Interventions and Groups

• What are informed consent procedures with parents and students?
• What is the role/responsibilities between the psychologist and parent?
• What is proper ethical practice when implementing interventions?
• How do you work with other services that the client may be also obtaining?
• What must you never do?
• What should be considered when disrupting or terminating a client?
• What problems are there when working with groups?
  – What are confidentiality procedures?
  – What are informed consent procedures?

II and III. Parents ROLE and informed consent

• Explain all services to parents and strive to propose a set of options.
• Discuss recommendations and plans for assisting their children in a clear, understandable manner.
• Give set of alternatives associated with each set of plans.
• Seek to obtain parental support.
• Directly contact parent prior to seeing the child and on an ongoing basis.
• Emergencies and “drop-in” self-referrals require parental notification as soon as possible.
  The age and circumstances under which children may seek services without parental consent varies greatly.
• Continue parental involvement by prompt parent reporting of findings and progress (conforming to the limits of previously determined confidentiality).
• Encourage and promote parental participation in designing services provided to their children by:
  – linking interventions between the school and the home,
  – balancing parental involvement to the skills of the family,
  – helping parents gain the skills needed to help their children.
• Respect the wishes of parents who object to school psychological services
  – attempt to guide parents to alternative community resources.

II B Students (3, 4) (informed consent and voluntary)

Explain important aspects of their professional relationships in a clear, understandable manner that is appropriate to the child’s or other client’s age and ability to understand. The explanation includes the reason why services were requested, who will receive information about the services provided, and the possible outcomes.

When a child initiates services, respect the rights of a child to initiate, participate in, or discontinue services voluntarily (See III-C-2).

When another party initiates services, make every effort to secure voluntary participation of the child.

Discuss recommendations for program changes or additional services with appropriate individuals, including any available alternatives.

Self determination verses welfare of child

10.01 Informed Consent to Therapy

Inform clients as early as is feasible in the therapeutic relationship about:

• nature and anticipated course of therapy
• fees
• involvement of third parties
• limits of confidentiality

When obtaining consent for unestablished techniques/procedures, inform about the:

• developing nature of the treatment
• potential risks involved
• alternative treatments that may be available
• voluntary nature of their participation.

Provide sufficient opportunity for the client/patient to ask questions.

Inform if therapist is a trainee and that the legal responsibility for treatment provided resides with the supervisor (give supervisor’s name).

(Note: no directions on how to document)

IV C Assessment and intervention

Develop interventions that are appropriate to presenting problems and are consistent with data collected.

• Modify or terminate the treatment plan when the data indicate the plan is not achieving the desired goals.
• Use to assist in the promotion of mental health in the children they serve.
• USE counseling and therapy procedures, consultation techniques, and other direct and indirect service methods that the profession considers to be responsible, research-based practice.
• Maintain the highest standard for direct and indirect interventions.
• In providing therapy, counseling, or consultation services, due consideration is given to individual integrity and individual differences.
• Respect differences in age, gender, sexual orientation, and socioeconomic, cultural, and ethnic backgrounds and select and use appropriate treatment procedures.
• Decision-making related to assessment and subsequent interventions is primarily data-based.

IDEA requires use of positive behavioral interventions

Ethical issues:

Setting appropriate goals and replacement behaviors

Most to least acceptable: Differential reinforcement, Extinction, Removal of desirable stimuli (e.g., time out (exclusion)), presentation of aversive stimuli

Psychopharmacological interventions

Physicians make decision to prescribe

Parents must be free to choose or refuse the use of meds without pressure from schools

Need physician-school-parent collaboration for drug treatment
10.09 Interruption of Therapy
When entering into employment or contractual relationships... make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client care in the event that the employment or contractual relationship ends. With paramount consideration given to the welfare of the client.

10.10 Terminating Therapy
Terminate therapy when....
- it becomes reasonably clear that the client no longer needs the service.
- is not likely to benefit.
- is being harmed by continued service.
- when threatened or otherwise endangered by the client or another person with whom the client has a relationship.

Prior to termination psychologists provide pre-termination counseling suggest alternative service providers as appropriate. Except when precluded by the actions of clients or third-party payors.

10.05 Sexual Intimacies With Current Therapy Clients/Patients
DO NOT ENGAGE in this.

10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients
DO NOT ENGAGE in this with individuals they know to be close relatives, guardians, or significant others of current clients.

10.07 Therapy With Former Sexual Partners
DO NOT ACCEPT as therapy clients.

10.08 Sexual Intimacies With Former Therapy Clients/Patients
Do NOT ENGAGE in this for at least two years after cessation or termination of therapy, even after a two-year interval except in the most unusual circumstances.

APA

10.03 Group Therapy
When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

Confidentiality Procedures

Give rationale
Ask for commitment at all times from group members
State limitations
- mandated child/elderly abuse
- duty to warn
- response to court order, answer to unethical/illegal charges in court
Role play situations when students are tempted to break confidentiality and teach how to handle it
Signing a written contract is optional symbolic gesture
Remind periodically and when inadvertent or deliberate infraction occurs
Unchanged from individual limits but more limitations

Group Problems

Confidentiality
Disclosing their issues in front of others
Group support and feedback determined by group member dynamics and compatibility
Less control over events taking place during sessions
Right to refuse may affect others in group
Negative effect of group pressure
Influence of cultural differences
Involuntary participation limitations if need to give information to agency/court
Stating problems and confidentiality limitations may influence sharing
Not considered to be legal privileged information when given in front of a third party for group members and probably leader.
Informed consent procedures

<table>
<thead>
<tr>
<th>Nature &amp; scope of services offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ assessment to be used, purpose and likely outcomes</td>
</tr>
<tr>
<td>✔ treatment goals and procedures</td>
</tr>
<tr>
<td>✔ expected duration</td>
</tr>
<tr>
<td>✔ foreseeable side effects, risks or discomforts</td>
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<tr>
<td>✔ costs if any</td>
</tr>
<tr>
<td>✔ benefits</td>
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<tr>
<td>✔ possible consequences/ outcomes with or without treatment</td>
</tr>
<tr>
<td>✔ alternative treatments/ services</td>
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<tr>
<td>✔ confidentiality issues</td>
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<tr>
<td>✔ your qualifications</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Defined leader &amp; group member roles</th>
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</thead>
<tbody>
<tr>
<td>✔ Positive effects of regular attendance &amp; active involvement</td>
</tr>
<tr>
<td>✔ Right to refuse may affect group</td>
</tr>
<tr>
<td>✔ Effects of group pressure</td>
</tr>
<tr>
<td>✔ Influence of cultural differences</td>
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</tbody>
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