s) for which consent has been obtained” (Canadian Psychological Association, 2000, p. 12; see also Sinclair & Pettifor, 2001, p. 55). Clients share information in the therapeutic setting under the assumption that such information will not be shared outside of this setting unless certain conditions are met. Therefore, the value of privacy is a significant component to ethical practice in the profession of psychology because it protects the dissemination of sensitive information that could be detrimental to the client’s well-being if certain individuals were to gain access to the information.

In the case study, the client’s right to not have personal information shared outside of the therapeutic relationship is a significant ethical violation when considering the actions of the psychologists at the agency. The actions of the psychologists did not respect the client’s privacy, as information from assessment reports was openly shared with other stakeholders in order to support research being conducted to gain more funding for agency services. Some of the serious complications of this breach could include the disclosure of sensitive personal information that individuals in positions of power could use to affect an individual’s ability to obtain health insurance coverage, obtain a job in certain fields, as well as the ability to pursue higher education.

One possible solution to rectify the breach in privacy could include only presenting aggregated results of the whole study sample in which no one client report or specific client data are shared. This would decrease the chances of any one individual being identified based on unique personal identifiers (e.g., rare diagnosis, ethnic background, or age). Another solution, assuming proper consent has been obtained, is to

have no quantitative data presented at team meetings, and to only include summaries of results and the conclusions drawn based on the research study hypothesis. This would leave out sensitive personal information, such as test scores of individuals that may provide clues as to who the client is, or the combination of a number of test results, which may lead to the identification of a certain client.

***Value of confidentiality.*** The value of confidentiality, which is “rooted in a client’s right to privacy, is at the core of effective therapy; it is the counsellor’s ethical duty to protect private client communication” (Corey et al., 2011, p. 210). The ethical implications of this issue are presented in Standard I.43, which stated that psychologists should “be careful not to relay information about . . . clients [and] research participants, . . . gained in the process of their activities as psychologists, that the psychologist has reason to believe is considered confidential by those persons, except as required or justified by law” (Canadian Psychological Association, 2000, p. 13; see also Sinclair & Pettifor, 2001, p. 55). The issue of confidentiality and consent is raised when the psychologists choose to share results from a client’s psychological assessment without the client’s knowledge in order to increase the sample size of a particular research study. This raises the ethical issue as discussed in Standard I.45, which stated psychologists must “share confidential information with others only with the informed consent of those involved or in a manner that the persons involved cannot be identified, except as required or justified by law” (Canadian Psychological Association, 2000, p. 13; see also Sinclair & Pettifor, 2001, p. 57).

The practice of the agency discussed in the case study violates the value of confidentiality because the psychologists are using their clients’ assessment data for

research purposes without permission from clients for their information to be discussed or analyzed by the research team in order to answer the agency's research questions. The psychologists also break confidentiality when results from clients' psychological assessments are used to inform other stakeholders of the agency's efficacy.

As with the clients' rights to privacy, to correct this serious infraction, the psychologists should take all reasonable steps to only provide de-identified information to other stakeholders when sharing results from clients' assessments for research purposes. To protect clients' confidentiality further, psychologists should not use a client's name or demographic information in any form of communication with colleagues or other stakeholders when such information could lead to a breach in confidentiality and is not necessary to the other individual in his or her understanding of the research data being presented or discussed. Finally, from the perspective of the agency's guidelines, all employees should be required to sign a confidentiality agreement stating that any information shared at the agency must stay at the agency including research data and findings unless the material is made available to the public (including academic circles).

**Principle II: Responsible caring.** This principle encompasses the values of risk and benefit analysis and of minimizing harm. Each of these values is discussed in this section.

*Value of risk and benefit analysis.* The value of risk and benefit analysis involves considering the expectation that the activities of professionals within the discipline of psychology will benefit members of society while resulting in minimal to no harm to others. Psychologists are encouraged to only participate in activities in which the benefits outweigh the potential harms and to develop methods for research purposes that

do so while taking responsibility for correcting harmful effects that may occur as a direct result of their research or practice (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Figure 2 provides a list of risks and benefits that could be stated on an informed consent form.

Risks	Benefits
<ul style="list-style-type: none"> <li>• Granting permission to share your personal information will give the members of the research team access to your assessment responses.</li> <li>• Research team members may see personal information that you are not comfortable sharing with others.</li> <li>• Completing the assessment may cause a range of emotions.</li> <li>• Your personal information could be used to answer research questions that you are not aware of.</li> <li>• The consent process may take time from your counselling session.</li> </ul>	<ul style="list-style-type: none"> <li>• You are contributing to the field of psychology and expanding the researchers' understanding of the topic of study.</li> <li>• You are expressing your opinions, attitudes, and thoughts related to the study question and your input is unique and valuable.</li> <li>• You are helping the researchers answer important questions that could assist other individuals in the community and society as a whole through the knowledge and understanding gained from the completion of this research study.</li> </ul>

*Figure 2.* Risks and benefits of clients granting the agency permission to use assessment data to be pooled into the agency's research database.

In considering the importance of addressing the risks and benefits of using client assessment materials for research purposes, the importance of consulting with research ethics boards and other professionals needs to be considered. Standard II.16 explained, [Psychologists must] seek an independent and adequate ethical review of the balance of risk and potential benefits of all research and new interventions that involve procedures of unknown consequence, where pain, discomfort, or harm are possible before making a decision to proceed. (Canadian Psychological Association, 2000, p. 17; see also Sinclair & Pettifor, 2001, p. 63)

Standard II.17 highlighted that psychologist should “not carry out any scientific or professional activity unless the probable benefit is proportionately greater than the risk involved” (Canadian Psychological Association, 2000, p. 17; see also Sinclair & Pettifor, 2001, p. 63). This leads to concerns regarding the motivations for the professional activities of the psychologists at the agency described in the case study. The benefits of both therapeutic and research activities should be focussed primarily on assisting clients. As this standard outlined, the consultation with independent, outside parties may provide valuable insight into the ethical practices of the psychologists at the agency. For example, the agency may want to contact the local university and inquire if the committee that comprises the university’s research ethics board would be available for consultation regarding the ethical practices of the agency in conducting their research studies. Furthermore, consultation with other professionals within the field may assist the agency’s research team with knowledge regarding ethical practices of providing psychological services in addition to research activities.

*Value of minimizing harm.* As was discussed in the Value of Freedom of Consent section under Principle I, the issue of the power differential between the psychologist and client raises the subject of minimizing harm. Within the field of psychology there are a number of phenomena that support how clients may feel obligated to participate in a research study in order to please their psychologist including response bias and social desirability. These psychological phenomena lead to concerns related to Standards II.27 and II.29, in which psychologists should “be acutely aware of the power relationship in therapy and . . . be careful not to engage in activities in a way that could place incidentally involved persons at risk” (Canadian Psychological Association, 2000,



p. 18; see also Sinclair & Pettifor, 2001, p. 67). As well, from the perspective of research participation, Standard II.36 explained that psychologists should “act to minimize the impact of their research activities on research participants’ personalities, or on their physical or mental integrity” (Canadian Psychological Association, 2000, p. 19; see also Sinclair & Pettifor, 2001, p. 67). The concept of mental integrity is a significant concept within the ethical realm of psychology, as it refers to an individual’s rights to have a say in how his or her body and mind are treated by others; these concerns are particularly germane within the healthcare setting involving medical and psychological treatment.

In considering the violations of the value of minimizing harm present in the case study described above, a violation of the value can be seen when clients feel obligated to participate in a research study offered at the agency. Clients may not have the time or energy required to complete a research study, which may result in the creation of additional stressors and burden for the client. In agreeing to participate in a research study, a client may need to remain at the agency for a longer period of time to complete study materials or return for additional appointments to complete study activities. This concern is rooted in the question of what is motivating the client to take part in the research: Is he or she participating in the research study as a result of feeling obligated to the psychologist or is the client motivated by a desire to contribute to the advancement of knowledge and understanding related to the study topic?

In order to address the concerns related to minimizing harm to clients who participate in research studies, psychologists should ensure their research study protocols are designed in a manner that ensures the safety and well-being of all participants is the first priority. The creation of a research study and the collection of data are motivated by

the researcher's desire to answer a research question, and the participation of individuals in such a study should be a voluntary activity that results in a positive experience for participants while ensuring the no distress or harm is endured by the participants for the sake of research. The use of research ethics boards and consultation with professionals with expertise in generating and conducting research studies would provide psychologists with resources and supports to ensure they are minimizing the harm clients-participants might encounter as a result of engaging in the psychologist's research study.

**Principle III: Integrity in relationships.** This principle encompasses the following values: straightforwardness and openness, avoidance of incomplete disclosure, and avoidance of conflict of interest. Each of these values is discussed in this section.

*Value of straightforwardness and openness.* The value of straightforwardness and openness includes the psychologist's ethical responsibility to openly discuss the potential uses of information a client may provide to the psychologist during their interactions. This could include the possibility of using the data gathered during a client's psychological assessment for research purposes. A violation of this value would be the result of not adhering to Standard III.15, which described how psychologists should "provide suitable information about the results of assessments, evaluations, or research findings to the persons involved, if appropriate and if asked. This information would be communicated in understandable language" (Canadian Psychological Association, 2000, p. 24; see also Sinclair & Pettifor, 2001, p. 79). In considering the importance of understandable language, psychologist should speak to clients using terms and phrases that are accessible to the general public who may or may not have experience or knowledge of the terms commonly used within the psychological profession. In

addition, psychologists should try to use culturally sensitive language that respects the diversity of clients' cultural backgrounds including religious and ethnic factors.

Standard III.19 stated,

[Psychologists should] carry out, present, and discuss research in a way that is consistent with a commitment to honest, open inquiry, and to clear communication of any research aims, sponsorship, social context, personal values, or financial interests that might affect or appear to affect the research. (Canadian Psychological Association, 2000, p. 25; see also Sinclair & Pettifor, 2001, p. 79)

This value is relevant to the case study presented in this chapter because, when asked, a majority of the clients being treated at the agency stated they were unaware that after completing a psychological assessment for therapeutic purposes the information and data gathered from the variety of assessment measures were being used to answer research study questions explored by the agency's research team. The psychologists working with clients at the agency did not engage in straightforward or open dialogue about the potential uses of information gathered from clients during their visits to the agency. The lack of straightforwardness and openness offered to clients at the agency could be corrected if the psychologists first obtained informed consent from the clients outlining that the use of assessment results could be used for more than just therapeutic purposes.

***Value of avoidance of incomplete disclosure.*** This value addresses the psychologist's obligation to avoid the use of incomplete disclosure in research procedures including an obligation to consider the need for, the possible consequences of, and the responsibility to correct any resulting mistrust or other harmful effects that result from

incomplete disclosure (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Standard III.23 stated,

[Psychologists should] not engage in incomplete disclosure, or in temporarily leading research participants to believe that a research project or some aspect of it has a different purpose, if there are alternative procedures available or if the negative effects cannot be predicted or offset. (Canadian Psychological Association, 2000, p. 25; see also Sinclair & Pettifor, 2001, p. 81)

Standard III.24 also affirmed,

[Psychologists should] not engage in incomplete disclosure, or in temporarily leading research participants to believe that a research project or some aspect of it has a different purpose, if it would interfere with the person's understanding of facts that clearly might influence a decision to give adequately informed consent (e.g., withholding information about the level of risk, discomfort, or inconvenience). (Canadian Psychological Association, 2000, p. 25; see also Sinclair & Pettifor, 2001, p. 81)

In the case study presented in this chapter, the ethical violation of the value to avoid incomplete disclosure is demonstrated in the psychologists' decision to not fully share their intentions regarding the use of their clients' psychological assessments for more than therapeutic purposes. In order to ensure the value of avoiding incomplete disclosure is upheld, the psychologists at the agency should have provided their clients with complete disclosure through open and honest communication and through the use of an informed consent process regarding the purpose and intended uses of the data generated from the completion of psychological assessments. This would maintain

clients' rights to make fully informed decisions regarding the use of their personal information. Disclosing information and obtaining informed consent would likely result in some clients agreeing to the use of their personal information for research purposes and other clients declining to have a psychological assessment completed. Some clients may not feel comfortable sharing personal information outside of the therapeutic setting and, had the psychologist openly discussed the potential use of personal information from the assessment for research purposes, these individuals may have declined all services at this agency. The act of disclosing information and obtaining consent supports the importance of truly informed consent and the freedom to withdraw should an individual no longer want to be involved in either therapy and/or research.

*Value of avoidance of conflict of interest.* The value of avoidance of conflict of interest involves the avoidance of relationships and situations that may exploit or put others in situations of high risk. Although it is impossible to avoid all conflicts of interests, the level of conflict generated by inviting clients to participate in research should be considered, as it is the psychologist's responsibility to avoid dual or multiple relationships. In situations in which such dual relationships cannot be avoided, it is the psychologist's responsibility to ensure that safeguards are put in place and the best interest of the client or community members are protected (Sinclair & Pettifor, 2001). In considering the ethical dilemmas present when using psychological assessments for research purposes, the question arises regarding the choice of assessment measures being motivated by the need to increase the sample size of a research study or the selection of measures focussed on therapeutic purposes. This ethical issue is highlighted in Standard III.33:

[Psychologists should] avoid dual or multiple relationships (e.g., with clients . . . [or] research participants) and other situations that might present a conflict of interest or that might reduce their ability to be objective and unbiased in their determination of what might be in the best interest of their clients. (Canadian Psychological Association, 2000, p. 26; see also Sinclair & Pettifor, 2001, p. 85)

When psychologists are in a position of psychologist-researcher, the lack of objectivity creates a conflict of interest between their therapeutic opinions and motivations to conduct research, which can place additional stress and burden on clients. This motivation to gather data may place clients in situations involving unnecessary risk as a result of the conflict of interest. Clients in these situations may complete unnecessary assessment measures as a result of the psychologist's desire to gather research data instead of maintaining the focus on the client's therapeutic needs.

In reviewing the ethical issues within the case study presented in this chapter related to the value of avoidance of conflicts of interest, it appears the psychologists in the case study were not working from a position in which the client's best interest was given the highest priority. The psychologists' reasoning for selecting and using particular psychological measures was questionable.

In order to avoid such an ethical dilemma the psychologist who is also working as the researcher should engage in consultation with third parties to ensure the selection of measures administered as part of the study protocol are free from personal bias and instead are based on objective criteria necessary to answer the intended research question or questions. The avoidance of conflicts of interest can also be achieved through working with a research team so that other professionals, who are not all motivated by the same

goal, can contribute different perspectives. The use of research ethics boards and consultation with professionals who specialize in research methods and designs could also provide a valuable resource to ensure psychologists continue to avoid conflicts of interest between their work as clinician and researcher.

**Principle IV: Responsibility to society.** The fourth principle of responsibility to society stipulates that it is the psychologist's responsibility to engage in professional activities that maintain the high standards set out by the CPA's (2000) code of ethics. In particular, the value of beneficial activity involves the psychologist's responsibility to use his or her professional position, knowledge, and experience to increase the knowledge and well-being of society through conducting him or herself in such ways that the psychologist promotes and contributes positively to the welfare of all human beings (Canadian Psychological Association, 2000; Sinclair & Pettifor, 2001). Within the value of beneficial activity, psychologists should, according to Standard IV.8, "engage in regular monitoring, assessment, and reporting (e.g., through peer review, and in programme reviews, case management reviews, and reports of one's own research) of their ethical practices and safeguards" (Canadian Psychological Association, 2000, p. 29; see also Sinclair & Pettifor, 2001, p. 91). Furthermore, psychologists should, in accordance with Standard IV.9, "help develop, promote, and participate in accountability processes and procedures related to their work" (Canadian Psychological Association, 2000, p. 29; see also Sinclair & Pettifor, 2001, p. 91).

The actions of the psychologists discussed in the case study presented in this chapter demonstrate some of the ethical issues inherent in using psychological assessments for research purposes related to psychologists' responsibility to society.

Activities may include consultation and discussion with other psychologists who are conducting research within their own therapeutic work, as this form of consultation provides resources and support for the psychologist-researcher in ensuring he or she is conducting both therapeutic and research activities at the highest ethical standard possible. Finally, psychologists can learn from each other how best to navigate the ethical dilemmas that are present when psychologists wish to engage in the dual role of psychologist-researcher.

### **Chapter Summary**

The intent of the chapter was to present an analysis of the ethical issues via a case study and the multiple solutions and ideas offered to help this fictional agency regulate its research practice so it can aspire to uphold the CPA's (2000) Principles I to IV. This chapter demonstrated the great value and need of the list of best practice recommendations for psychologists to implement when using psychological assessments for research purposes, which will be presented in the next chapter. The psychologists discussed in the case study in this chapter would have benefited from this type of guided resource as many of the ethical violations at the agency could have been eliminated had the psychologists had a better understanding of how to use psychological assessments in an ethical manner for research purposes, while navigating the dual role of psychologist-researcher. The next chapter, Chapter 5, will outline the best practice recommendations for psychologists to implement when using psychological assessments for research purposes.



## **Chapter 5: Recommendations**

The previous two chapters provided a critical analysis of the dynamics associated with psychologists engaging in the dual role of psychologist-researcher who wish to utilize client data to fulfill research objectives. This chapter provides the top five ethically sound recommendations to minimize and prevent ethical dilemmas and challenges when an agency or psychologist wants to use client data from psychological assessments for research purposes.

### **Best Practice Recommendations**

I generated five core recommendations 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 Chapter 2 for details on the study methodology and Chapter 3 for a critical examination of the literature). The five recommendations are not intended to be exhaustive, but rather are to provide psychologists and researchers with sufficient knowledge to ensure data used from clients' psychological assessments are sought and used in an ethical manner.

The logic behind the order of the presentation of the recommendations stemmed from the importance of introducing the main core issue first, which revolves around the need to implement a standardized informed consent process. Once this consent process is in place, the psychologist-researcher can focus on obtaining continuous learning and training in order to ensure proper knowledge and training continue to be a priority. Next, the psychologist-researcher can engage in communication and consultation with research ethics boards (REBs) in order to ensure the research activities are ethically sound. This recommendation also highlights the role REBs can play in raising awareness to the

motivation of the psychologist-researcher's use of assessments for research purposes. This leads the psychologist-researcher to engage in consultation with colleagues and experts in the field in order to ensure ethical practice when using psychological assessments for research purposes. The final recommendation speaks to the importance of maintaining an open and honest dialogue and relationship with clients, as the underlying message throughout the recommendations is the importance of respecting and maintaining the rights of the client. Each of these recommendations is explained in more detail in the following subsections.

**Recommendation 1: Implement of 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. In considering the informed consent process, it is important to remember that even though informed consent is an important component in both therapy and research practices, informed consent may not be entirely possible as clients can be influenced, consciously or unconsciously, by a wish to please their psychologist (Sieck, 2012). This places additional responsibility on the psychologist-researcher, as the onus is on the psychologist to explain and justify the specific purpose for the use of a particular assessment measure. In the case of psychologists who are also engaging in research, the motives behind selecting a specific measure need to be clearly outlined in a transparent manner during the consent process. The consent process to seek permission to use clients' personal information or data from a test is similar to that of

seeking informed consent 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)

**Recommendation 2: Continue to learn and train in research ethics.** This recommendation is based on the importance placed on continuous learning and training within the profession of psychology. This is an important recommendation as many codes of ethics stress the necessity for professionals to engage in professional development and training through continuous learning activities. Accordingly, psychologists and researchers should 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 such as the use of psychological assessments in research study protocols (see the Appendix A for information on the qualifications and requirements for using psychological assessments). This recommendation is especially important when professionals have limited training in ethics. For example, a psychologist may not have received a full course in ethics during their graduate training or may not have been required to participate in training by their regulatory body, association, or employer.

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).

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.

Therefore, continuous learning can occur through formal training, the discussion and dissemination of information concerning psychological assessment and its use for research purposes at conferences, as well as through scholarly writings. 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).

**Recommendation 3: Communicate and consult with research ethics boards.**

The recommendation to communicate and consult with REBs comes from the important function and resources provided by these boards, as REBs are a neutral third party in the research process. This is advantageous to the psychologist-researcher who wishes to ensure he or she is practicing in an ethical manner, as REBs offer information and insight into the creation and implementation of research study protocols. REBs are in a position of neutrality because they do not have a vested interest in any research being conducted within the setting they oversee. Instead, the REB is used as a resource to ensure researchers are able to conduct research in an ethical, competent manner. This allows the researcher to succeed in answering his or her research question and thus furthering the understanding and knowledge on a given topic. REBs also provide a structured, reliable source of information for how to conduct research with human participants in a variety of settings and situations.

To access an REB 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 the 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 importance of communication and consultation with an REB related to the ethical use of psychological assessments for research purposes can be seen in the work of the American Psychiatric Association's Task Force on Research Ethics (2006), which put forth the recommendation that psychologists who wish to conduct research within their practice should regularly consult with the appropriate institutional ethics bodies in order to avoid ethical violations and conflicts of interest inherent in the dual role of psychologist-researcher. The American Psychiatric Association's Task Force on Research Ethics (2006) also highlighted that some conflicts of interest may be unavoidable, which further supports the need to maintain open communication with the appropriate REB. It is the psychologist's responsibility to ensure that he or she does not compromise the rights and best interest of the participant-client involved in the research study. Therefore, as the American Psychiatric Association's Task Force on Research Ethics (2006) asserted:

Possible strategies for mitigating conflicts include divestment of questionable holdings and use of independent entities to monitor aspects of the research that could be adversely affected by the conflict, including participant recruitment, the consent process, data collection, data review, or data analysis and interpretation. Information bearing on conflicts of interest should be disclosed to research participants in the manner prescribed by ethics review bodies. (p. 557)

Furthermore, the Association for Assessment in Counseling (2003) highlighted the evaluation and reflection of the psychologist-researcher's motivation for using assessments by stating, "Tests should not be administered without a specific purpose or need for information" (p. 2). Awareness of one's motives can serve as a check and balance that the measures selected by the psychologist-researcher are purposefully used.

The Association for Assessment in Counseling (2003) provided the following list of factors that should be considered when determining if the qualities of an assessment measure are appropriate for an intended client:

1. The test taker should be taken into account: Information should be reviewed to determine if the test characteristics are appropriate for the client who will take the test. Information to consider includes the client's age, grade level, language, and cultural background.
2. Test norms and standardization procedures should be taken into account: The standardization procedures should be reviewed to determine if the norm group is appropriate for the intended test taker. Specified test administration procedures must be followed, including instructions for completing the measure, time to complete the measure, and assistance that can be provided as

the individual completes the measure. These procedures are important as they ensure the equal and fair administration and completion of a measure so that conclusions can be drawn unanimously across the group of individuals for whom data are being collected and analyzed to answer the research question.

3. Modifications to the test must be considered: For clients with disabilities, alternative tests may need to be identified and used or accommodations in test taking procedures may need to be implemented. Interpretations need to be made in light of the modifications in the test or testing procedures. These modifications must be reviewed and accounted for when using results for research purposes. Considering other participants may not require modifications this may impact the generalizability of the results depending on the test modifications provided.
4. The fairness of the test is of great importance: Care should be taken to select tests that are fair to all clients completing the test. When test results are influenced by characteristics or situations unrelated to what is being measured (e.g., gender, age, ethnic background, or unequal availability of test preparation programs), the use of the resulting information is invalid for research purposes and potentially harmful to the well-being of the client, making the use of such tests unnecessary.

As stated earlier in the project, 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. The professionals working on REBs have knowledge and experience in both the applicable components of conducting research but more importantly the individuals comprising an REB have extensive knowledge and expertise in the ethical and legal aspects of conducting research that involves human participants. Thus, the professionals who comprise an REB can provide the psychologist-researcher with valuable insight and coaching applicable to both roles by providing consultation throughout the entire research process. By ensuring adequate infrastructure, knowledge, and support for psychologist-researchers, REBs ensure that continuous accountability and responsibility are placed on the professional, which results in information gathered from psychological assessments to be ethically used for research purposes.

**Recommendation 4: Seek consultation and guidance from colleagues and experts in the field.** In addition to consultation with REBs, consultation with colleagues and other professionals with experience in conducting research with human participants can provide an additional safeguard that psychologist-researchers can utilize.

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. Kaslow et al.'s (2004) work indicated that there is great benefit in bringing professionals together from various groups in order to draw on the knowledge generated in other fields, such as medicine and education. 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 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.

An additional opportunity for consultation and collaboration with colleagues and experts in the field could come from the utilization of practice-research networks (PRNs). Castonguay, Nelson, et al. (2010) described PRNs as the optimal structures for facilitating collaborations between psychologists and researchers. PRNs are a viable strategy for professionals wanting to work as psychologist-researchers within the scientific-practitioner model. PRNs offer a direct and systematic method to assist psychologists in research activities that are directly related to their clinical work, which creates an increase in the clinical utility of the research being conducted by the psychologist-researcher (Castonguay, Nelson, et al., 2010). As Soldz (2000) explained, "Bridges are built between research and practice primarily when researchers and practitioners are working together" (p. 237). The potential for collaboration among professionals within a variety of roles demonstrates the potential for PRNs as a promising pathway to reduce the gap between science and practice (Soldz, 2000). Therefore, there

is great value in establishing these networks, as the applicability and relevance of PRNs can be seen in the ability of these networks to foster the simultaneous integration of clinical and empirical tasks.

There is, however, a potential limitation to utilizing PRNs, as seeking input on proposed research methodology can be time consuming. To address this limitation, it is advised that the psychologist-researcher engage early and often with experts before a final plan is decided upon. It may also be advantageous to work as a collaborative team, as the sharing of knowledge and experience among professionals provides a critical advantage in the identification, processing, and implementation of information pertaining to the ethical practice of using psychological assessments for research purposes.

**Recommendation 5: 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. Addressing and upholding the client's rights can present a host of challenges to a counselling agency and the psychologists wishing to work from the position of psychologist-researcher. Challenges include determining who will collect the data and how the data will be collected and used by the agency and its research team.

A common issue within the challenge of collecting and using client data is the timing of the request made by the psychologist-researcher to the client in seeking permission to use the data generated from an assessment for research purposes, as was discussed in Chapter 3. Sieck (2012) advised that permission to utilize client data is not sought until trust has been established:

Beginning the relationship with a request to write a case study may be off-putting to the client because trust will not yet have been developed; further, the client may become concerned with the psychologist's written interpretations and remain self-conscious throughout treatment. (p. 8).

Blechener (2012) also noted that some clients might give blanket permission, which is a serious ethical violation, as these clients have not made an informed choice to be involved in a research study. 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. Blechener (2012) outlined his experiences of asking clients for permission to have their clinical material published and highlighted the importance of asking for permission in a manner that respects the client while maintaining what is in the best interest for the client. 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. In Blechener's experience, some clients give blanket permission, while others refuse completely. Some clients request that they be able to read what the psychologist-researcher wants to publish before making a decision. Blechener noted how the psychologist asks for permission to use material from the client's case is important:

You must make it clear (and really feel it) that the patient can say no, and, if so, the therapist will respect that. It is helpful, also, to make clear that the patient can change his or her mind in the future, either way, and the therapist will respect that too. (p. 17)

Therefore, open and honest communication between the psychologist 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 psychologist into clients' thought processes while assisting clients in achieving greater self-awareness.

### **Chapter Summary**

The intent of this chapter was to demonstrate that it is possible for psychologist-researchers to work in the dual role of psychologist and researcher within a professional setting and adhere to the ethical standards needed to ensure clients' rights and well-being are upheld.

Yanos and Ziedonis (2006) indicated that, within the mental health field, professionals are continuously choosing to operate as double agents who can enrich the quality of both therapeutic services and research when ethical practice is given the highest priority. Thus, the list of recommendations provided in this chapter was intended to provide psychologist-researchers with a resource to evaluate their personal motives and decisions to use data from clients' psychological assessments as part of their research activities. From the dual role of psychologist-researcher, the evaluation of ethical practice and decision making in using data from clients' psychological assessments for research purposes is significant and can be achieved through consultation with colleagues, REBs, and collaboration through PRNs. It is paramount that the psychologist-researcher maintains an objective perspective regarding the administration of psychological measures for both therapeutic and research purposes. This can be

achieved through open and honest dialogue, maintaining relationships with clients, and the use of an ethically sound informed consent process.

Continuing efforts should be directed toward strengthening knowledge for psychologists in both therapeutic practice and research methods. Education and training should focus on the development of core competencies in psychological assessment while encouraging additional specialty training, incorporating assessment-related technologies into training, and achieving greater continuity between training in the academic, internship, and professional practice environments. In addition, professional training would benefit from the development of models specifically related to the supervision of psychological assessment as well as consistent methods of evaluating psychologists' competency (Krishnamurthy et al., 2004). The priority must remain focussed on the therapeutic best interest of the clients involved, as is demonstrated in the focus and structure of PRNs (Castonguay, Boswell, et al., 2010). The next chapter, Chapter 6, will provide a summary of the project, including an examination of its strengths and limitations. Chapter 6 will close with suggestions for areas of future research and a conclusion of the project.

## Chapter 6: Synthesis and Conclusion

The intent of this project was threefold: (a) to explore the ethical implications of using psychological assessments for research purposes, as was discussed in the case study presented in Chapter 4 of this project; (b) to identify a gap in the scholarly literature regarding the dual role of the psychologist-researcher that is created when psychologists wish to also conduct research within their therapeutic work; and (c) to create a list of best practice recommendations to provide professionals with some direction when they engage in the dual role of psychologist-researcher so that they can maintain their responsibility to their code of ethics while also ensuring the best interest of the client is upheld. This chapter briefly summarizes how each of the project intents was met. Thereafter, the discussion focuses on the strengths and limitations of this project and areas of future study.

### Research Intentions

In this section I summarize the three project intents. I also explain how each project intent was met.

**Intent 1: Ethical implications of using psychological assessments for research purposes.** The use of information collected from clients' psychological assessments presents a number of challenges for psychologists wishing to work as psychologist-researchers while also raising numerous ethical implications when psychologists wish to use psychological assessments for research purposes, such as providing evidence of change to funding bodies. The *Tri-Council Policy Statement* (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010) explained how

psychologists and researchers, whether they are sharing these roles or are two different professionals must make a “commitment to the advancement of knowledge ...duties of honest and thoughtful inquiry, rigorous analysis, commitment to the dissemination of research results, and adherence to the use of professional standards” (p. 7).

The increase in attention and awareness of ethical issues within the field of mental health including the use of psychological assessments for varied purposes has increased the importance placed on accountability and ethical responsibilities of professionals who engage in assessment activities. The ethical standards of the American Counseling Association (2005), American Psychological Association (2003), and the National Association of School Psychologists (2010) have demonstrated this shift in attention and the focus being placed on ethical practice. These associations are unique in that they support formal enforcement mechanisms that can result in suspension and expulsion of members for violating the ethical standards set out by the association (Camara, 2007). Therefore, the overarching intent of this final project was to identify and explain the ethical issues present when psychologists wish to use psychological assessments for research purposes.

**Intent 2: The dual role of the psychologist-researcher.** In this project I provided a critical analysis of available literature on the topic of the dual role of the psychologist-researcher and the ethical practices of using psychological assessments for research purposes. I then created best practice recommendations, outlined in Chapter 5 of this project. As a result of this research, it is evident that developing competencies for using psychological assessments in an ethical manner is a complex and multifaceted process involving a number of professional and personal responsibilities on the part of



the psychologist-researcher. The psychologist must adhere to and uphold integrity, competence, and awareness of the ethical responsibilities set out by the regulatory body of the CPA (2000). This is a complex process, as the principles set out by the CPA are aspirational in nature, speaking to the need for professionals within the field of psychology to find congruence in their personal and professional activities that may contribute to the thoughts and actions they have when they choose to engage in the dual role of psychologist-researcher.

**Intent 3: Creation of a list of best practice recommendations.** To address the final intent of this project, I created a list of best practice recommendations for psychologists wishing to use psychological assessments for research purposes (see Chapter 5); a critical analysis of available research was used to formulate the best practice recommendations. The extensive synthesis that I have completed speaks to the importance of this list as well as the need for further research into the ethical implications of using psychological assessments for research purposes and the dual role that occurs when psychologists wish to also work as researchers. The creation of the best practice recommendations is a pertinent piece of this project, as all psychologists as well as other stakeholders (such as agency directors, ethical review boards, professors teaching assessment courses, etc.) could benefit from having a tool such as this to guide their work in navigating the ethical implications of using psychological assessments for research purposes. Finally, the creation of a resource such as a list of best practice recommendations provides psychologists with a tool to ensure they are working to their highest professional standards, such as the code of ethics set by the CPA (2000). As will be discussed in the next section, the strengths and limitations of this project highlight the

significance of this topic and how further exploration and research into this topic is needed.

### **Synthesis**

As the field of psychology continues to evolve, it will become even more pertinent that psychologists see their roles as both providing psychological services to individuals as well as providing evidence of the effectiveness of their services. This will be achieved through the integration of research into practice and the dissemination of results demonstrating the effectiveness of psychological services. Psychologists have an ethical duty to remain cognizant of the variety of methods in which assessment data can be gathered and disseminated within the psychological setting. For example, Hiebert et al. (2011) highlighted,

[Evidence] will not necessarily come from standardized assessments, but often will be generated using informal assessments that document the knowledge clients have acquired, the skills they have developed, the intrapersonal characteristics they have cultivated, and the life changes they have experienced. (p. 271)

For some psychologists, the possibility of working from the position of psychologist-researcher may result in a shift in their views of themselves as professionals. These professionals will no longer be able to only engage in the therapeutic process and will need to accompany their therapeutic work with documented evidence through research studies that client outcomes have been achieved (Hiebert et al., 2011).

**Project strengths.** In exploring the creation of this project, the strengths and limitations of this project need to be addressed in order to provide the reader with an

informed position on the topic. A primary strength of this project is its foundation on the CPA (2000) code of ethics. This project is relevant and applicable for psychologists practicing in Canada. As well, the applicability of the best practice recommendations makes this project useful to those professionals wishing to implement an ethical practice or improve upon their already established procedures when incorporating research into therapeutic practice. The guidance and direction offered to those professionals wishing to shift their role from psychologist to psychologist-researcher makes this project applicable for individuals within the field of psychology. This project provides insight into the use of psychological assessments in addition to the ethical considerations that should be addressed when using psychological assessments for research purposes.

Another strength of this project is that it fills in a significant gap in the literature, in addition to creating a needed resource for psychologists wishing to use psychological assessments for research purposes while working in the dual role of psychologist-researcher. I found it surprising to discover that despite an exhaustive literature review only 12 articles could be found that addressed, albeit remotely, the dynamic interplay that exists when client data are mined for research and program evaluation purposes. The appendix of this project offers an applied resource to the professional community that begins to address the gap in the literature on the topic of the ethical implications of using psychological assessments for research purposes. Therefore, the information presented in this project and appendix provides a critical analysis of the available literature on the topics of psychological assessments and research methods from the perspective of ethical practice.

Finally, great care and attention was taken in the creation of the chapters of this project to ensure that they were well organized and the content was presented in a logical, coherent manner. A detailed ethical review was conducted in which I reviewed every principle, standard, and value present in the CPA (2000) code of ethics to ensure that all relevant standards and values were addressed.

The creation of an applied case study followed by an in-depth analysis of the ethical issues present resulted in an integration of material from theory to application to explain the presences of ethical problems in the use of psychological assessments for research purposes. In addition, I have provided ample ideas for solutions to resolve or minimize the ethical dilemmas present in the case study.

**Project limitations.** In considering the limitations present within in the current project, the primary limitation centres around the lack of available research on the project topic. This project is based on the critical analysis and synthesis of a limited amount of research and information. This results in a limited scope and generalizability to the information presented, as I did not have a high volume of research or information to generate ideas and conclusions from. This could result in biased or unsupported conclusions, as the lack of available research limited my ability to examine multiple sources and alternate perspectives on the topic.

Another limitation to this project is its focus on Canadian psychological practice as the ethical code used to inform this project was the CPA's (2000) code of ethics. Thus, for other professionals working in other countries as well as other professional bodies within the mental health field the ability to use this project as a resource may be limited due to its focus on the code of ethics of Canadian psychologists. However, I did

try to provide general statements that could still provide other professionals with a take-away message that could be applicable to all professionals working in the mental health field. This project identifies the need for additional best practice recommendations lists, such as the one presented in Chapter 5 of this project, which apply to the professional regulations and codes of ethics of other professional bodies. Therefore, as will be discussed in the next section on areas for future research, substantial evaluation and research needs to be conducted on the specific topic of the ethical practices of the psychologist-researcher.

### **Areas of Future Research**

Yanos and Ziedonis (2006) drew attention to the importance of research within the field of psychology by stating, “It is often stated that the field would stagnate without the involvement of researchers who have direct clinical experience with the health conditions and service systems being studied” (p. 249). Further to this point, a greater understanding by both professionals and academics regarding the importance of clinically trained individuals in health and behavioural health research would provide more dialogue regarding the need for new initiatives to increase the training and knowledge of the use of research within the therapeutic setting (Yanos & Ziedonis, 2006). To this end, the following are recommendations for future research.

The creation of a major survey that can be administered to all practicing psychologists across Canada could be used to explore if the ethical implications of mining client data without permission is a problem. Perhaps it is a localized issue to certain agencies and clinic types. To better understand the experience of psychologists who allow their client data to be mined without obtaining full client consent, an

anonymous survey could be developed and distributed to a variety of counselling centres. Understanding the motives of why psychologists do not seek consent might provide the evidence needed to strengthen the strategies required to make informed consent a more viable process. It would also be interesting to determine if professionals feel any remorse years later when they realize, perhaps by reading this project or taking advance training in ethics, that they did not act ethically.

Further to this point, understanding the thoughts of psychologists regarding the ethical implications of using psychological assessments for research purposes, it would be interesting to explore the opinions of graduate students studying to become psychologists as well as recent graduates in the field of psychology. The creation of a survey could explore the graduate students' thoughts and beliefs regarding the use of clients' psychological assessments for research purposes. Questions to be explored may include (a) what do graduate students think about this topic, (b) to what extent do graduate students believe or understand the ethical implications of mining client data without client permission, (c) do graduate students think this type of data mining occurs in agency or clinic settings, and (d) if so, what might graduate students do if they were Anna the research assistant, as portrayed in Chapter 4?

Another area that deserves attention in regards to the future direction of psychological assessments for research purposes is the study of the use of electronic and Internet versions of psychological measures. The format for psychological assessments is progressing away from paper booklets administered by the psychologist toward computerized administration, interpretation, and scoring of tests. Some of the advantages to this approach include reduced costs and reduced time for scoring and interpretation by

the psychologist. Research has shown that computerized scoring can be more accurate and reliable than manual scoring (Butcher, Perry, & Hahn, 2004). However, caution should still be taken when using computerized psychological reports and these reports should not be blindly relied upon without other supporting information (Holden & Troister, 2009). Research into this area brings up questions regarding the ethical concerns these versions of psychological measures present and the implications the use of such formats have in both building therapeutic relationships within the therapeutic setting in addition to the use of such measures for research purposes (Butcher et al., 2004). These ethical concerns are the majority of issues related to the use of this format, including questions regarding the convenience of accessing psychological measures on the Internet in which psychologists do not hold as much control over the completion of a measure. This leads to concerns regarding ethical practices in using results from these measures for both therapeutic and research purposes. Utilizing self-report data via computers and the Internet for research and assessment purposes present many concerns for the psychologist-researcher and require further research to determine the clinical utility and ethical implications of using such formats for assessment and research purposes.

Finally, it would be useful to take the case study presented in this project and create a focus group to see if there are differences between new and experienced psychologists, agency directors, and research staff in spotting the ethical problems present in the case study. The creation of a focus group would provide insight into the perspective and opinions held by these different professionals and how ethical issues, such as the ones described in the case study presented in this project arise in their

professional setting, including how these professionals and agencies approach and resolve ethical dilemmas they may encounter. The focus group could also explore how collaboration and consultations between different professionals could mitigate the ethical dilemmas that occurred in the case study, as professionals may not be aware of resources available to them or may feel they are working in isolation and are the only professional experiencing such ethical dilemmas.

Building on the ideas and responses gathered from the focus group on the case study, a survey could be administered to these professionals to explore the extent to which respondents agree with Yanos and Ziedonis's (2006) assertion that the field of psychology would stagnate without researchers who have clinical experience in the areas being researched. Such research may find that professionals new to the field of psychology have mixed views on the importance of having clinical experience in order to effectively conduct research in the field of psychology, whereas experienced professionals may argue that clinical experience confounds or biases the researcher's ability to remain objective and focussed on the research question under investigation. As Yanos and Ziedonis explained

We focus on the interface between research and treatment because we believe that this is precisely the arena that poses both the greatest potential for the patient-oriented clinician-researcher to make a special contribution and the greatest risk for ethical conflict. (p. 249)

### **Project Summary**

In summary, the purpose of the current project was to examine the ethical implications of using psychological assessments for research purposes. This project



highlighted the professional responsibility placed on psychologists who wish to enter the dual role of psychologist-researcher. When a psychologist chooses to use his or her clients' psychological assessment data for research purposes, careful consideration of all relevant issues must occur, along with the application of a thoughtful step-by-step decision-making process (Barnett et al., 2007) in order to ensure the psychologist is conducting his or her research in an ethical manner in which clients' best interests remain the primary focus. The presentation of a fictional case study, found in Chapter 4 of this project, provided an applicable discussion of the ethical issues that can arise when psychologists choose to use psychological assessments for research purposes without full consideration of the ethical implications inherent in such practice. The case study provided a foundation for the creation of the best practice recommendations, presented in Chapter 5 of this project, which were generated to provide psychologists with a resource to assist them in managing the dual role of psychologist-researcher by ensuring they maintain their ethical responsibilities as psychologists. Therefore, the importance of using psychological assessments for research purposes in an ethical manner is of high importance within the professional practice of psychologists.

Given the fundamental importance of research and of human participation in research, professionals within the field of psychology must do all they can to ensure that research is conducted in an ethical manner. The last component of this project is the Appendix consisting of the content of this project, which has been transferred into a manuscript for publication in the *Journal of Ethics in Mental Health Issues*.

**Conclusion**

I am very proud of this final project, as I have experienced situations similar to the research assistant's predicament identified in the fictitious case study (see Chapter 4). I wish I had a resource like this project to consult when I realized unethical practices were occurring within the research settings at which I worked. At that time, I did not know what to say or what to do in my position as a research assistant. I also did not believe I had the power to act. This sense of powerlessness is a very strong reminder to me that I must protect the vulnerable—it is easy for a person to feel alone with no ability to voice an injustice. Thus, this project is a personal and professional endeavour that I hope will be of great use to many.

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## **Appendix A: Qualifications and Requirements to use Assessment Measures**

This article discusses the importance of the qualifications and requirements needed to administer psychological measures. This discussion is significant because it speaks to the ethical dilemmas present when psychologists wish to use psychological assessments for research purposes and the resulting dual role that occurs when psychologists adopt the role of psychologist-researcher. When an agency engages in research studies involving clients receiving therapeutic services and assessments, it becomes the agency's responsibility to ensure staff, working in both therapeutic and research roles, have the qualifications required to administer, score, and interpret the psychological measures being utilized for clinical and research purposes. A second important consideration arises regarding the knowledge required to administer psychological measures, as this speaks to the need to meet basic research ethical practices. This includes adhering to standards involving the use of current, up-to-date measures, measures that are appropriate for the individual (i.e., age, reading level, culture, and ethnic background), and measures that examine only the intended variables set out in the research study protocol. Psychologists are encouraged to remain cognizant of the qualifications and requirements necessary to administer psychological measures because these requirements ensure that psychologists are working at the highest ethical standard possible.

Training in psychological assessment requires more than learning to administer and score psychological tests. Standard psychological assessment manuals draw a distinction between psychometric testing and psychological assessment by highlighting the complex skills and processes involved in the completion of a psychological

assessment. Recent models of assessment have characterized assessment as a collaborative process and as a therapeutic intervention in itself (DeMers et al., 2000). Typical guidelines for assessment training include instruction in psychological theories, developmental psychology, abnormal psychology, statistics, and test theory, in addition to supervised instruction in test administration, scoring, interpretation, report writing, and feedback (Krishnamurthy et al., 2004). The following excerpt from Krishnamurthy and colleagues (2004) research lists core competencies in assessment that are essential for all professionals in the health-service practice of psychology, regardless of specialties:

1. A background in the basics of psychometric theory.
2. Knowledge of the scientific, theoretical, empirical, and contextual bases of psychological assessment.
3. Knowledge and skill to assess the cognitive, affective, behavioural, and personality dimensions of human experience with reference to individuals and systems.
4. The ability to assess outcomes of treatment/intervention.
5. The ability to evaluate critically the multiple roles, contexts, and relationships within which clients and psychologists function, and the reciprocal impact of these roles, contexts, and relationships on assessment activity.
6. The ability to establish, maintain, and understand the collaborative professional relationship that provides a context for all psychological activity including psychological assessment.
7. An understanding of the relationship between assessment and intervention, assessment as an intervention, and intervention planning.

8. Technical assessment skills that include:
  - (a) problem and/or goal identification and case conceptualization
  - (b) understanding and selection of appropriate assessment methods including both test and non-test data (e.g., suitable strategies, tools, measures, timelines, and targets)
  - (c) effective application of the assessment procedures with clients and the various systems in which they function
  - (d) systematic data gathering
  - (e) integration of information, inference, and analysis
  - (f) communication of findings and development of recommendations to address problems and goals
  - (g) provision of feedback that is understandable, useful, and responsive to the client, regardless of whether the client is an individual, group, organization, or referral source. (Krishnamurthy et al., 2004, pp. 732–733)

Krishnamurthy and colleagues (2005) highlighted gaps in their competency, as further specificity could be achieved in each of the eight areas. For example, the first competency—a background in the basics of psychometric theory—could be elaborated by specifying the knowledge of psychometric and statistical concepts. It is also important to note that competent psychological assessment practice requires awareness of the factors that contribute to and influence the inferences made from assessment data. Knowledge of how factors such as culture, age, and sex can influence the function of an

assessment measure is necessary and is related to the possible reduction in the accuracy of conclusions made when certain factors are not accounted for.

A number of researchers asserted that assessment is the second most important clinical activity for psychologists, following psychotherapy (DeMers et al., 2000; Krishnamurthy et al., 2004). Ongoing professional development through education and training is essential for practicing psychologists to retain and enhance their competency in the administering, scoring, and reporting of psychological tests. This is particularly significant considering that new tests are published, existing tests are revised, and new applications of psychological assessments are an ever-evolving aspect of the field of psychology (Krishnamurthy et al., 2004).

### **Development of Assessment Qualifications**

This section provides relevant background information regarding the development of the role of psychologists in using assessment measures for therapeutic purposes. This section also presents a summary of the requirements set by two major psychological test publishing companies regarding the qualifications needed to purchase and administer psychological tests.

In reviewing the development of requirements for using psychological assessments, the American Psychological Association participated in the formulation of standards on the use of psychological and educational tests. The policy was referred to as the “Ethical Standards for the Distribution of Psychological Tests and Diagnostic Aids” (1950) and included a three-level system for classifying test user qualifications; the American Psychological Association’s Council of Representatives first approved of this system in 1950 (DeMers et al., 2000). This three-tiered system labelled some tests Level

A, which included vocational proficiency tests and designated them as appropriate for administration and interpretation by non-psychologists (DeMers et al., 2000). Level B included general intelligence tests and interest inventories. Qualifications for administering Level B tests included the need for some technical knowledge of test construction and use as well as supporting psychological and educational subjects, such as statistics, individual differences, and the psychology of adjustment (DeMers et al., 2000). Finally, Level C included individually administered tests of intelligence, personality, and projective methods. Tests at this level were restricted for use by persons with at least a Master's degree in psychology, in addition to at least one year of supervised experience under a psychologist.

Interestingly, this three-tiered system was dropped from the 1974 version of the "Ethical Standards for the Distribution of Psychological Tests and Diagnostic Aids" as well as subsequent versions without a replacement. The three-tiered system was dropped from use because the criteria were primarily formulated to address the characteristics of the test user; however, there was no empirical evidence to support that test user characteristics were the sole factor in ensuring proper test use. For example, even though research supported the position that most of the problems associated with test use are related to the competence of the individual test users, other factors including the quality of test construction and the ease with which test instruments can be obtained from a test publisher could also contribute to the issue of using psychological tests ethically (DeMers et al., 2000).

Upon review of psychological test publishers' current catalogues and websites, it appears that the original qualification system outlined by the "Ethical Standards for the

Distribution of Psychological Tests and Diagnostic Aids” (1950) is still in widespread use (DeMers et al., 2000). For example, Tables 1 and 2 present the levels of qualifications to purchase and use psychological tests published by psychological assessment material publishing companies. Table 1 presents the levels of qualification to administer psychological tests, as found on the PAR (2012) website.

Table 1.

*PAR – Levels of Qualification to Use Psychological Assessments*

<b>Qualification Level</b>	<b>Access</b>
Level A	<b>Can purchase only Level A products</b> No special qualifications are required, although the range of products eligible for purchase is limited.
Level S	<b>Can purchase level A and S products</b> A degree, certificate, or license to practice in a healthcare profession or occupation, including (but not limited to) the following: medicine, neurology, nursing, occupational therapy and other allied health care professions, physician's assistants, psychiatry, social work; plus appropriate training and experience in the ethical administration, scoring, and interpretation of clinical behavioural assessment instruments.
Level B	<b>Can purchase Level A, S, and B Level products</b> A degree from an accredited 4-year college or university in psychology, counselling, speech-language pathology, or a closely related field plus satisfactory completion of coursework in test interpretation, psychometrics and measurement theory, educational statistics, or a closely related area; or license or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests.
Level C	<b>Can purchase all products available from PAR</b> All qualifications for Level B plus an advanced professional degree that provides appropriate training in the administration and interpretation of psychological tests, or license or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests.

*Note.* Based on information retrieved from *Qualification Levels* (Description of Our Qualification Levels section, para. 1–8) by PAR, 2012, retrieved from <http://www4.parinc.com/Supp/Qualifications.aspx>

In addition to PAR's (2012) qualifications for administering psychological assessment materials, the publishing company Pearson Education's (2012) asserted that it is committed to accurate and ethical assessment of individuals and uses its qualification system to help ensure that the right tools are in the right hands. Pearson Education requires verification of qualifications for the purchase of all assessment materials. Both PAR and Pearson Education's publishing companies present four levels of qualification and base access to psychological tests on individuals' obtainment of educational and professional designations. In comparison to PAR's qualifications, Pearson Education outlined in more detail the educational qualifications professionals must hold in order to purchase and use assessment materials from the company. Pearson Education also breaks down its highest level of qualification (qualification Q) into two sections, further detailing the professional and educational qualifications required to purchase psychological tests. Table 2 lists the requirements to purchase assessment materials from Pearson Education publishing company.

Table 2.

*Pearson's – Levels of Qualifications to Use Psychological Assessments*

<b>Qualification Level</b>	<b>Access</b>
Qualification A	There are no special qualifications to purchase products designated as level A
Qualification B	Tests can be purchased by individuals with certification by or full active membership in a professional organization (ASHA, AOTA, APA, AERA, ACA, AMA, NASP, NAN, and INS) that requires training and experience in a relevant area of assessment.  OR  A master's degree in psychology, education, occupational therapy, speech-language pathology, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

<p>Qualification C</p>	<p>Tests with a C qualification require a high level of expertise in test interpretation, and can be purchased by individuals with licensure or certification to practice in your state in a field related to the purchase.</p> <p style="text-align: center;">OR</p> <p>A doctorate degree in psychology, education, or closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment.</p>
<p>Qualification Q</p>	<p>Tests can be purchased by individuals with one of the backgrounds below as determined by the particular purchase, along with formal training in the ethical use, administration, and interpretation of standardized assessment tools and psychometrics:</p> <p><b>Q1:</b> A degree or license to practice in the healthcare or allied healthcare field.</p> <p style="text-align: center;">OR</p> <p><b>Q2:</b> Formal supervised mental health, speech/language, and/or educational training specific to working with parents and assessing children, or formal supervised training in infant and child development.</p> <p>Sample qualified personnel in these categories may include: psychiatrists, early interventionists, social workers, developmental pediatricians, pediatric nurse practitioners, counselors, content or diagnostic education specialists, speech and language therapists, and occupational and physical therapists specializing in early intervention.</p> <p>If an individual clearly meets the criteria established for B or C levels, he or she would not need to pursue qualification under Level Q.</p>

*Note.* Based on information retrieved from *Qualifications Levels* (para. 1–16) by Pearson Education, 2012, retrieved from <http://www.pearsonassessments.com/haiweb/Cultures/en-US/Site/ProductsAndServices/HowToOrder/Qualifications.htm>

### Summary

The qualifications to use psychological tests present important information for psychologists who wish to use psychological measures for both therapeutic and research purposes. The importance of education and experience through professional designations



demonstrates the significance of properly administering and interpreting psychological tests in order to inform therapeutic practice or to gather data to answer a research question. The significance of being able to properly administer and interpret psychological measures speaks to the importance of psychologists remaining cognizant of the ethical dilemmas present when using psychological assessments for research purposes.

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## Appendix B

### ETHICAL DILEMMAS THAT ARISE WHEN MENTAL HEALTH PROFESSIONALS USE CLIENT DATA FOR RESEARCH PURPOSES

#### PREAMBLE

##### Purpose

The following is the applied element of the Master of Counselling project. It is a manuscript for the Journal of Ethics in Mental Health (<http://www.jemh.ca/index.html>), which will be submitted to the editor of the journal by June 30, 2013, after the University of Lethbridge has approved of the project. The author of the article will be Erika Kewley, and the second author will be my project supervisor, Dawn McBride<sup>1</sup>.

The purpose of this manuscript is to contribute a valuable resource to an area of psychology that lacks literature and research. This manuscript will explore the ethical implications of using assessments for research purposes and the ethical issues that arise when mental health professional engage in the dual role of clinician-researcher.

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<sup>1</sup> This preamble closely followed the format and structure of *Sense of community online: Self-regulated learning and avoiding the drama triangle* (Master's project), by J. Gerlock, 2012, AB, Canada: University of Lethbridge. Copyright 2012 by J. Gerlock

### **Journal's Instructions to All Authors**

Appendix C contains the guidelines for preparing and submitting a manuscript to the Journal of Ethics in Mental Health. The journal requires manuscripts be no more than 3000 words.

### **Format Style Requirement**

The manuscript is prepared based on the Publication Manual of the American Psychological Association, 5<sup>th</sup> Edition (2002), as per the Journal of Ethics in Mental Health's specifications.

### **Copyright Statement**

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**Article Title:** 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 CPA, 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.

**KEY WORDS:** assessments in research, ethics, ethical dilemmas, clinician-researcher, dual-roles

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

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 intend 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 propose 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.** 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 formed 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 four 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.



**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.

**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, as 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.

**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.

### **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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## Appendix C

### Instructions for Authors from Journal of Ethics in Mental Health

This journal where the proposed manuscript (see Appendix B) will be sent to for review has specific instructions that authors of manuscripts must follow. The following is a direct copy of the relevant sections taken from the source below:

McMaster University. (2013). Guidelines for authors: Journal of Ethics in Mental Health. Retrieved from <http://www.jemh.ca/background.html>

#### **Aims and Scope:**

Journal of Ethics in Mental Health is intended to serve academics, health practitioners, students, family members, caregivers, consumers, and policy makers. The intent of the journal is to be a forum for healthy academic and policy debate, as well as by design and editorial policy to produce a tool that is both practical and helpful for frontline workers. The journal encourages a diversity of perspective and international stance on mental health practice and policy. The potential topic list is extensive and is open to new and innovative issue exploration. Articles must be brief and concise. Case studies, reflection pieces, legal discussions, and questions that challenge us to reflect on how we may better serve the most vulnerable among us are welcome.

#### **Submissions:**

Journal of Ethics in Mental Health is an international, peer reviewed, web-based journal that publishes one volume per year. Submissions may be published at any time during the year, if accepted, following our review process.

The editors welcome unsolicited submissions that explore ethical issues related to mental health. Provocative articles, case studies, personal narratives, or commentaries related to previously published journal material are all welcome.

Queries to the senior editors are welcome from anyone wishing to sound out ideas for contributions. From time to time an issue may be devoted to a particular theme; when this is planned, the themes will be announced well in advance.

*Journal of Ethics in Mental Health has a number of sections which includes:*

**I. The following submissions are subject to double blind, peer review.**

They may be brief, or up to 3000 words (references are excluded in the word count):

**1. “Articles” (referenced as appropriate)...**

- Unsolicited, on any mental health ethics topic
- Editor solicited, related to a specific journal theme or topic
- Editor solicited articles from 2 authors to discuss both sides of a controversial issue

**2. Case studies for the “Front Line Perspectives” section...**

- Actual or prototypical clinical cases (hospital, clinic, office, psychotherapy, community) submitted with commentary that sheds light on the ethical elements of the case and stimulates further ethical reflection by the reader
- A description of a mental health ethics dilemma encountered in any domain (e.g. government, non-government organization, social, workplace, interpersonal) submitted with commentary that sheds light on the ethical elements of the case and stimulates further ethical reflection by the reader

### 3. Legal discussions for the “Benchmark” Section...

- Unsolicited, or editor solicited, brief legal updates on mental health case law or legislation with commentary that sheds light on the ethical elements of the pertinent legal issues and stimulates further ethical reflection by the reader

### 4. "Hindsight"

This section of the journal aims to provide context for, and analysis of:

- key leaders in the history of mental health care and their thought and activity;
- key historical leaders in ethics and the impact of their work on mental health ethics;
- key advocate and persons living with mental illness who have been leaders in mental health system and social reform and the ethical impact of their work;
- significant mental health care treatment trends and devolution;
- landmark social, system, and moral reforms;
- and paradigmatic conceptual shifts that have occurred through the history of mental health care.

By understanding our history we better understand the fluid ethical milieu that emerges in the wake of exceptional or distinctive transition points.

## **II. All other submissions are subject to Editorial Committee review:**

1. "**Editorial**": commentary prepared by a JEMH editor or by an invited “Guest Editor”.

2. **"Insights"**: flashes of insight, personal narrative, or reflections on any relevant topic (up to 500 words)
3. **Personal accounts for the "In my Life" section** (up to 3000 words)
  - Reports on ethical challenges encountered by consumers, family members, or caregivers, submitted with commentary that sheds light on the ethical elements in the flow of events reported and stimulates further ethical reflection by the reader
  - The JEMH will not accept anonymous submissions, but it is willing to consider publishing a piece (in the "In My Life" section only) without the author's name, with the following attached: "Author's name withheld by request". We recognize that there may be circumstances in which a person is more comfortable not being identified, and these will be reviewed case by case.
4. **"Commentaries in Response"** to a published piece (up to 300 words)...
  - should be received within 8 weeks of an article's appearance
  - authors whose work is discussed are given an opportunity to respond (up to 150 words)
5. **"Letters to the Editors"** on any topic (up to 300 words)
6. **"JEMH Conferences: Selected Proceedings"**: some papers presented at the JEMH hosted conferences on ethics in mental health may be selected for publication
7. **"Book & Media Reviews"**: unsolicited, or editor solicited (up to 500 words)
8. **"Research Reflections"**: The Editorial Committee may publish submissions that highlight ethical challenges related to particular research in progress, or that offer



- ethical reflections on planned research directions. These pieces should raise interesting questions or ideas about the research project itself, rather than represent a discussion on research outcomes. (note: completed research reports should be submitted to the regular “Articles” section.) (up to 3000 words)
9. **"Select Invited Submissions"**: The Editorial Committee may from time to time publish select invited submissions on topics of particular significance or interest to the Committee without subjecting them to blind peer review.
  10. **"Bernard Dickens Student Award Articles"**: The JEMH will be providing a cash award (\$500 Canadian) once a year to a student in an undergraduate, graduate, residency, post-doctoral or fellowship program who submits an article that is selected by the Editorial Committee for publication. Our goal is to encourage academic interest and writing in the area of mental health ethics.

**Exclusive Submission:**

By submitting work for possible publication in the JEMH, authors understand that they are declaring that their submission, a close variant or substantial parts thereof, has not been published previously and is not simultaneously under consideration elsewhere.

**Submission Preparation:**

All submissions should be in English. Font size should be 12 and text should be double-spaced. Word, Wordperfect, rich-text or text file formatting are preferred.

**Approval Process:**

Submissions requiring only editorial review will be evaluated within one month of receipt with a response then sent promptly to the lead author. Other submission types (“Articles”, “Front Line Perspectives”, “In my Life”, “Benchmark”) will be screened by

the editors, and if deemed suitable for possible publication, the submission will be forwarded for double blind, peer review by 2 or more referees. The lead author will be notified within one month of receipt at the JEMH office whether the submission has been forwarded for review.

The peer review process will generally take one to three months, after which the lead author will receive a reply indicating:

- “acceptance as is”, or
- “acceptance with minor revisions required”, or
- “non-acceptance with encouragement to make major revisions and resubmit for further review”, or
- “not accepted for publication”.

Submissions not accepted for publication will be destroyed.

### **Copy-editing:**

The editors retain the right to make minor copyediting changes to the text. More substantive changes (e.g. editing for length or clarity) will only be made in collaboration with authors. Authors are responsible for reviewing proofs and promptly answering editors’ queries.

### **Licensing for Publication:**

Upon acceptance for publication, authors are required to sign a licensing agreement granting worldwide publishing rights in all media to the JEMH. Copyright ownership remains with the individual authors.

**Permissions:**

Authors are responsible for all statements made in their submissions, and for obtaining permission from copyright owners when reprinting or adapting a table/figure, or using a quotation of 500 words or more.

**Ethics Regulations and Guidelines Compliance:**

Any experimental research that is reported in a submission must have been performed with the approval of an appropriate ethics committee, an institutional review board or human experimentation committee, and informed consent. Research carried out on humans must be in compliance with the Helsinki Declaration (JAMA 1997; 277: 925-926), and any experimental research on animals should follow internationally recognized guidelines. A statement to this effect must appear in the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

Manuscripts may be rejected if the editorial office considers that the research has not been carried out within an ethical framework.