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Ethical standards in clinical psychology; Maintaining integrity, record keeping and confidentiality.

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Abstract

Clinical psychologists aim to promote psychological wellbeing and reduce psychological distress in people with mental or physical health illness (National Health Service [NHS], 2014). A requirement of all clinical psychologists is to be familiar with and adhere to the ethical codes that govern their profession: the Health and Care Professions Council (HCPC) standards of conduct, performance and ethics (HCPC, 2012a) and the British Psychological Society's (BPS) code of ethics and conduct (BPS, 2009). Ethical standards relating to record keeping, confidentiality, integrity and honesty were considered in this paper. The effects of poor interpersonal relationships between a team and the impact of personal issues upon professional practice were considered as contributors to the breaching of ethical standards. To help prevent an ethical dilemma escalating, an employee performance appraisal in the form of a six-question intervention tool was created, to provide appropriate support when conducting supervisions. Directions for future research are discussed in terms of investigating support available for personal and professional issues affecting the work of a clinical psychologist.

Keywords: Ethics, clinical psychology, integrity, records, confidentiality

Introduction

The Role of the Clinical Psychologist

The role of a clinical psychologist is to promote psychological wellbeing and their aim is to reduce psychological distress in people with mental or physical illness (NHS, 2014). Clinical psychologists mostly work in the NHS in settings such as hospitals, health centers, in community health teams and also work in social services (BPS, 2013b). The route to becoming a clinical psychologist in the United Kingdom (UK) involves the completion of a BPS accredited psychology undergraduate degree that gives graduate basis for chartered membership (GBC). This enables the person to have a sound basis of psychological knowledge and skills to progress to postgraduate training (Clearing House for Postgraduate Courses in Clinical Psychology, 2014a).

The applicant is required to complete supervised work experience within mental health or in a relevant charitable sector. However, the application system states applicants do not necessarily need a wealth of experience, as quality is as important as quantity. Nevertheless, the success rate in 2014 of achieving a place on a training program was only 15% (Clearing House for Postgraduate Courses in Clinical Psychology, 2014b), which evidently shows strong competition for places (Nel, Pezzolesi & Stott, 2012). The BPS is the professional body for psychologists in the UK and has played an important role in the shaping and development of the thirty accredited clinical psychology training programs in the UK. The BPS currently utilizes a competency-based model in training programs, through teaching, supervised placements within NHS settings and research activities including an applied research project. Previously there have been various learning methods and activities however, there is still variation between training programs (Nel et al., 2012). This variation may impact upon the ethical sensitivity of trainee clinical psychologists, which in turn, may affect their professional practice, when training and post-qualification. Completion of the program allows registration with the HCPC to work under the protected title of clinical psychologist (National Careers Service, 2012; BPS, 2013a).

Skills Required of Clinical Psychology Practitioners

The BPS plays an important role in setting the required standards however, since 2006, the HCPC has taken control of setting standards for clinical psychologists to adhere to and monitors these (Nel, et al., 2012). Therefore, the skills and competencies of clinical psychologists are expressed through both the HCPC (2012a) standards of conduct and the BPS (2009) code of ethics. The BPS describes the skills required as having respect, competence, responsibility and integrity

(BPS, 2009). The HCPC describe similar skills: confidentiality, to be a responsible practitioner, to justify decisions, self-manage workload and to have the ability to work in a multidisciplinary team (HCPC, 2012b). There is little disparity between the two codes that would affect professional performance as they have similar descriptors for skills required.

In addition to these ethical codes, the NHS uses a knowledge and skills framework to show the expected skill level for different psychology posts within the organisation. These emphasise the main skills for clinical psychologists and consultant clinical psychologists: communication, assessment, treatment planning and delivery (Morris, Collins & Golding, 2010). Other required skills include data collection and analysis, project and people management and involvement in service development. These skills required of a clinical psychologist are expected to strengthen as they progress to consultant level (Morris et al., 2010).

Evidencing Mastery of Skills - Continuing Professional Development

A clinical psychologist would show evidence of proficiency of any new skills and knowledge by keeping a log of continuing professional development (CPD; BPS, 2014a). The BPS (2012) state the amount of time spent on CPD will vary depending at what point the clinical psychologist is in their career. They suggest up to one day per month but acknowledge that reflection on the outcome of CPD is more important than time. Surprisingly, the BPS does not currently monitor CPD of its members due to this being undertaken by the HCPC (BPS, 2012).

The HCPC enforce random audits on members of a profession and upon request, a written profile of CPD activities must be presented (HCPC, 2014). Clinical psychologists can keep paper records of their CPD activity, however, a more efficient method is the use of an online system through the BPS online learning centre called myCPD, which enables the clinical psychologist to plan and record their CPD online (BPS, 2014b). They can print out copies of their CPD activity as evidence, if requested by the HCPC (HCPC, 2014).

There is a wide range of CPD activity that clinical psychologists can undertake. This highlights the variance of what skills and knowledge clinical psychologists can obtain due to the time they can afford. Some courses from the BPS 2015 CPD directory (2014c) are expensive. Further, the HCPC states there is no link between competence and the CPD activities of an individual (HCPC, 2012c). Challenging this, the BPS describes CPD as an activity that increases knowledge and skills appropriate for the duties of a profession, often termed competence (BPS, 2014a). These conflicting views could affect a clinical psychologist's view of CPD as to how much importance to place upon it and their decision on how much to undertake. Individual factors that may also affect this decision could include personal perceptions of self-competence and the

personal need to feel professionally supported and valued (Bradley, Drapeau & DeStephano, 2012). CPD is evidently a complex concept, especially when it is argued the outcome is developed professionalism (Elman, Illfelder-Kaye, & Robiner, 2005).

Criticism of Ethical Codes

As a clinical psychologist and registered with the HCPC, the individual must ensure they are familiar with the HCPC (2012a) and the BPS (2009) codes of conduct. However, working in health care can bring up ethical dilemmas that fail to correspond to codes of conduct and often there is no clear solution (Van Liew, 2012). The BPS acknowledges their codes cannot and do not aim to provide a direct answer for all ethical dilemmas that clinical psychologists may face (BPS, 2009).

Ethical codes and standards of practice are criticized for not having any ethical theory relating to them (Banks, 2004). A criticism of the HCPC codes is that their lack of contextualization contributes to the limitations of their applicability when faced with a real life complex ethical dilemma (Vergés, 2010). Furthermore, Furlong (2013) criticizes their applicability and so argues that specific ethical guidelines should be created for each profession the HCPC regulates. This is opposed to having one large set of ethical codes that are difficult to apply to different roles and settings. However, Barnett, Behnke, Rosenthal and Koocher (2007) argue that psychologists must use their professional judgment when faced with an ethical dilemma, as arguably they should be competent to do so from their training. Similar to the HCPC, the American Psychological Association (APA) states that psychologists must use their professional knowledge and skills to deal with any ethical issues they face (APA, 2007). The APA acknowledges that their codes for psychologists in the United States (US) are subject to variable interpretation (Drogin, Connell, Foote & Sturm, 2010; APA, 2007). Therefore, the application of ethical standards appears to be an issue affecting clinical psychologists in both countries.

Limitations of ethical codes and standards include the variability within them and their limited applicability. This impacts upon professional practice, as there is no guidance on steps to take when faced with a real life ethical situation. Both the BPS and HCPC provide guidance advising to cease practicing if performance or judgment is affecting professional work. However, the only suggestion made to prevent this from occurring is a list of who to seek advice from if faced with an ethical dilemma e.g., employers and peers. A major limitation is that both codes do not offer a protocol for how to deal with an ethical situation arising and how to prevent conduct and competence being jeopardized.

Breaching Ethical Codes

Clinical psychologists must be registered with the HCPC in order to practice under the protected title of practitioner psychologist. They must meet all standards set by the HCPC in order to be fit to practice. If any standards are breached, the HCPC will take appropriate action including undertaking hearings to investigate and if necessary, will suspend or strike off practitioners, in order to protect the public.

Potential Ethical Dilemmas and Suggestions for Prevention

Potential ethical dilemmas arise when up to date record keeping is not maintained. This puts clients at risk as records provide a comprehensive and accurate account of the care provided for that individual. Furthermore, record keeping is vital for communication between health care professionals. Standard one of the HCPC (2012a) code of conduct, performance and ethics regards record keeping. If records are not up to date and accurate, it is considered that the best interests of clients are not met. Beach and Oates (2014a) acknowledge the pressures faced by staff in the NHS with time constraints and workload. However, it is for the best interests of patients and good practice, for staff to ensure they allocate time for writing their clinical notes. Clinical notes should be written up as soon as possible after interaction with a client so important detail is not omitted or forgotten. One suggestion is to keep notes during sessions with clients for prompting memory when writing clinical notes afterwards. Note taking during a therapy session appears to not have a significant influence of perceptions of a therapist (Christie, Bemister & Dobson, 2014).

Professionals including clinical psychologists are special advocates of maintaining the welfare of clients (Banks, 2004) and making best interest decisions for clients, which are often formed in consensus (Williams et al., 2014). Therefore, all professionals involved in the care of a client would need access to records in order to contribute to best decisions for individuals. The term “best interests” has evolved over time to a more person-centred approach looking at social and welfare needs, rather than on medical decisions only (Shah, 2010). Therefore appropriate record keeping is a very important aspect of working in the healthcare field (Pirie, 2011). By failing to maintain record keeping, this results in the failure to communicate with other professionals and would breach code seven of the HCPC (2012a). The upkeep and maintenance of record keeping is to protect clients but also to protect the professional as records play a key part in resolving professional or legal incidents that occur. These can protect the professional from claims of negligence if records accurately describe the clinical care that took place (Pirie, 2011). If any case were involved in a professional or legal incident, a plea of being too busy to maintain accurate records would not be accepted as a defense against litigation (Wood, 2010). By keeping this in mind, this could prevent poor record keeping.

A factor that may affect record keeping and communication between healthcare professionals is the impact of interpersonal relationships within a team. Van Liew (2012) considers that due to the ethical standards psychologists have to adhere to, psychologists must be cautious about information sharing and not to share too much, whilst still contributing to the team. Difficult interpersonal relationships within a team, such as bullying, may affect the ability to balance what is needed to communicate to the team. Identifying any interpersonal and communication issues within a team that may affect ethical standards could enable an early resolution to prevent issues worsening (Astrom, Duggan & Bates, 2007). Effective communication and teamwork between healthcare professionals is extremely important as it enables shared decision-making and communicating client preferences for treatment (Chong, Aslani & Chen, 2013).

Standard ten of the HCPC (2012a) code, would be breached for failing to keep accurate records for clients on paper and electronically. If the electronic patient record was the main way of maintaining clinical notes, as opposed to paper notes, this may help maintain record keeping. Advantages of moving to using electronic records include the effective management of patient data and improved record keeping standards. This would hopefully support and upkeep communication between health professionals (Koivunen, Niemi & Hupli, 2015). Training programs and support systems would need to be created to support staff in any challenges they face in the progressive move to the use of electronic records (Beach & Oates, 2014b). Training and support may help record keeping issues from escalating in the future.

Standard two of the HCPC (2012a) standards of conduct, performance and ethics, would be breached if client confidentiality is not respected and maintained. Confidentiality is at risk if any records are taken home by a member of staff if in attempt to catch up with their clinical record keeping outside of work. However, the Department of Health (2003) advises that staff should not normally take records home but if necessary, procedures for safeguarding the records should be locally agreed. However, the Department of Health's (2003) document for confidentiality code of practice states manual records must be inaccessible to members of the public. Therefore, this contradiction needs further clarification.

Clinical psychologists are expected to claim responsibility for their ethical decisions, yet it is acknowledged some professionals sometimes act unethically yet can perceive their behaviour as being ethical (Knapp, Handelsman, Gottlieb & VandeCreek, 2013). For example, concealing poor record keeping by writing notes retrospectively. This would breach the standard of integrity (HCPC, 2012a), damaging credibility of the profession. If this occurs in the workplace, clinical psychologists should realise the seriousness and potential harm to clients. This should be addressed

through supervision where options on how to improve practice can be discussed. For example, the possibility of being given more administration time allocated into the working week.

Appropriate use of supervision or an increase in supervision would benefit healthcare professionals if they were open and honest about any issues they face. This is expected of clinical psychologists, as they are required to seek professional assistance as soon as they face any ethical issues that may affect their professional behaviour (BPS, 2009). Further to this, more supervision is useful for support (Starr, Ciclitira, Marzano, Brunswick & Costa, 2013), as this can help the individual manage the personal and professional demands of their work, explore their feelings, discuss difficulties and reflect upon their practice (Care Quality Commission, 2013).

Support Available

Professionals may benefit from identifying and receiving personal therapy to address any personal issues affecting their practice. There are CPD courses to develop specific skills according to the type of role the clinical psychologist is working in and personal psychological counseling for professional purposes (NHS, 2014). There is evidence for positive outcomes for those who receive personal therapy. Benefits for a clinical psychologist include the provision of support during times of difficulty to alleviate emotional stresses and burdens, and support to see the difference between good and poor practice (Grimmer & Tribe, 2001). However, other psychotherapy professions place a much higher value on personal therapy than clinical psychology, as there is no stipulation that personal therapy is part of a clinical psychology career. (Nel, et al., 2012). Further to this, psychologists may find it difficult to admit they need help and may feel it could question their ability as a therapist if they are seeking help themselves (Bearse, McMinn, Seegobin & Free, 2013).

A Supervision Tool; Employee Performance Appraisal

Using themes from the HCPC (2012a) standards of conduct, performance and ethics, an employee performance appraisal consisting of a six-question intervention was created for supervisors of clinical psychologists to use during the supervisory process. Questions can be found in table 1 below:

Table 1

Employee Performance Appraisal

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1. Discuss cases the clinical psychologist is currently working on and any difficulties they face.

2. Discuss the quality of the clinical psychologist's work, taking into account interactions with clients, quality of records and communication.
3. Discuss standards of performance expected of the clinical psychologist.
4. Discuss the extent to which the clinical psychologist feels they are meeting the ethical standards expected of them.
5. Discuss the clinical psychologist's learning and development needs.
6. Discuss learning and development needs and any support required for the clinical psychologist to continue with their professional work. Include work / life balance / health / personal issues. Consider sign posting to support required, including personal therapy if required.

The main aim of this employee performance appraisal is to help explore the clinical psychologist's adherence to HCPC standards of conduct, performance and ethics. A second aim is to explore and identify any possible issues the clinical psychologist is facing, in order to provide extra support if necessary, with a final aim to prevent any ethical issues escalating. The questions were created using themes from the HCPC (2012a) standards of conduct, performance and ethics, which are used in any disciplinary hearing if ethical standards are breached.

The questions aim to explore current client cases and allow the clinical psychologist to raise any difficulties they face. Having a discussion of levels of client interaction and the planning involved in regard to the care provided, allows the supervisor and supervisee to discuss best interests for the client. This also allows the supervisor to assess the standard of record keeping and communication of the clinical psychologist. To explore standards of performance expected of clinical psychologists, the questions in table one allow the clinical psychologist to comment on their duties and ethical behaviour and reflect upon their professional practice. This also allows a safe space for the clinical psychologist to provide any information regarding their conduct and competence. However, the clinical psychologist must be honest throughout this process in order to identify any early issues and the supervisor will need to consider their integrity and honesty.

Finally, the intervention allows exploration of current learning needs, specifically regarding ethical adherence. Any support and training needs identified, would aim to increase skills and knowledge to enable the clinical psychologist to deal with any ethical issues they are facing or may face in the future. The questions allow gentle exploration of any personal issues that may impact upon professional performance and may indicate the need for support and signposting to personal therapy if required. This provides a framework to support the clinical psychologist to limit their work if necessary or stop practicing, if issues or health are affecting their judgements or

performance. Again, the effectiveness of the outcome of this question relies on the individual's integrity and honesty.

Limitations of the framework suggested in the employee performance appraisal are that the questions may feel intrusive and questioning the clinical psychologists professional ability to do their job. Nevertheless, it provides a tool to use in the supervisory process to evoke reflective practice and allows time to talk about any problems in an open manner. Having a supportive supervisor would enable this process and well as the supervisee being open and transparent during the appraisal.

To secure competence to deal with ethical issues, the BPS (2014c) CPD directory provide courses to improve this skill. CPD courses include introductory courses to ethics and professional practice. These courses would build awareness of the HCPC standards for ethical practice, exploring ethical decision-making and unethical practice. The BPS also provides courses exploring learning points from the HCPC fitness to practice proceedings, reflecting upon ethical practice and how practitioners can use a range of resources to ensure that they remain fit to practice. Mindfulness courses may help a practitioner remain fit to practice by exploring the benefits it can bring to health. The practice of mindfulness may benefit psychologists when dealing with any difficulties that may affect their professional work. There are several courses on supervision skills and how to engage to get the best experience from it. This may help deepen understanding of reflective practice and receive support to manage difficult situations and deal with challenging ethical situations (BPS, 2014c).

Conclusion

In conclusion, clinical psychologists are expected use their own professional judgement to deal with ethical dilemmas. They are expected to seek support and advice if needed, however, this may be difficult if faced with poor interpersonal relationships within their team. If receiving unsupportive supervision and no access to personal therapy for any personal issues, this may affect a clinical psychologists' ability to deal with ethical dilemmas. A employee performance appraisal was created consisting of a six-question inventory, for use in the supervision process for supervisors to explore with their supervisees any issues they are facing and what support could be put in place. Future work could investigate what coping methods clinical psychologists use when faced with professional and personal issues and if there are any effective interventions currently available for support. Perhaps if the six-question intervention created in this paper was enrolled in clinical psychology supervision, its effectiveness could be measured.

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