

Overview of ethical issues in forensic psychology



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Introduction

This assignment will talk about the ethical issues a professional psychologist will have to face when working in the field of forensic psychology. Forensic psychology involves psychologically assessing different individuals with different personalities that have some form of involvement with the legal institution (Ward, 2013)

Ethics concerning Forensic Psychology deals with criminal behaviour and the legal system which is an in-depth approach compared to other fields of psychology.

Treatment in psychiatry and psychotherapy usually involves embracing the concept of ameliorating symptoms, disabilities of specific mental illness and also people with learning and social disabilities.

However, in forensic psychiatry and psychotherapy, it usually involves focussing on criminal's behaviour, attitudes, and values. This is why psychologists need to be mindful when there can be a potential case of abuse of professional power and the clinical rise when therapists dive into the non-medical territory of moral judgment. This is usually where ethics play an important role. (Gunn and Wells, 1996)

Ethical Issues in Forensic Psychology

When it comes to forensic psychology, psychiatrists will have to keep in mind the high ethical standards when therapy has to be carried out within an individual or group in an outpatient clinic, open hospital or secure hospital setting.

It requires special consideration towards reporting and treatment roles, relationship with other clinical professions, confidentiality and information sharing, responsibility to third parties, coercion, the nature of treatment and maintaining therapeutic relationships. (Gunn and Wells, 1996)

I. Reporting and treatment roles

Stone [1994] argues that whenever a forensic evaluation had turned into a therapeutic encounter it is best to leave the psychiatrist from giving any sort of testimony in the legal proceedings as it may confuse the therapist's roles and the therapist might find it difficult to form concrete relationships with the offender. However, this rule is not applicable when briefing the reporting clinician, to ensure that they are also well-versed about the patients' needs, nature of treatment and overall progress.

II. Relationships with other clinical professionals

Psychotherapists will often encounter several situations where they will be working with other clinical staff in regards to their patients.

The clinical team may need to provide them with back up and containment for the patient contrariwise psychotherapists will need to update them on the patients' progress and to warn them of any signs of risk that occurs in the treatment.

They will have to work closely to understand the patient's struggles and to recognize any pathological patterns from the patient's past to avoid repetition of destructive patterns from occurring.

III. Confidentiality and Information sharing

Confidentiality is one of the key aspects of ethics, the therapist needs to explain the nature and limits of confidentiality during the treatment to the patient.

It is acceptable for the sharing of general information regarding the patients' progress however any information that may pose as a danger is when the difficulty in this ethic arises as patients can choose to consent to disclosure. But there are times when it may be required for the therapist to report his/her concern regardless of the patient's request, especially to other clinicians.

This has to also to be discussed to the patient when briefing them about the limits of confidentiality.

IV. Responsibility to third parties

As discussed above it might be necessary for the clinicians or therapist to disclose any sort of information when there is a concern for the public, especially if it is necessary to prevent a grave offense from being committed [British Medical Association 1984; General Medical Council 1987; Royal College of psychiatrists 1985].

The case of Tarasoff (Tarasoff v. Regents of University of California, 1976) for example had caused a lot of changes towards responsibility to third parties in the US. It was about a student who was undergoing psychotherapy at the University of California in 1969. His therapist was concerned about the welfare of a young woman as he had threatened to potentially harm her; <https://assignbuster.com/overview-of-ethical-issues-in-forensic-psychology/>

Tatiana Tarasoff who rejected him. The university police were asked to detain the student until he was released later when he appeared rational. Two months later he killed her and her parents sued as it was the therapist's legal duty to warn the potential victim. This case had a further judgment in 1976 which stated that all therapists had a duty to take steps to protect potential victims when a patient poses a danger to them

Unfortunately, in the UK this rule isn't recognized as a legal duty but nevertheless is a good practice to incorporate in a treatment program.

Appelbaum [1994] describes widespread concern about the potential barriers being built between patient and therapist, but he also calls this out to be to be overstressed about and that it was a good clinical practice that will not discourage patients.

V. Coercion

Coercion is defined as the act of persuasion to someone to do something by force.

Forensic psychotherapy has certain cases where the treatment of the patient is supposed to be carried out in detention hospitals or observation within the community it often puts pressure on patients to agree to treatment and demonstrate progress.

An example; could be an offender during trials, treatment might be an alternative to a prison sentence and an improvement of any kind might be a route to release. Any sort of reluctance to treatment might lead to destructive costs such as withdrawal of liberty.

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The study of Dell and Robertson [1988] for example explains problems and dilemmas patients experience about the treatment in detention hospitals, in their study. The pressure in this treatment is usually unavoidable but efforts should be made by both the psychiatrists and clinicians.

VI. The nature of treatment

In forensic psychotherapy therapy, there are is a significant rise to other branches of psychology which help the psychiatrist understand the nature of treatment.

Psychotherapeutic work with offenders in hopes of understanding their behaviour and offences, which is why the therapists should adjust nature of treatment according to the type of offender keeping in mind their attitudes.

While these adjustments need to made therapists should also keep in mind that the nature of the treatment is a moral enterprise and is not the same as medical treatment.

VII. Maintaining Therapeutic Relationships

Maintaining professional boundaries and strictly therapeutic relationships between patient and therapist is essential. [Bouhoutsos, Holroyd, Lerman, Forer and Greenberg, 1983; Taylor and Wagner 1976]

Conte and Karasu [1990] looked at sexual intimacy between therapist and clients as breaching of the principals and legal action is required.

Clients entering into any form of therapy are usually vulnerable and any form of sexual interaction from the therapist can lead to mistrust, anger and also

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usually self-identity issues [Feldman-Summers and Jones, 1984; Sonne, Meyer, Borys and Marshall, 1985]. (Kagle & Giebelhausen, 1994)

There is also a high rise of tension when it comes to psychotherapeutic treatment between the therapist and the patient as the offender could have gone through multiple forms of victimization and produce any form of reparative motivation.

They could have a high idealisation or extreme denigration towards the therapist which can be quite demanding for them to endure [Shapiro, 1978]

There can also be a lot of tension which arises between therapists and clinicians when working closely with each other, however, as mentioned earlier they will need to both work towards shared objectives and make sure to keep each other informed

Conclusion

Ethics are a key function in psychology, by acting ethically a psychiatrist develops many skills such as leadership, effective prioritisation and risk management. (“Code of Ethics and Conduct”, 2018).

We live in a very dynamic society where psychiatrists will have to face new difficulties ethically, however it is their duty to be aware of these changes and implement them. Every field of psychology has its unique code of ethics which need to be abided by, however, the primary ones that are general to every field are respect, competence, responsibility and integrity

Reference List

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