

Code of ethics for psychologists



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The first is 10. 01 or Informed Consent to Therapy which states that “ when obtaining informed consent to therapy, psychologists inform patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.” A principle shown by this code is Principle B (Fidelity and Responsibility) and Principle C (Integrity). Violation of this code, such as the practice of deception, would harm the client’s independence, If a therapy involves dangerous procedures, like electroshock, the client should be informed of the possible risks in order for him/her along with his/her significant others to make an educated decision. However, the use of deception can be methodologically and psychologically justifiable which, according to Pittinger (2003), validates the revision of this code. I think that the code should be revised to excuse deceptive practices that aim to acquire accurate results or findings. The second code is 2. 03 or Maintaining Competence which states that “ psychologists undertake ongoing efforts to develop and maintain their competence.” The principle expressed by this code is Principle B (Fidelity and Responsibility). Declining competence over the course of therapy or in clinical assessments would harm clients severely, particularly those who are highly vulnerable, such as individuals with mental illness. For example, a mentally ill individual agreed to take part in a study but his condition worsens while the study progresses, so the relatives decided to withdraw him from the study. The right decision then depends on the competence of the psychologists. There are no limits to this standard according to Rest and Narvaez (1994) because psychologists have the responsibility to update and enhance their education to appropriately cater

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to the needs and demands of vulnerable clients. References Pittinger, D. (2002). “ Deception in research: Distinctions and solutions from the perspectives of utilitarianism,” *Ethics & Behavior*, 12(2): 117-142. Rest, J. & Narvaez, D. (1994). *Moral Development in the Professions: Psychology and Applied Ethics*. Hillsdale, NJ: Lawrence Erlbaum Associates. Rosenfeld, B. (2002). “ The Psychology of Competence and Informed Consent: Understanding Decision-Making with Regard to Clinical Research,” *Fordham Urban Law Journal*, 30(1): 173+