

Ethical Issues

Countless examples throughout history of abuse of power have caused many people to react negatively to over attempts to manage behavior.

- Consequently, attempts to control behavior are often more successful when the person trying to control another's behavior disguises his/her efforts:
- Advertisers who use a "soft sell" rather than "hard sell"
- People who want to change our opinions make it appear we arrived at the opinion by ourselves.

■ According to Skinner (1953, 1971) *ethics* refers to certain standards of behavior that are developed by a culture to promote the survival of that culture. When members of a culture learn to follow ethical guidelines, the guidelines exert *rule-governed control* over behavior.

Despite the many arguments against deliberately controlling behavior because of abuse of power, many desirable goals can be construed in terms of behavior control, e.g.:

- Education changes a student's behavior so that they respond differently to their environments than they would had they not been educated.
- Psychological treatment involves changing people's behavior so they can function more effectively than they did prior to receiving treatment.
- Even after education or treatment, if the desired behavior is maintained, control is shifted from the educator or practitioner to the natural environment. In that sense, behavior control persists even after the practitioner has withdrawn control.

■ The core way to ensure that behavior modifiers behave ethically is to ensure *countercontrol*—the influence the controllee has on the controller, e.g., a client can exert countercontrol by stopping seeing his therapist.

Three reputable organizations that address the ethics of behavior modification:

1. Association for the Advancement of Behavior Therapy (AABT)
2. American Psychological Association (APA)
3. Association for Behavior Analysis (ABA)

Your ethics are questionable if you answer "No" to any of the following questions:

- A. Have the goals of treatment been adequately considered?
 1. To ensure that the goals are explicit, are they written?
 2. Has the client's understanding of the goals been assured by having the client restate the goals orally or in writing?
 3. Have the therapist and client agreed on the goals of therapy?
 4. Will serving the client's interests be contrary to the interests of other persons?
 5. Will serving the client's immediate interests be contrary to the client's long-term interests?

Your ethics are questionable if you answer "No" to any of the following questions:

- B. Has the choice of treatment methods been adequately considered?
 1. Does the published literature show the procedure to be the best one available for that problem?
 2. If no literature exists regarding the treatment method, is the method consistent with generally accepted practice?

Your ethics are questionable if you answer "No" to any of the following questions:

- 3. Has the client been told about alternative procedures that might be preferred by client on the basis of significant differences in discomfort, treatment time, cost, or degree of demonstrated effectiveness?
 4. If a treatment procedure is publicly, legally or professionally controversial, has formal professional consultation been obtained, has the reaction of the affected segment of the public been adequately considered, and have the alternative treatment methods been more closely examined and reconsidered?

Your ethics are questionable if you answer "No" to any of the following questions:

C. Is the client's participation voluntary?

1. Have possible sources of coercion on the client's participation been considered?
2. If treatment is legally mandated, has the available range of treatments and therapists been offered?
3. Can the client withdraw from treatment without penalty or financial loss that exceeds actual clinical costs?

Your ethics are questionable if you answer "No" to any of the following questions:

D. If you are dealing with a minor or someone deemed incompetent, or if someone else is arranging for treatment for the client, have the interests of the minor or subordinate client been sufficiently considered?

1. Has the subordinate client been informed of the treatment objectives and participated in the choice of treatment procedures?

Your ethics are questionable if you answer "No" to any of the following questions:

2. Where the subordinate client's competence to decide is limited, have the client as well as the guardian participated in the treatment discussions to the extent that the client's abilities permit?
3. If the interests of the subordinated person and the guardian conflict, have attempts been made to reduce the conflict by dealing with both?

Your ethics are questionable if you answer "No" to any of the following questions:

- E. Has the adequacy of treatment been evaluated?
 1. Have the quantitative measures of the problem and its progress been obtained?
 2. Have the measures of the problem and its progress been made available to the client during treatment?

Your ethics are questionable if you answer "No" to any of the following questions:

- F. Has the confidentiality of the treatment relationship been protected?
 1. Has the client been told who has access to the records?
 2. Are records only available to authorized persons?

Your ethics are questionable if you answer "No" to any of the following questions:

- G. Does the therapist refer the client to other therapists when necessary?
 1. If treatment is unsuccessful, is the client referred to other therapists?
 2. Has the client been told that if dissatisfied with the treatment, referral will be made?

Your ethics are questionable if you answer "No" to any of the following questions:

- H. Is the therapist qualified to provide treatment?
 - 1. Has the therapist had training or experience in treating problems like the client's?
 - 2. If deficits exist in the therapist's qualifications, has the client been informed?

Your ethics are questionable if you answer "No" to any of the following questions:

- 3. If the therapist is not adequately qualified, is the client referred to other therapists, or has supervision by a qualified therapist been provided? Is the client informed of the supervisory relation?
- 4. If the treatment is administered by mediators, have the mediators been adequately supervised by a qualified therapist?

The APA's *Ethical Principles of Psychologists* ensures that psychologists have:

- Competence and provide services only for which they are qualified.
- Integrity, and are honest, fair and respectful of others and do not make misleading claims about their qualifications or services.
- Professional and Scientific Responsibility and uphold ethical standards and consult with colleagues to prevent unethical conduct.

The APA's *Ethical Principles of Psychologists* ensures that psychologists have:

- Respect for Peoples' Rights and Dignity, including the rights of privacy, confidentiality, self-determination, and autonomy.
- Concern for Others' Welfare and seek to contribute to the welfare of those with whom they interact professionally.
- Social Responsibility and make public their knowledge of psychology in order to contribute to human welfare.

Ethical Guidelines for Behavior Modifiers

1. Qualifications of the Behavior Modifier—behavior modifiers must receive appropriate training and ensure procedures consistent with the most up-to-date literature in the recognized professional journals.
- Countercontrol measures—obtain supervision from a professional in the field.

Ethical Guidelines for Behavior Modifiers

2. Definition of the Problem and Selection of Goals—target behaviors must be important for the client or society and maximize the client's functional, age-appropriate activities.
- Countercontrol measures—have the behavior modifier clearly specify his or her own values relating to the client's problems and have the client (or impartial third party if the client is limited) be an active participant in the selection of target behaviors.

Ethical Guidelines for Behavior Modifiers

3. Selection of Treatment—behavior modifiers should use the most effective, empirically-validated treatment that is the least restrictive, least intrusive, causes the least discomfort, and has the least side-effects.
- ❖ Countercontrol measures—use positive reinforcement over aversive control, use natural contingencies of reinforcement whenever possible.

Ethical Guidelines for Behavior Modifiers

4. Record Keeping and Ongoing Evaluation—it is important to maintain accurate data throughout the program, including a thorough behavioral assessment before, ongoing monitoring of target behaviors and potential side effects, and appropriate post-treatment follow-up. Keep good records and respect client confidentiality.
- Countercontrol measures—ensure the client's access to his own records and share the records with those directly concerned with the client's progress; obtain feedback from those concerned; use changes in the behavioral measure of the problem as the best indicator of the extent to which the problem is being helped.
