Informed Consent in School Psychology

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The ethical principle of informed consent is a core value of professional psychology. Informed consent is a shared decision-making process in which the psychologist communicates sufficient information to the client(s) so they can make informed decisions about participating in services (Barnett, Wise, Johnson-Greene, & Bucky, 2007). The Canadian Psychological Association (CPA) defines the responsibilities of psychologists to develop and follow procedures for informed consent that are consistent with an individual’s moral rights and the value of respect for the dignity of persons (Sinclair & Pettifor, 2001). In practical terms, psychologists explain the purpose and nature of the service, the reasonably foreseeable benefits and risks, and any alternative courses of action (Truscott & Crook, 2004).

The role of the school psychologist is to provide effective services to help children succeed academically, socially, behaviourally, and emotionally (National Association of School Psychologists [NASP], 2010). School psychologists provide direct services for children, as well as work with parents, educators, and other professionals (NASP, 2010). In order for the school psychologist to deliver the continuum of services, understanding and obtaining informed consent is required. In the school setting there are often challenges for psychologists to ensure informed consent (Jacob-Timm, 1999; Knauss, 2001). Ethical dilemmas can arise from the differing needs of students, parents, teachers, and administrators (Knauss, 2001). The best interests of the child in some situations are different from the best needs of the system (Knauss, 2001). Pressures from administrators, multiple responsibilities between clients and school systems, legal implications, school board policies, limits of confidentiality, confusion about roles and responsibilities, problems with consent forms, and knowing how to ensure client’s understand the information of informed consent are common every day concerns within the school system.
for school psychologists that impact the process of informed consent (Barnett et al., 2007; Jacob-Timm, 1999; Lehr, Lehr, & Sumarah, 2007; Koocher, 2008; Scholten, Pettifor, Norrie, & Cole, 1985; Thielking & Jimerson, 2006). Concerns about client autonomy, the rights of those with responsibilities to the child (parents or guardians), the consideration of mature minors, possible conflicts between schools and families, and particular circumstances of clients such as culture, language, and ability are additional challenges for the school psychologist in ensuring informed consent (Barnett et al., 2007; Jacob-Timm, 1999; Lehr, Lehr, & Sumarah, 2007; Koocher, 2008; Scholten, Pettifor, Norrie, & Cole, 1985; Thielking & Jimerson, 2006). For the purpose of this paper the primary focus is on the role of school psychologists and the ethical standards of informed consent. This paper will discuss the importance of informed consent, review the ethical principles relevant to informed consent related to school psychology, and highlight the professional responsibilities in addressing some real challenges of informed consent using two ethical dilemmas with reference to ethical decision-making and personal values that are involved in resolving the dilemmas.

**Importance of Informed Consent**

Informed consent is widely accepted as an essential aspect of each client’s participation in psychological services (Barnett et al., 2007). School psychologists working within public schools practice within a complex legal and ethical environment in which they have to respect parents’ and students’ rights for informed consent (Doll, Strein, Jacob, & Prasse, 2011; Hesson, Bakal, & Dobson, 1993). School psychologists are ethically and legally bound to begin services only after initiating the process of informed consent (Barnett et al., 2007). It is the responsibility of the school psychologist to be familiar with and follow both legal and professional guidelines. From a legal and ethical standpoint, school psychologists must not simply convey information;
they must ensure the information is understood in order for clients to make decisions (Truscott & Crook, 2004). Signed consent forms do not reflect true informed consent when circumstances change (Truscott & Crook, 2004). Within the school setting where children grow, develop, and change, recognizing that informed consent is a process requires constant attention. From a practical standpoint, school psychologists must include an ongoing discussion with parents and schools regarding services. In addition, school psychologists have ethical obligations to all parties, and must ensure that informed consent is provided for each person and stakeholder (Fisher, 2009). Both children and schools hold rights regarding services and need to be informed in advance about the limits of confidentiality, uses of the information, and rights to consent/refuse services. Informed consent is a part of the process to protect both the individual and the school system. Discussions involving minors can also require significant preparation to fulfill ethical obligations of informed consent to both parents and the minor (Hesson et al., 1993; Fisher, 2009). This is especially salient for adolescents in school systems. Multiple relationships between the school psychologist, the client, and the school call for increased sensitivity in informed consent. It is the ethical and legal duty of the school psychologist to clarify the nature of the relationships, to conduct informed-consent discussions, and to explain any resulting limitations (Fisher, 2009). When informed consent is integrated into the professional relationship from its outset to its completion it encourages collaboration, trust, openness, and respect (Barnett et al., 2007).

**Relevant Ethical Principles**

The requirements of informed consent for school psychologists and counsellors are outlined in professional and provincial codes of ethics. School psychologists must be aware of and follow all relevant codes and legislations that apply to their practice. For the purpose of this
paper these include the Canadian Psychological Association Code of Ethics (2000), the National Association of School Psychologists (2010), and the British Columbia Association of School Psychologists (2010).

Informed consent is the most represented value in the CPA code of ethics, which supports the individual’s right to make decisions about psychological services (Truscott & Crook, 2004). Informed consent is based on the principle of respect for the dignity of the individual (CPA, 2000). The central ingredients in the CPA code of ethics for informed consent are: the purpose and nature of the activity, mutual responsibilities, confidentiality protections and limitations, likely benefits and risks, alternatives, likely consequences of non-action, the option to refuse or withdraw at any time without prejudice, the time period consent applies, and how to rescind consent if desired (CPA, 2000; Truscott & Crook, 2004). Several standards of informed consent require careful consideration in school psychology. Psychological referrals in school settings are often provided through school professionals, and psychologists will need to independently take action to ensure that parents and children (when possible) are actively participating in making decisions and that there is more to the process than just having the consent form sent home to be signed (standards I.16, I.18). The code advises that consent needs to be carried out with persons who are legally responsible to give consent on behalf of individuals who are not competent to consent on their own behalf (standard I.34). In the case of school psychologists this means obtaining consent from parents or legal guardians, and when applicable considering mature minor status (Hesson et al., 1993). Potential problems with consent forms used in the school system involve readability (Barnett et al., 2007). In the school setting the school psychologist needs to be aware of multiple family factors that affect the understanding of written documentation (e.g. consent forms) such as language and cognitive ability and culture of the
parent(s) (standards I.21, I.22, I.23). The diverse nature of the student and family population within Canadian schools is a critical issue for school psychologists in obtaining informed consent. Simply using the school district signed consent form is not ethical. It is necessary for the psychologist to have a discussion with the parents/child in addition to the consent form to ensure a full understanding of all service information and multiple relationships prior to obtaining consent and beginning service (standards I.23, I.24, I.26, III.14). School systems are often not designed to fully support the process of informed consent due to a lack of understanding of ethical responsibilities, time constraints, or system needs. Schools may unintentionally place pressures on a parent to provide consent to obtain services for their child which can interfere with freedom of consent (standards I.27-I.30). School staff may also expect the psychologist to share confidential information regarding a student without understanding the need for informed consent (standard I.45). It is the responsibility of the psychologist to ensure ethical practice in informed consent despite issues present in the school setting.

In line with the CPA code of ethics, both the National Association of School Psychologists (NASP) and the British Columbia Association of School Psychologists (BCASP) have specific guidelines for professional practice in school settings that address informed consent within the value of respecting the dignity of all persons (British Columbia Association of School Psychologists [BCASP], 2010; National Association of School Psychologists [NASP], 2010). Standards specify that school psychologists encourage and promote parental participation in school decisions, and informed consent is a process of reaching an agreement to work collaboratively beyond having a consent form signed (BCASP, 2010; NASP, 2010). Parent consent is required for extensive/ongoing consultation that result in school action that is beyond regular school activities (NASP standard I.1.1), beginning a psychoeducational assessment, or
providing direct service to a student under the legal age (BCASP standard I.1.1.; NASP standard I.1.2.). What is unique to the role of the school psychologist is that consent is not required for classroom observations, regular program educational screenings, review of a student’s educational record, or assistance in within classroom interventions and progress monitoring (BCASP standard I.1.1., NASP standard I.1.1.). Both BCASP and NASP guidelines state that it is ethically permissible to provide psychological assistance without parent notice in emergency situations, or if there is reason to believe that a student may pose a danger to others, is at risk for self-harm, or is in danger of injury, exploitation, or maltreatment (BCASP standard I.1.1., NASP standard I.1.2.). The issue of providing service to mature minors is acknowledged where allowed by provincial law and school district policy (NASP standard I.1.2.). The central ingredients of informed consent within both the BCASP and NASP principles correspond to the CPA code of ethics (purpose, nature, risks, benefits, alternatives, right to refuse, limits, etc.) to ensure that parents or guardians fully understand informed consent (BCASP standard I.1.2., NASP standard I.1.3.). Given the wide variety of the student population in schools explanations and discussions of informed consent take into account language and cultural differences, cognitive capabilities, developmental levels, age, and other relevant factors of the person(s) providing consent (BCASP standard I.1.2., NASP standard I.1.3.). These are crucial considerations for the school psychologist in their communications with parents (Barnett et al., 2007). A more unique aspect in these codes is the recognition of a student’s voluntary participation in school psychology services (assent). School psychologists are required to honour the student’s right to be informed and make choices (where possible) regarding services (BCASP standard I.1.3., NASP standard I.1.4.). As such, school psychologists will have to approach children on a case-by-case basis when considering assent and participation. Beyond
the clients, school psychologists have ethical duties to classrooms, schools, and school systems and confidentiality boundaries that need to be reviewed during the informed consent process (BCASP, 2010; NASP, 2010). A practical tool for school psychologists is the informed consent discussion guide and checklist provided by BCASP that ensures the process meets all ethical guidelines (BCASP, 2010). Discussions between the school psychologist and the parent(s) complement informed consent documents and can be tailored to meet the needs of specific clients. Informed consent is given much attention in the professional and provincial codes of ethics (CPA, BCASP, NASP) to guide ethical practice of psychologists in the school setting, and honours the rights of children and parents while addressing real world concerns.

**Dilemmas**

Two dilemmas have been selected to illustrate how some of the challenges to the process of informed consent can be handled by following ethical standards and practice. The dilemmas highlight conflicts in referrals and role definition responsibilities of school psychologists. The process of resolving the dilemmas involves consultation to relevant codes of ethics, the CPA ten step model of ethical decision-making, professional research, and personal values (Sinclair & Pettifor, 2001). Full details of working through the ten step model are not included within the scope of this paper; however, the discussion will highlight salient points in how it would be integrated into the resolution process.

**Referral Dilemma**

Knauss (2001) notes that one of the most frequent ethical issues for school psychologists involves the process of parental consent and parent involvement, and provides the following ethical dilemma.
A new school psychologist has just been hired by a school district with a significant backlog of referrals for children who need psychological testing. The psychologist’s supervisor has indicated that the purpose of the testing is to obtain much needed services for these children, including special education which could greatly improve their educational progress and satisfaction. In an effort to accomplish the testing as quickly as possible, the supervisor scheduled several children for testing and implied that because this was a part of their educational program, parental consent was not necessary. (pp.232)

Resolution. The general principles at issue in this dilemma are respect for the dignity of persons and responsible caring (CPA, 2000). In approaching this dilemma I would first refer to relevant professional and legal guidelines so that I have a clear understanding of my responsibilities (CPA code of ethics, BCASP principles and standards, and NASP principles for professional practice). I would question what part(s) of the situation honour (or do not honour) the CPA standards of informed consent (e.g. Is the situation a result of a process of reaching an agreement to work collaboratively?). At the provincial level I would review specifically what services require parental consent and if it is applicable to completing psychoeducational assessments (e.g. Does psychological testing used in this situation fall under regular program educational screenings or is it part of extensive consultation?). The argument that the assessment is a part of their educational program would need to be clarified, and what action would be taken as a result of the testing through a discussion with my supervisor. The BCASP and NASP guidelines would provide me the details to then identify which services require consent.

Informed consent in school settings addresses the reasons for assessment, the type of tests and evaluations to be used, what the assessment results will be used for, and who will have access to the results (Knauss, 2001). I would need to evaluate whether these conditions can be met in the
dilemma. In addition, the concept of obtaining assent from the child is a concern. I would then follow the CPA ten step model for ethical decision-making (Sinclair & Pettifor, 2001). In this situation I believe the dilemma arises from conflicting obligations between the potential clients (children) and the needs of the school system. Following the ten step model will help me clarify the issues and responsibilities for each stakeholder. Special consideration needs to be given to protecting the rights of the children (as they are the most vulnerable individuals in this situation). The children need services, but they have the right to informed consent through their parents. Performing services without consent also means that none of the steps to ensure parents fully understand the services (purpose, nature, benefits, risks, alternatives, etc.) is completed and leaves room for future problems. I would need to answer the question, “Does the situation support the principle that school psychologists accept the rights of parents and involve them in making decisions on behalf of their children?” (BCASP, 2010). In addition, consulting the research on informed consent would provide me with support when thinking about how to handle the situation and when communicating with my supervisor. It also may be helpful in this situation to review school board policies, and if necessary take steps to further educate school professionals on ethical informed consent procedures.

**Professional Research and Personal Values.** Psychological assessment is one of the major responsibilities of school psychologists, but it has to be balanced by ensuring that test and assessment procedures are used in ways that protect the rights and promote the well-being of students (Knauss, 2001). When faced with conflicting information it is suggested that professionals err on the side of caution and obtain consent (Hesson et al., 1993). When considering the implications of working with parents and establishing a collaborative relationship it has been shown that professionals who use thorough informed consent procedures...
are rated as more expert and trustworthy (Sullivan, Martin, & Handelsman, 1993). School psychologists need to be sensitive to parents in this process to ensure this collaboration and trust, and I feel it is a primary consideration in this dilemma. Having a background in education allows me to understand the need and potential benefits to having assessments done in a timely manner. I am aware of the benefits of early intervention, and would certainly want to provide services and help for students as soon as possible. However, I have to balance this desire to help while ensuring that parents are involved to foster collaboration in the long term (as long as the child is in school and requires services) and following ethical practice in informed consent. This dilemma illustrates how there can be pressure to put the needs of the ‘agency’ (school) ahead of the rights of the client, and to deliver services in ways that are inconsistent with ethical codes and professional standards (Jacob-Timm, 1999). I recognize that there are problems that are a result of the system (backlog of referrals, lack of clarity on informed consent, pressure from administrators, etc.) that increase the need for services. I feel that the problems cannot be solved by skipping steps in the informed consent process. Even if the supervisor had already obtained consent (oral or written) from the parents I feel it is still my ethical responsibility to have a discussion with the parents regarding the services. In my perspective it would be better to avoid potential problems with parents by obtaining consent.

**Role Definition Dilemma**

Each Thursday morning the psychologist attends an elementary school. One morning on their way to a school team meeting the psychologist met the principal leaving the main office. The principal asked that the psychologist spend some time seeing the 10-year old boy seated in the corner of the entrance foyer. The student had been sent to the office three times in the past week for acting out in the classroom. The principal had run out of
ideas on how to help the teacher and how to discipline the student. (Scholten et al., 1985, pp. 106)

Resolution. The general principles at issue are respect for dignity of persons and responsible caring. The shifting roles of the school psychologist between a direct service provider and a consultant are evident in this dilemma. The school psychologist is being asked to function in traditional form of services as a ‘counsellor’ and as an ‘expert consultant’ without parent’s consent because of the principal’s request (Scholten et al., 1985). A complicating factor in this situation is the immediacy of the concern that does not lend itself to a prolonged thought or decision-making process. I think this highlights the fact that ethical dilemmas sometimes require some form of immediate attention and we as school psychologists may need to be able to provide a temporary solution within our ethical practice boundaries. Having a solid grounding and background knowledge of ethical practice and knowing the range of what I am able to offer in the way of immediate services can be a preventative way to address some dilemmas. This grounding can be established by a comprehensive knowledge of the relevant codes of ethics, and ongoing consultation with other professionals in addressing common ethical dilemmas that occur in school settings. I need to be confident that any alternative option I provide needs to fall within my areas of competence and ethical responsibilities. To address the situation at the moment I could consider and offer some alternatives to providing direct assistance (service) to the child such as consultation with the teacher/principal and some options to consider in problem-solving as they are supported by the BCASP, and NASP ethical principles (Scholten et al., 1985). I would also need to carefully consider my areas of competence (i.e. behaviour disorders and interventions), the assessment and management of risk, and how the situation fits into the range of services that do and do not require parental consent as per the BCASP and NASP ethical
guidelines. I need to be clear on my role definitions and responsibilities. The primary questions in this situation are “Does direct service to the child without consent fall within my ethical roles and responsibilities?”, and “How do I balance the needs of the child and the school?”, and “Is it ethical for me to provide service to the child immediately without obtaining parent consent?”. Another relevant question would be “Are there any risks associated with the child’s behaviour that allow me to ethically provide some immediate assistance?” (e.g. is there reason to believe from his behaviour that there is risk for self-harm or a danger to others). Using the ten step ethical decision-making model would allow me to answer these questions and identify who will be impacted by my decision, what ethical principles are involved, alternatives, and how I can assume responsibility for the decision. After these considerations are made I would be able to determine whether I needed to obtain parental consent, and how to handle further similar situations.

**Professional Research and Personal Values.** Working within the school system has additional complications that involve conflict of interest (Koocher, 2008). This dilemma highlights the multiple roles and responsibilities of the school psychologist. In this case it involves the child requiring services and support, and the principal and teachers who often rely on the professional expertise of the school psychologist in making educational decisions. In addition, the pressure to provide help from the principal would create a personal sense of urgency (to assist) that would have to be balanced with ethical practice which adds to the difficulty of resolving the situation. If the difficulties were presented to the school psychologist during regular duties (such as a school based team meeting) it would be an ‘easier’ situation to be confident that consultation was occurring within ethical boundaries of the school psychologists’ role and responsibilities. I could act as a consultant by agreeing to classroom
observations, talking with the teacher and making problem-solving suggestions without parent consent which complies with both the BCASP and NASP principles. If it was decided to make a further referral from the school based team meeting it would require parent consent. School based team meetings are better set up for following ethical practice in informed consent than acting as an ‘on the spot’ consultant. Discussions about potential conflicts of interest between clients and the school system need to be understood before service begins, along with a discussion about managing any tensions that may arise in these situations (Koocher, 2008). In school systems it is necessary to provide inservice programs that deal with the direct service and consultation roles of the school psychologist (Scholten et al., 1985). These inservice programs may prevent this situation from occurring, and it would be worthwhile for me to include in my future practice. In addition, effective service for young children involves contact and engagement with parents (Koocher, 2008). In this situation I feel it would be important to involve the parents regarding their child’s behaviour, and consent for potential interventions/services to honour their rights to make decisions in their child’s education and foster collaboration between the school and the home.

**Conclusion**

Informed consent is an essential aspect of the practice of school psychology. When done effectively it helps promote the professional-client relationship, autonomy, collaboration, and reduces the likelihood of harm, increases possible benefits, and fosters informed decision-making (Barnett et al., 2007). Psychologists are legally and ethically bound to the process of informed consent. An important addition to the role of school psychologist is to work together with educators to achieve a common understanding of the responsibilities associated with providing services to children and families in school settings (Thielking & Jimerson, 2006). A
number of challenges relevant to informed consent exist for school psychologists (Barnett et al., 2007). Ethical dilemmas involving informed consent arise for a variety of reasons. As the role of the school psychologist encompasses a wide range of services from direct assessment to consultation it requires careful consideration and communication of ethical responsibilities. Reference to the CPA Code of Ethics, and the BCASP and NASP principles helps define the role of the school psychologist, and can be used to educate the profession and the public regarding appropriate professional practices (NASP, 2010). Knowing how to best address the challenges in informed consent as a school psychologist is of great importance in protecting the rights of clients and achieving the best possible outcomes in professional relationships (Barnett et al., 2007). Developing mastery of the systematic ethical decision-making process will allow me to make well-reasoned choices in complex situations (Jacob-Timm, 1999).
References


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