PAKISTAN ASSOCIATION
OF CLINICAL PSYCHOLOGISTS

P.A.C.P

ETHICAL CODE OF CONDUCT OF PRACTICING CLINICAL PSYCHOLOGISTS IN PAKISTAN

2012

Centre for Clinical Psychology,
University of the Punjab, Lahore 54590. Pakistan

This Code was written by the Ethics Committee of the Pakistan Association of Clinical Psychologists (PACP)
Published By: Pakistan Association of Clinical Psychologists (PACP)
Centre for Clinical Psychology, University of the Punjab,
Quaid e Azam Campus, Lahore. 54590. Pakistan

If you have problems reading this Document and would like it in a Different Format, please contact us with your Specific Requirements.
Tel: 92 42 99231145; Email: pacp.vice.president@gmail.com

CONTENT

PREFACE

ETHICAL CODES OF CONDUCT FOR CLINICAL PSYCHOLOGISTS IN PAKISTAN

This document is prepared by the Pakistan Association for Clinical Psychologists (PACP) in which an attempt is made to incorporate best Ethical Code for practicing and trained Clinical Psychologists in Pakistan. In its second executive meeting of Pakistan Association of Clinical Psychologists held on October 10, 2011, at the Center for Clinical Psychology, University of the Punjab, Lahore chaired by the President, PACP, a task was assigned to all Chapter Presidents (Punjab, Sindh, KPKW) to develop Code of Conduct for PACP keeping into consideration Religious & Cultural context of Pakistan.

For this purpose, various meetings were held with Clinical Psychologists working in Public and Private Clinical Settings. Numerous emails were also sent to Clinical Psychologists working in Bangladesh and India mainly considering the similarity in cultural background to get their input. Whatever was presented is collated through clinical experiences, literature search and repeated meetings in - group forms for brain storming and discussion on certain issues. Dr. Nashi Khan (President PACP), Dr. Tahir Khalily (Ireland), Prof Dr. Seema Munaf (Sindh Chapter-President, PACP) and Dr. Tanveer Nasar (Punjab Chapter-President, PACP). Dr. Seema Munaf was aided by Mrs. Hadia Pasha, Dr. Sadiq Hussain from the Department of Psychology, Karakoram University, Gilgit and Dr. Zainub F. Zadeh and Dr. Zainub Bhutto, Department of Professional Psychology, Bahria University, Karachi. Dr. Uzma Mansoor, Islamic University Islamabad, Mr. Farhan Kamrani, from Department of Psychology, University of Karachi and

Psychologist at Special Security Unit, Sindh police and Dr. Rukhsana Kausar, Centre for Clinical Psychology, University of the Punjab, Lahore. Dr. Tanveer Nasar was supported formulating the preliminary draft by two Senior Clinical Psychologists: Dr. Iram Bokharey and Ms. Neelofar Afaq from Services Hospital, Lahore.

Dr. Humaira Mohsin, Vice President PACP, Dr. Saima Dawood, General Secretary and Ms. Rabia Dasti, Executive Member PACP under the guidance of Dr. Nashi Khan, President PACP completed the final draft of the Code of Ethics. The final draft was e-mailed to all the members of PACP on 21st March 2012. After receiving the feedback, a final draft was formulated with the help of legal advisors to shape it into a legal document. The present Code of Ethics was further taken to the members of PACP in a special meeting held on 14th December 2011, at the Centre for Clinical Psychology, University of the Punjab, Lahore, Pakistan. The suggestions from the members present in General Body Meeting were incorporated and an email was circulation to all Clinical Psychologists in all the provinces of Pakistan to entertain more suggestions prior to the finalization of the document.

It was again presented to the General Body Meeting held on 10th May 2012, where it was approved unanimously after detailed deliberations.

INTRODUCTION

Pakistan Association for Clinical Psychologists (PACP) purports specific Guidelines and Principles for the Ethical Conduct of Clinical Psychologists working in Pakistan, practicing in various professional capacities including Psychotherapists, Psycho-diagnosticians, Counselors, Academicians, Researchers, Supervisors, Trainees and Students.

These standards of professional conduct presented as "Ethical Code of Conduct for Practicing Clinical Psychologists" defines the framework of the least expectations for the Professional Practice of Clinical Psychologists who are members of this association and is relevant to personal life only when the activity of the member has a direct bearing on their professional capacity. Professional conduct of the members that fails to meet these standards shall be considered unethical and might be subject to review by the Executive Committee of PACP.

BASIC PRINCIPLES

This Code of Professional Conduct is constituted around three basic principles:

A. Promoting respect for the rights, equality and dignity of people ensuring non-discriminatory, compassionate and equal availability of quality professional services to all, with due consideration to their privacy and right of self-determination.

B. Ensuring that the practicing Clinical Psychologists are and remain eligible to provide service as Mental Health professionals by upholding their competence, integrity and adopting a responsible attitude towards their client/s.

C. Attesting that the services being provided are in accordance with the empirically validated knowledge and procedures and are designed towards the ultimate goal of human welfare.

DEFINITIONS OF KEY TERMS

Pakistan Association for Clinical Psychologists (PACP)

Client
A client is a person, a family(s), a couple(s) a group(s), an organization, or a system that avails professional services involving psychotherapy, counseling, psychological assessment/diagnosis, teaching, training, supervision etc.

Clinical Psychologist
A practicing Clinical Psychologist who is a member of PACP.

Code
PACP code (2011) approved by Executive Committee of PACP, which can be reviewed and modified by PACP established especial committee, according to the need of the time.

Conduct
Professional services provided by a Practicing Clinical Psychologist.

Member
A member is an individual registered with PACP at any grade/stage.

Other Party
This term represents either referrers or beneficiaries of professional services including one or both parents of client, other family members, law enforcement agencies, school, college, university and organization etc.

Professional Services

Professional Services include Psycho-diagnosis and Psychological Assessment (individual & group both), Psychotherapy (individual & group both), Marital Therapy/Counseling (individual & group both), Career Counseling (individual & group both), Supervision of Clinical Training (individual & group both), Teaching and Academic Counseling (individual & group both) etc provided by a Practicing Clinical Psychologist.

1. BASIC HUMAN RIGHTS AND RESPECT FOR INDIVIDUAL

Clinical Psychologists value the dignity and worth of people, with sensitivity to the dynamics of perceived authority or influence over clients, and with particular regard to people's rights including those of privacy and self-determination.

1.1 A Clinical Psychologist communicates respect to client by action and language regardless and irrespective of client's religious beliefs, socioeconomic status, caste, language, values and philosophy.

1.2 A Clinical Psychologist demonstrates regard for client's needs and does not engage in a behavior/conduct that the client perceives as coercive and harassing and uses the language that is socially acceptable and conveys respect to others.

1.3 A Clinical Psychologist does not provide professional services in an organization that does not respect human dignity and rights.

2. CONFIDENTIALITY AND PRIVACY

Clinical Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as Clinical Psychologists. They reveal such information to others only with the consent of the person or to the person's legal representative, except in those unusual circumstances in which not doing so would result in clear danger to the person or to others. Whenever appropriate, Clinical Psychologists inform their clients of the legal limits of confidentiality.

2.1 A client has the right to be familiar regarding confidentiality and privacy and their limits at the outset of any kind of professional service.

2.2 A Clinical Psychologist makes sure to maintain Confidentiality of Client, except required by law, or for professional growth including case conferences and expert discussions and without disclosing client's major identifiable information.

2.3 A Clinical Psychologist makes sure to share/use the information about a client with informed consent from the client for research purposes, required or authorized by law, and to provide better services.

2.4. Recording in form of audio- video cannot be made without permission. If necessary for training purpose, then consent needs to be taken from the client.

2.5 A Clinical Psychologist observes privacy of a client, and does not intrude into client's private life to a degree that the client feels threatened. As probing is important and necessary for the application of intervention in majority of Psychotherapies, it cannot be avoided. Probing for clinical work is allowed.

2.6 Clinically collected data has to be retained for at least five years. After five years the collected data may be disposed properly under the supervision of a professional to ensure that no clue is left that may be a threat to the identity of a client.

2.7 Clinical Psychologists make provisions for maintaining Confidentiality in the storage and disposal of the clients' records.

2.8 If a Clinical Psychologist agrees to provide professional services to multiple clients (family or marital), the limits of confidentiality have to be explained in advance to each client.

2.9 Clinical Psychologists who present personal information obtained during the course of professional work in writings, lectures or at other public forums should either obtain adequate prior consent to do so or adequately disguise all identifiable information.

3. INFORMED CONSENT

3.1 A Clinical Psychologist respects client's self-determination, opinions and wishes and provides information in language comprehensible enough to the client so that he/she is able to know what choices he/she has before agreeing to consent.

3.2. An independent adult who is responsible for his/her personal act and is willing to avail the professional services gives the consent.

3.3. In case of minors or individuals of diminished capacity, their significant others (father, mother, and/or immediate legal guardian/legal custodian) have to give the consent otherwise professional services cannot be provided.

3.4. Informed consent shall be taken from the client, if the client is an adult and is eligible to make his/her personal decisions. However, if he/she is dependent on other family members (father, mother, and/or immediate legal guardian) in terms of monetary, and/or other societal issues, appropriate efforts would be made to gain their consent. In extreme circumstances keeping in view the personal rights of the client, when the guardian is not consenting, professional services can be provided.

3.5 In cases of emergency, professional services are provided promptly and consent is obtained at a later stage. This would be in lieu that the service is considered to be a direct benefit to the wellbeing of the client.

3.6 If the client is the primary client of the Clinical Psychologist then at the time of crisis it is the Clinical Psychologist's responsibility to make appropriate contact with the emergency services available or the psychiatrist, as well as to regulate hospital admission, or to share relevant information to the caregiver of the client.

3.7 Make sure that the consent is not taken under pressure or by coercion.

3.8 When the other party is willing to be part of the therapeutic process; it may be included only after taking consent from the individual client.

3.9 If parents or legal custodians want their dependants to get benefit from professional services, the Clinical Psychologist provides the said services.

4. PROFICIENCY/ COMPETENCE OF THE CLINICAL PSYCHOLOGIST

Clinical Psychologists value the continuing development and maintenance of high standards of competence in their professional work, and the importance of preserving their ability to function optimally within their knowledge, skill, training, education, and experience.

4.1 For Clinical Practice, Clinical Psychologists need to have a:

i. At least a Master's Degree (MA / MSc or when implemented BS (4 Years) in Psychology with special area of Clinical Psychology only from Higher Education Commission (HEC) Recognized Institutions (offered at main campus).

and

i. Minimum; Diploma in Clinical Psychology of one-year duration that entails fully supervised Clinical Training in Therapeutic Modalities, Psycho-diagnostics and Counseling from Higher Education Commission (HEC) Recognized Institutions (offered at the main campus).

OR

ii. MS / PhD in Clinical Psychology practicing degree from only HEC Recognized Institutions (offered at the main campus).

iii. Those who have foreign qualifications will have to provide Proof / Equivalent Certificate which will satisfy the Membership Committee that their degrees are valid as well as that they have the experience of required training in Clinical Psychology that meets the requirements in i) & ii).

iv. However, students and internees, who are under learning or training process and who have left the aforementioned degree incomplete, cannot practice under any circumstances.

4.2 Clinical Psychologists endeavor to achieve and maintain a high level of competence in their work by learning and applying appropriate skills, knowledge and attitudes in their areas of professional practice through continuing education and by remaining abreast with relevant literature, research and intervention techniques.

4.3. A Clinical Psychologist should not be experiencing any major psychological problems at the time of recruitment/job placement or practicing. If the Clinical Psychologist is experiencing psychological problems he/she needs to stop practicing till such time that he/she becomes healthy to treat others.

4.4 Training can only be given to Internees who are Psychologically Sophisticated with no major Psychological Problems. It is up to their Supervisor Clinical Psychologist to determine and advise the relevant institutions' administration whether the student is able to benefit from Clinical Training and is suitable to become a Clinical Psychologist. Each Certified Clinical Psychologist can take maximum Five to Eight Internees per Certified Clinical Psychologist for Clinical Training similar to HEC Rules for Research Supervision. For final Clinical Placement an External Examiner (Certified Clinical Psychologist) to be engaged for their Clinical Reports, Evaluations and Viva Voce.

4.5 In the event when the Clinical Psychologist is seriously dissatisfied with the trainee's performance, he/she should formally write to the administrative head of the institute about what exactly is the student/ trainee presenting with within a month.

4.6 Clinical Psychologists should remain perceptive of their personal values, beliefs and experiences which might affect their interactions with others and strive to maintain justice and technical neutrality while performing their functions as practitioners, educators or researchers.

4.7 Clinical Psychologists recognize the limits of their expertise and education and establish their services in the areas which they are deemed eligible of by the laws of the state or of the approving body of the profession.

5. RESPONSIBILITY OF THE CLINICAL PSYCHOLOGIST

Clinical Psychologists value their responsibilities to clients, to the general public, and to the profession and science of Psychology, including the avoidance of harm and the prevention of misuse or abuse of their contributions to society.

5.1 They remain conscious of any factors that might adversely affect their professional judgment and/or functioning e.g. divorce, illness or a major loss, and obtain professional advice for the continuation, imitation, suspension or termination of the services that they are providing.

5.2 They promote accountability and accept responsibility for their professional decisions and for the probable consequences of their professional behavior and strive to ensure that psychological knowledge or services are not being misused for causing coercion, harm, or any other infringement of human right.

5.3 They protect the client's interest at all times and engage in fair procedures regarding contractual agreements and decisions for the functions being carried out, be it related to clinical practice, research or any other professional activity.

5.4 They take reasonable measures to establish appropriate professional boundaries with their clients and colleagues and to maintain their credibility and wellbeing.

5.5 They remain honest and accurate about representing their qualifications, training and professional expertise and in reporting their findings by avoiding distortions, exaggerations and presenting opinions.

5.6 They do not involve in personal relations such as marriage/social/financial with the clients while they are going through therapeutic process. They can enter into a social relationship only after 3 years have lapsed since the termination of the therapeutic process.

5.7 Trainee's therapeutic session should not be utilized for personal agendas or work for example satisfaction of sexual desires or personal monetary benefits.

5.8 The attire of a Clinical Psychologist should be completely professional and in accordance with the cultural and social norms. Over-dressing or under-dressing to be strongly discouraged.

5.10 Clinical Psychologists assess themselves throughout their professional careers as a component of general risk management. It is pertinent that they reevaluate themselves more frequently and intensely during times of stress.

6. SERVICES PROVISION

6.1 A Client has the right to know about the nature of treatment including possible fee, duration, and most importantly what actually the activity of Clinical Psychologist is going to be (including but not limited to diagnosis and psychotherapy only).

6.2 At the outset of the professional services, a Clinical Psychologist negotiates with the client to mutually select the therapeutic goals.

6.3 Clinical Psychologists provide professional services only when they are needed and ensure the value of their professional services.

6.4 A Clinical Psychologist applies professional services only if he/she has good command over them and has already established competency through supervised training; these services have to be culturally and socially acceptable and outcome oriented.

6.5 A Clinical Psychologist must monitor, review, and evaluate the effectiveness of new professional services and should modify them on the basis of empirical findings, keeping in consideration the Pakistani culture and social norms.

6.6 Professional services must target the mutually selected objectives.

6.7 Professional services can be given on the request of the treatment sponsoring organization, including but not limited to, law enforcement agencies and judiciary.

6.8 After divorce, if the custody of a child is with one parent then the psycho-diagnostician cannot give report to the other parent or give information about the problem of the child, unless consent is taken from the custodian parent or when court of law demands the report be provided to the non-custodial parent.

6.9 A Clinical Psychologist after listening to the problem about family/marital discord cannot give a negative report about a custodian parent and the custodian parent's family on the verbatim of the non-custodial parent as the non-custodial parent might be giving negative report so as to get the custody of that child.

6.10 The right of access to confidential information regarding the clients and their treatment should be provided to the source that is retaining/ paying for the treatment e.g., an organization, such as school/university, workplace (as part of employee services), judicial organization etc. In such cases the institution that has retained the therapeutic services may be provided with a progress note etc.

6.11 A Clinical Psychologist should be flexible in application of Psychological Interventions, which can be in accordance with the needs of client and nature of the problem. They may not continue with same therapeutic interventions and approaches especially if patient is not benefiting from it.

6.12 A Clinical Psychologist may refer the case to another therapist/ medical doctor / specialist, if it is clear that the problem of the patient is not psychological and is purely physical in nature or not within the domain of expertise of the Clinical Psychologist.

6.13 A Clinical Psychologist may wisely and appropriately refer the case to another therapist of government sector, if the therapist realizes that client would not be able to pay his/her private fees.

6.14 A Clinical Psychologist may not issue old report to other specialist because the validity of psychological report is for short duration. A report on the psychiatric status would be considered valid up to 6 months whereas reports on cognitive /ability /personality evaluation would be considered valid up to 2 years, provided there has not been any significant event that may have affected the ability e.g. head injury.

6.15. A client should be allowed to choose a male or female Clinical Psychologist for his/her therapy, with which he/she feels comfortable, due to cultural or personal reasons and clinical psychologist must refer the client to suitable health professional.

6.16 A Clinical Psychologist can also refer the client to another specialty because of a co-existing medical condition.

7. MORAL AND LEGAL STANDARDS

7.1 Clinical Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except those that may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and Clinical Psychologists.

7.2 Clinical Psychologists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may be a source of offence, they recognize and respect the diverse attitudes that students/ trainee may have toward such material.

7.3 Clinical Psychologists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions.

7.4 In their professional roles, Clinical Psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their professional actions.

7.5 As practitioners and researchers, Clinical Psychologist act in accord with Association standards and guidelines related to practice and to the conduct of researcher with human beings.

7.6 In the ordinary course of events, Clinical Psychologists adhere to relevant governmental laws and institutional regulations. When Federal, State, Provincial, Organizational, or Institutional laws/regulations/or practices are in conflict with PACP's standards and guidelines, Clinical Psychologists make known their commitment to Association standards and guidelines and, where ever possible, work towards a resolution of the conflict. Both practitioners and

researchers are concerned with the development of such legal and quasi legal regulation to best serve the public interest, and they work toward changing existing regulation that is not beneficial to the public interest.

7.7 Clinical Psychologists needs to be aware of the legal formalities of the region/city before getting involved in any such endeavors that may involve litigation issues like custody rights, testimonial assessment etc.

Regarding legal issues, Clinical Psychologists provide need based expert opinions based on the latest assessment findings through standardized psychological instruments, clinical observation, and in-depth interview.

7.8 A Pilot Study is a prerequisite to evaluate the effectiveness of any new professional service that might adversely affect the clients/subjects in any way; it should be interrupted or terminated when it proves ineffective or more harmful than beneficial.

8. PUBLIC STATEMENTS

Public statements, announcements of services, advertising, and promotional activities of Clinical Psychologists serve the purpose of helping the public make informal judgments and choices. Clinical Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organizations with which the statements may be associated.

8.1 When announcing or advertising professional services, a Clinical Psychologist may list the following information to describe the provider and service providers: name, highest relevant academic degree earned from an accredited institution, date, type, and level of certification or licensure.

8.2 In announcing and advertising the availability of psychological products, publications or services, Clinical Psychologists do not present their affiliation with any organization in a manner that falsely implies sponsorship or certification by that organization.

8.3 Clinical Psychologists do not compensate or give anything of value to a representative of the press, radio, TV, or other communication medium in anticipation of or in return of professional publicity in a news item.

8.4 Announcement or advertisement of "personal growth groups" clinics, and agency give a clear statement of purpose and clear description of the experiences to be provided: the education, training and experience of the training staff members are appropriately specified.

8.5 Clinical Psychologists associated with the development or promotion of psychological devices, books, or other products offered for commercial sale should make reasonable efforts to ensure that announcement and advertisement are presented in a professional, scientifically acceptable, and factually informative manner.

8.6 Clinical Psychologists present the science of psychology and offer their services, products and publication fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration or superficiality. Clinical Psychologists are guided by the primary obligation to aid the public in developing informed judgments, opinions and choices.

8.7 Clinical Psychologists ensure that statements in catalogues and course outlines are accurate and not misleading, particularly in terms of subject matter to be covered, basis for evaluating progress, and the nature of course experiences.

8.8 Announcements, brochures, or advertisements describing workshops, seminars, or other educational programs accurately

describe the audiences for which the program is intended as well as eligibility requirements, educational objectives, and nature of the materials to be covered.

8.9 Public announcements or advertisements soliciting research participants in which clinical services or other professional services are offered as an inducement make clear the nature of the services as well as the costs and other obligations to be accepted by participants during research.

8.10 A Clinical Psychologist accepts the obligations to correct others who represent the Clinical Psychologist's qualifications, or associations with products or services, in a manner incompatible with these guidelines.

8.11 Individual diagnostic and therapeutic services are provided only in the context of a professional psychological relationship. When personal advice is given by means of public lectures or demonstrations, newspaper or magazine articles, radio or TV programs, mail, or similar media, the Clinical Psychologist utilizes the most current relevant data and exercises the highest level of professional judgment.

9. WELFARE OF THE CONSUMER

Clinical Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and Clinical Psychologists' employing institutions, Clinical Psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments.

9.1 Clinical psychologists fully inform consumers the purpose and nature of an evaluative, treatment, educational, or training procedure.

9.2 Clinical Psychologists are continually cognizant of their own needs and of their potentially influential position. They avoid exploiting the

trust and dependency of persons such as clients, students, and subordinates.

Clinical Psychologists make every effort to avoid dual relationship that could impair professional judgment or increase the risk of exploitation.

9.3 When a Clinical Psychologist agrees to provide services to a client at the request of a third party, the Clinical Psychologist assumes the responsibility of clarifying the nature of the relationship to all parties concerned.

9.4 When the demands of an organization require Clinical Psychologists to violate these ethical principles, Clinical Psychologists clarify the nature of the conflict between the demands and these principles. They must inform all parties of Clinical Psychologists', as an ethical responsibility, to take appropriate action.

9.5 Clinical Psychologists make advance financial arrangements that safeguard the best interest of and are clearly understood by their client. They neither give nor receive any remuneration for referring clients for professional services.

9.6 Clinical Psychologists terminate a clinical or consulting relationship when it is responsibly clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

10. PROFESSIONAL RELATIONSHIPS

Clinical Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and in other professions. They respect the prerogative and obligations of the institutions or the organizations with which their other colleagues are associated.

10.1 Clinical Psychologists understand the areas of competence of related professions. They make full use of all the professional, technical, and administrative resources that serve the best interest of their clients. The absence of formal relationship with professional workers does not relieve Clinical Psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence and tact in obtaining the complimentary or alternative assistance needed by their clients.

10.2 Clinical Psychologists know and take into account the tradition and practices of other professional groups with whom they work and cooperate fully with such groups. If the person is receiving similar services from another professional, Clinical Psychologists do not offer their own services directly to such a person.

10.3 Clinical Psychologists do not exploit their professional relationships with clients, supervisors, students, employees, colleagues and/or research participants sexually or otherwise. Clinical Psychologists do not condone or engage in sexual harassment.

10.4 Any Sexual contact between therapist and client is explicitly prohibited by professional therapy organizations. Therapists' seducing or responding to seductions of a client, both during therapy and after termination of treatment is always wrong.

10.5 When Clinical Psychologists know of an ethical violation by another Clinical Psychologist, and it seems appropriate, they should informally attempt to resolve the issue by bringing the behavior to the attention of the Clinical Psychologist who is engaging in unethical conduct.

10.6 If the misconduct is of a minor nature and/or appears to be due to lack of sensitivity, knowledge, or experience, such an informal solution is usually appropriate. If the violation does not seem amenable to an informal solution, or is of a more serious nature,

Clinical Psychologists should bring it to the attention of the appropriate local, state, and/or national committee on professional ethics and conduct.

10.7 Clinical Psychologists remain careful of not exploiting their relationship or professional authority in their interactions with clients and colleagues to serve their personal vested interest of any kind, such as physical, intellectual, or financial gain, and remain fair and open in their professional practice.

11. ASSESSMENT TECHNIQUES

In the development, publication, and utilization of psychological assessment techniques, Clinical Psychologists make every effort to promote the welfare and best interest of the client. They guard against the misuse of assessment results. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations.

11.1 In using assessment techniques Clinical Psychologists respect the right of clients to have full explanations of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to this right has been agreed upon in advance. When the explanations are to be provided by others, a Clinical Psychologist establishes procedures for ensuring the adequacy of these explanations.

11.2 Clinical Psychologists responsible for the development and standardization of psychological tests and other assessment techniques utilize established scientific procedures and observe the relevant scientific standards.

11.3 While reporting assessment results, Clinical Psychologists indicate any reservations that exist regarding validity or reliability because of the circumstances/context in which the assessment took place or the

inappropriateness of the norms for the person tested. Clinical Psychologists strive to ensure that the results of assessments and their interpretations are not misused by others.

11.4 Clinical Psychologists recognize that assessment results may become obsolete. They make every effort to avoid and prevent the misuse of the obsolete measures.

11.5 Clinical Psychologists offering scoring and interpretations services are able to produce appropriate evidence for the validity of the programs and procedures used in arriving at interpretations.

11.6 Clinical Psychologists do not encourage or promote the use of psychological assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship, or supervisors.

12. ACCEPTANCE OF GIFTS/INVITATIONS

12.1 Clinical Psychologists explain the professional relationship at the very beginning of the therapeutic process when issues of gifts and invitations are clarified.

12.2 Clinical Psychologists do not accept presents (cash, material or/and favors) from the person or any third parties connected to that person, except when the mental health of the person is at stake. The gift can only be in the form of flowers or material provided it is modest and made by the client him or herself at/after the time of termination of therapy.

13. MISCELLANEOUS

A. RESEARCH WORK (WITH HUMAN PARTICIPANTS)

13. A.1 In planning a study, the investigator has the responsibility to make a careful evaluation of its ethical acceptability. If weighing of scientific and human values suggests a compromise of any principle, then the investigator incurs a correspondingly serious obligation to seek ethical advice and to observe stringent safeguards to protect the rights of human participants.

13.A.2 Clinical Psychologists will consider whether a participant in a planned study will be a "subject at risk" or a "subject at a minimal risk", this is a primary ethical concern of the investigator.

13.A.3 Except in minimal-risk research, the investigator establishes a clear and fair agreement with research participants, prior to their participation that clarifies the obligations and responsibilities of each. The investigator has the obligation to honor all promises and commitments included in that agreement.

13.A.4 The investigator informs the participants of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of research about which the participants inquire.

13.A.5 Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and dignity of the research participants e.g. debriefing at the end of the research process.

13.A.6 The investigator respects the individual's freedom to decline to participate or to withdraw from the research at any time. The obligation to protect this freedom requires careful thought and

consideration when the investigator is in the position of authority or influence over the participant.

13.A.7 The investigator protects the participant from physical and mental discomfort, harm, and danger that may arise from research procedures. If risk of such consequences exists, the investigator informs the participant of that fact.

13.A.8 Research procedures likely to produce serious or lasting harm to a participant are not used unless the failure to use these procedures might expose the participant to risk of greater harm, or unless the research has great potential benefit and fully informed and voluntary consent is obtained from each participant.

13.A.9 The participant should be informed of procedures for contacting the investigator within a reasonable time period following participation should stress, potential harm, or related questions or concerns arise.

13.A.10 Where research procedures results in desirable consequences for the individual participant, the investigator has the responsibility to detect and remove or correct these consequences, including long term effects.

13.A.11 A publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognized by joint authorship, with the individual who made the principal contribution list first.

13.A.12 In conducting research in institutions or organizations, Clinical Psychologists secure appropriate authorization to conduct such research.

APPENDIX

The following documents were reviewed to prepare the Ethical Codes for Pakistan Association for Clinical Psychologists (PACP) 2012

1. Code of Ethics by the Australian Psychological Society Ltd. (2007)

2. Code of Professional Ethics by the Psychological Society of Ireland (2003)

3. Minimum Standard of Practices for Clinical Psychologists in Bangladesh by Bangladesh Clinical Psychology Society (2011)

4. Code of Conduct by British Psychological Society (2009)

5. Ethical Principles of Psychologists and Code of Conduct Amended by American Psychological Association (2010)

Pakistan Association Of Clinical Psychologists (PACP)

PAKISTAN ASSOCIATION OF CLINICAL PSYCHOLOGISTS

Centre for Clinical Psychology
University of the Punjab, Lahore. Pakistan

Prepared & Composed by Dr. Nashi Khan, President, PACP, Lahore. Pakistan