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ABSTRACT

Two ethical issues pertinent to applied research are discussed: consent and confidentiality. Informed consent is described as a hallmark of ethical research, whether in the laboratory or the applied setting. The researcher's role is to provide information that any researcher in the same situation would want to know in order to weigh the risks and benefits of participation in the research. Passive consent is considered a common practice in which parents are asked to respond only if they do not want their children to participate in a study. Ethical considerations suggest that passive consent does not meet the requirements of informed consent, but practical considerations mean that a sample acquired only through active consent may not represent the study population adequately. Another issue that is not adequately addressed by American Psychological Association standards is that of confidentiality, especially with regard to minors. Parents may have the right to information about the study participant, and there may be legal reporting requirements to which the researcher must respond. When planning research, it is necessary to anticipate problems like these and plan approaches to minimize them. (SLD)

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Ethical Ambiguities in Applied Research

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Ethical Ambiguities in Applied Research

Professional psychology has recently been called to return to its scientific roots (McFall, 1991; Peterson, 1995). While the American Psychological Association (1992) provides ethical guidelines on the professional activities of psychologists, it has been criticized as providing only minimal standards of conduct for researchers (Sieber, 1992). The present paper addresses two ethical issues pertinent to applied researchers: consent and confidentiality, specifically drawing attention to "murky" aspects of these topics that are not thoroughly addressed in the current ethics code.

Maintaining ethical standards is about making science work for all parties (Sieber, 1992). It is about creating a partnership between researcher and participant in which a mutually respectful win-win relationship is constructed. In order to create such a partnership, we need more than just a moral researcher, someone who cares for his or her participants, and adheres to federal regulations. It requires communication with participants about perceived and actual risks and benefits to all involved. This sort of open partnership between researcher and participant is crucial to successfully conducting research in applied settings such as clinics, schools, and community centers because real world intervention and treatment programs require trust, rapport, and honesty in order to be successful.

A hallmark of ethical research, whether in the lab or applied setting, as well as a first step in establishing communication, is informed consent. It is important to recognize that informed consent is the first step in this relationship; it is not the extent of the relationship. It is a means of protecting the autonomy of participants; their decision must be informed, rational, and voluntary (APA, 1992; Department of Health and Human Services, 1991). By voluntary, it is meant not

coerced. As researchers, we must be aware of the subtle coercion that can occur in applied settings. For example, when deciding whether to engage in research conducted in a clinic setting, clients may be wary of refusing participation under the assumption that it may result in a loss of services; they need to be informed that this is not the case. Researchers in applied settings must be very clear that there are no penalties for nonparticipation (Fisher, 1993).

With regard to the informed requirement of consent, the researcher's role is to provide information that any reasonable person in the same situation would want to know in order to weigh the risks and benefits of participation (APA, 1992). This information must be in a language and terms that participants can understand. The researcher's role involves monitoring comprehension, maintaining a demeanor that engenders rapport and trust in the participant, and being responsive to concerns of participant, thus, illustrating the mutual respect that is crucial to the relationship (Sieber, 1992). As experimenters, we may design informed consent procedures assuming that we are aware of the kinds of information subjects need in order to make a reasoned decision; however, we may not be correct. Sieber (1992) has argued that we should pilot our consent form in the sense that we ask persons similar to the population to run through our procedure and monitor their concerns as well as those that they believe others would have about participation. The results may be quite different than we anticipate and may encourage us to modify our consent procedures.

The final requirement of informed consent is rationality, which refers to the notion that the participant must be capable of weighing risks and benefits and coming to a reasoned decision (APA, 1992; DHHS, 1991); in other words, this is a standard of competency. In recognition of this, research with minors requires parental consent. Parental consent may be obtained directly,

by contacting parents and requesting an answer, regardless of whether that answer is one of acceptance or refusal of participation, or it may be obtained indirectly with the use of passive consent. APA ethical guidelines do not address the use of passive consent.

Passive consent is a common practice in applied research with youth whereby parents are sent letters describing the study and are to respond only if they do not want their child to participate. Passive consent does not respect parental autonomy in that the investigator can never be certain that the failure to respond reflects an informed agreement to allow the child to participate (Fisher, 1993; Kuther, 1997; Sieber, 1992). From an ethical standpoint, passive consent neglects the obligation researchers have to ensure that consent is informed, voluntary, and rational. However, from a scientific standpoint, requiring active consent from parents limits our sample to youth who are in school (and are not truant or drop outs), who bring material home from school for parents to sign, who have parents that read information pertaining to school, and are active in the child's education. When conducting school-based research on risk activities such as substance use and delinquency, the resulting sample from active consent procedures may not be representative of the population we sought to sample. In this respect, we can see that there is sometimes a tension between what science and ethics would advocate.

A second salient issue not adequately addressed by the current APA standards is the role of confidentiality in research. It is a particularly important issue in research with youth in applied settings. Investigators should consider what action they will take, if any, upon encountering a teen in danger (Fisher et al., 1996; Kuther, 1997). For example, suppose a researcher is conducting a study on the development of self-concept and inadvertently discovers that early adolescents within his or her sample are engaging in harmful activities such as high rates of illicit

substance use, delinquent activities, or unsafe sex with multiple partners. What should the researcher do?

There are several options available to researchers confronted with decisions about how to handle participants, particularly minors, in danger; three are: maintaining confidentiality, reporting, and referring the participant to outside sources (Fisher et al., 1996; Kuther, 1997). Maintaining confidentiality, or a no-action stance is common and is supported by APA guidelines, particularly section 5.02, which states that

> Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional scientific relationships. (APA, 1992, p. 1606).

Maintaining confidentiality may be appropriate in the sense that sharing information about minors with parents may, at times, have adverse consequences, especially if the parents react to the disclosure with punitive measures. In addition, acting to assist the participant may threaten the internal validity of a study and jeopardize the trust and participation of other youth.

A second option available in this situation is reporting. Although APA guidelines explicitly state that maintenance of confidentiality is a primary obligation of psychologists, Section 5.05 may support reporting of information obtained in research.

> (a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or

client or others from harm, or (4) to obtain payment for services, in which instances disclosure is limited to the minimum that is necessary to achieve the purpose. (APA, 1992, p. 1606).

In applied research contexts where information suggests delinquent behavior, substance abuse or sexual promiscuity on the part of minors, section 5.05 could be interpreted as encouraging researchers to report the problem to adults who could assist the youths (such as the school psychologist or parents). In some cases, our obligation to protect the immediate welfare of participants may outweigh our obligation to produce scientifically valid results, supporting the reporting of information obtained in research (Fisher, 1993; Fisher et al., 1996). But, the decision to report information should not be taken lightly, especially if error is possible because reporting may have a negative impact upon the youth and his or her family in terms of social stigma and legal consequences. Without carefully considering the evidence and potential consequences of reporting information, researchers are in danger of over-reporting suspected problems in members of vulnerable populations such as inner city minority youth (Scott-Jones, 1994).

A third option, referral, serves as an attempt to balance the teen's right to confidentiality with his or her need for treatment (Brooks-Gunn & Rotheram-Borus, 1994). Provision of a blanket referral could be standard procedure in school-based research; for example, all participants could be provided with a list of local sources of help for common problems. Referral information could be provided for services that adolescents can obtain in normal circumstances without parental consent such as contraception and family planning at a local clinic, or counseling from sources within the school. Nevertheless, the provision of referral information is sometimes not enough to protect the participant; the researcher's obligations may be extended depending

upon the law, the situation at hand and what the he or she deems appropriate.

Unfortunately, there are no easy answers or even any that are appropriate in most instances. As researchers, we should anticipate the need for treatment or intervention and should make provisions for reporting and referring in the initial protocol. In fact, section 5.01 specifically states that:

> (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limits on confidentiality.....and (2) the foreseeable uses of the information generated through their services.(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant. (APA, 1992, p. 1606).

For example, in the consent forms, we might include a statement explaining the possibility of discussing any medical or psychological condition with the school psychologist or a parent (cite)

When planning research, the most important ethical precaution one can take is to thoroughly contemplate one's procedure and take steps to minimize any potential problems. Anticipate the need for treatment or intervention and make provisions for it in the initial protocol. But recognize that we cannot foresee all— be prepared to encounter problems, some of which may be quite surprising. Expect to be surprised, and plan on it! If you are surprised, you might consider discussing the problem and potential solutions with the teen; in fact, research suggests that teens are favorable towards this sort of consultation (Fisher et al., 1996). Finally, communicate with your participants throughout the research process, from informed consent on through the study and afterwards. Despite all the ethical grey areas in applied research, if you

thoroughly think it through and communicate with your participants, viewing them as partners in your research, chances are, the resulting protocol will be satisfactory from both ethical and scientific standpoints.

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