

January 1989

Sociological Practice Association Ethical Standards of Sociological Practitioners

Sociological Practice Editors

Follow this and additional works at: <http://digitalcommons.wayne.edu/socprac>



Part of the [Sociology Commons](#)

Recommended Citation

Editors, Sociological Practice (1989) "Sociological Practice Association Ethical Standards of Sociological Practitioners," *Sociological Practice*: Vol. 7: Iss. 1, Article 22.

Available at: <http://digitalcommons.wayne.edu/socprac/vol7/iss1/22>

This Article is brought to you for free and open access by the Open Access Journals at DigitalCommons@WayneState. It has been accepted for inclusion in Sociological Practice by an authorized administrator of DigitalCommons@WayneState.

Sociological Practice Association Ethical Standards of Sociological Practitioners

Preamble

Clinical and applied sociologists respect the dignity and worth of the individual and honor the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behavior and of peoples' understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. While pursuing these endeavors, they make every effort to protect the welfare of those who seek their services or of any human group, or animal(s) that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and communication, clinical and applied sociologists accept the responsibility this freedom requires: competence, objectivity in the application of skills and concern for the best interests of clients, colleagues, and society in general. In the pursuit of these ideals, clinical and applied sociologists subscribe to the following principles: (1) Responsibility, (2) Competence, (3) Moral and Legal Standards, (4) Public Statements, (5) Confidentiality, (6) Welfare of the Student, Client and Research Subject, and (7) Regard for Professionals and Institutions.

Principle 1

Responsibility

In their commitment to the understanding of human behavior, clinical and applied sociologists value objectivity and integrity, and in providing services

The model for this draft is the 1977 APA approved Ethical Standards of Psychologists: adopted September 1982, revised August 1985, revised June 1987.

they maintain the highest standards of their profession. They accept responsibility for the consequences of their work and make every effort to insure that their services are used appropriately. The clinical or applied sociologist is committed to avoid any act or suggestion that would support or advance racism, sexism or ageism.

- a. *As scientists*, clinical and applied sociologists accept the ultimate responsibility for selecting appropriate areas and methods most relevant to these areas. They plan their research in ways to minimize the possibility that their findings will be misleading. They provide thorough discussion of the limitations of their data and alternative explanations, especially where their work touches on social policy or might be construed to the detriment of persons in specific age, sex, ethnic, socioeconomic or other social groups. In publishing reports of their work, they never suppress discomfoming data. Clinical and applied sociologists take credit only for the work they have actually done.

Clinical and applied sociologists clarify in advance with all appropriate persons or agencies the expectations for sharing and utilizing research data. They avoid dual relationships which may limit objectivity, whether political or monetary, so that interference with data, human participants, and milieu is kept to a minimum.

- b. *As employees* of an institution or agency, clinical and applied sociologists have the responsibility of remaining alert to and attempting to moderate institutional pressures that may distort reports of clinical or applied sociological findings or impede their proper use.
- c. *As teachers*, clinical and applied sociologists recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship and objectivity by presenting information fully and accurately.
- d. *As practitioners*, clinical and applied sociologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations or pressures that might lead to misuse of their influence.
- e. *As employers or supervisors*, clinical and applied sociologists provide adequate and timely evaluations to employees, trainees, students, and others whose work they supervise.

Principle 2

Competence

The maintenance of high standards of professional competence is a responsibility shared by all clinical and applied sociologists in the interest of the public and the profession as a whole. Clinical and applied sociologists recognize the boundaries of their competence and the limitations of their techniques and only provide services, use techniques, or offer opinions as professionals that meet recognized standards. Clinical and applied sociologists maintain knowledge of current scientific and professional information related to the services they render.

- a. *Teaching.* Clinical and applied sociologists perform their duties on the basis of careful preparation so that their instruction is accurate, current and scholarly.
- b. *Professional Development.* Clinical and applied sociologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time. They recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. Where relevant, they obtain training, experience, or counsel to assure competent services or research relating to such persons.
- c. *Professional Effectiveness.* Clinical and applied sociologists recognize that their effectiveness depends in part upon their ability to maintain effective interpersonal relations, and that aberrations on their part may interfere with their abilities. They refrain from undertaking any activity in which their personal problems are likely to lead to inadequate professional services or harm to a client; or, if engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate or limit the scope of their professional and/or scientific activities.

Principle 3

Moral and Legal Standards

Clinical and applied sociologists' moral, ethical and legal standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities, or reduce the trust in clinical or applied sociology or clinical

or applied sociologists held by the general public. Regarding their own behavior, clinical and applied sociologists should be aware of the prevailing community standards and of the possible impact upon the quality of professional services provided by their conformity to or deviation from these standards.

- a. *As teachers*, clinical and applied sociologists are aware of the diverse backgrounds of students and, when dealing with topics that may give offense, treat the material objectively and present it in a manner for which the student is prepared.
- b. *As employees*, clinical and applied sociologists refuse to participate in practices inconsistent with legal, moral and ethical standards regarding the treatment of employees or of the public. For example, clinical and applied sociologists will not condone practices that are inhumane or that result in illegal or otherwise unjustifiable discrimination on the basis of race, age, sex, religion, national origin, sexual orientation or disability in hiring, promotion or training.
- c. *As practitioners*, clinical and applied sociologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.
- d. *Both as practitioners and researchers*, clinical and applied sociologists remain abreast of relevant federal, state, local and agency regulations and Association standards of practice concerning the conduct of their practice or of their research. They are concerned with developing such legal and quasi-legal regulations as best serve the public interest and in changing such existing regulations as are not beneficial to the interest of the public.

Principle 4

Public Statements

Public statements, announcements of services, and promotional activities of clinical and applied sociologists serve the purpose of providing sufficient information to aid the consumer public in making informed judgments and choices. Clinical and applied sociologists represent accurately and completely their professional qualifications, affiliations and functions, as well as those of the institutions or organizations with which they or the statements may be associated. In public statements, providing sociological information or professional opinions or providing information about the availability of sociological products and services, clinical and applied sociologists take full account of the limits and uncertainties of present sociological knowledge and techniques.

- a. *Announcement of Professional Services.* Normally, such announcements are limited to name, academic degrees, credentials, address and telephone number and, at the individual practitioner's discretion, an appropriate brief listing of the types of services offered, and fee information. Such statements are descriptive of services provided but not evaluative. They do not claim uniqueness of skills or methods unless determined by acceptable and public scientific evidence.
- b. In announcing the availability of clinical or applied sociological services or products, clinical or applied sociologists do not display any affiliations with an organization in a manner that falsely implies the sponsorship or certification of that organization. In particular and for example, clinical and applied sociologists do not offer SPA membership as evidence of qualification. They do not name their employer or professional associations unless the services are in fact to be provided by or under the responsible, direct supervision and continuing control of such organizations or agencies.
- c. Announcements of training activities give a clear statement of purpose and the nature of the experiences to be provided. The education, training and experience of the clinical or applied sociologists sponsoring such activities are appropriately specified.
- d. Clinical and applied sociologists associated with the development or promotion of devices, books or other products offered for commercial sale make every effort to insure that announcements and advertisements are presented in a professional, scientifically acceptable, and factually informative manner.
- e. Clinical and applied sociologists do not participate as clinical or applied sociologists for personal gain in commercial announcements recommending to the general public the purchase or use of any proprietary or single-source product or service.
- f. Clinical and applied sociologists who interpret the science of sociology or the services of clinical or applied sociologists to the general public accept the obligation to present the material fairly and accurately avoiding misrepresentation through sensationalism, exaggeration or superficiality. Clinical and applied sociologists are guided by the primary obligation to aid the public in forming their own informed judgments, opinions and choices.
- g. As teachers, clinical and applied sociologists insure that statements in catalogs and course outlines are accurate and sufficient, particularly in terms of subject matter to be covered, bases for evaluating progress, and nature of course experiences. Announcements or brochures describing workshops, seminars, or other educational programs accurately represent intended audience and eligibility requirements, educational

objectives, and nature of the material to be covered, as well as the education, training and experience of the clinical or applied sociologists presenting the programs, and 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 the human participants in the research.

- h. Clinical and applied sociologists accept the obligation to correct others who represent the clinical and applied sociologist's professional qualifications or associations with products or services in a manner incompatible with these guidelines.

Principle 5

Confidentiality

Safeguarding information about an individual or group that has been obtained by the clinical or applied sociologist in the course of teaching, practice, or research, is a primary obligation of the sociologist. Such information is not communicated to others unless certain important conditions are met.

- a. Information received in confidence is revealed only after most careful deliberation and when there is clear and imminent danger to an individual or to society, and then only to appropriate professional workers or public authorities.
- b. Information obtained in clinical or consulting relationships, or evaluative data concerning children, students, employees, and others are discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation and every effort is made to avoid undue invasion of privacy.
- c. Confidential materials may be used in classroom teaching and writing only when the identity of the persons involved is adequately disguised.
- d. The confidentiality of professional communications about individuals is maintained. Only when the originator and other persons involved give their express permission is a confidential professional communication shown to the individual concerned. The clinical or applied sociologist is responsible for informing the client of the limits of the confidentiality.
- e. Where research data are being made public, the clinical or applied sociologist assumes responsibility for protecting the privacy of the subjects involved if confidentiality has been promised or called for by the nature of the research.

Principle 6

Welfare of the Student, Client and Research Participant

Clinical and applied sociologists respect the integrity and protect the welfare of the people and groups with whom they work. When there is a conflict of interest between the client and the clinical or applied sociologist's employing institution, clinical and applied sociologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments. Clinical and applied sociologists inform consumers as to the purpose and nature of evaluation, treatment, educational or training procedures and they freely acknowledge that clients, students or participants in research have freedom of choice with regard to participation.

- a. Clinical and applied sociologists are continually cognizant of their own needs and of their inherently powerful position vis-a-vis clients, students and research participants, in order to avoid exploiting their trust and dependency. Clinical and applied sociologists make every effort to avoid dual relationships with clients and/or relationships which might impair their professional judgment. Examples of such dual relationships include treating employees, supervisors, close friends or relatives. Special care is taken to ensure that clients, students and research participants are not exploited in any manner, e.g., sexually, politically, economically, emotionally or socially.
- b. Where demands of an organization on clinical or applied sociologists go beyond reasonable conditions of employment, clinical and applied sociologists recognize possible conflicts of interest that may arise. When such conflicts occur, clinical and applied sociologists clarify the nature of the conflict and inform all parties of the nature and direction of the loyalties and responsibilities involved.
- c. When acting as a supervisor, trainer, researcher, or employer, clinical and applied sociologists accord informed choice, confidentiality, due process, and protection from physical and mental harm to their subordinates in such relationships.
- d. Financial arrangements in professional practice are in accord with professional standards that safeguard the best interests of the client and that are clearly understood by the client in advance of billing. Clinical and applied sociologists are responsible for assisting clients in finding needed services in those instances where payment of the usual fee would be a hardship. No commission, rebate, or other form of remuneration may be given or received for referral of clients for professional services, whether by an individual or by an agency. Clinical and

applied sociologists willingly contribute a portion of their services to work for which they receive little or no financial return.

- e. The clinical or applied sociologist attempts to terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. Clinical and applied sociologists who find that their services are being used by employers in a way that is not beneficial to the participants or to employees who may be affected, or to significant others, have the responsibility to make their observations known to the parties involved and to propose modifications or termination of the engagement.

Principle 7

Relationships with Professionals and Institutions

Clinical and applied sociologists act with due regard for the needs, special competencies and obligations of their colleagues in sociology, other professions, and the institutions or organizations with which they are associated. Special care is taken to insure that colleagues are not exploited in any manner, e.g., sexually, politically, economically, emotionally or socially.

- a. Clinical and applied sociologists understand the areas of competence of related professions, and make full use of all the professional, technical, and administrative resources that best serve the interest of consumers. The absence of formal relationships with other professional workers does not relieve clinical or applied sociologists from the responsibility of securing for their clients the best possible professional service, nor does it relieve them from the exercise of foresight, diligence, and tact in obtaining the complimentary or alternative assistance needed by clients.
- b. Clinical and applied sociologists respect other professional groups and cooperate with members of such groups.
- c. Clinical and applied sociologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate their further professional development by providing suitable working conditions, consultation and experience opportunities.
- d. As employees of organizations providing clinical or applied sociological services, or as independent clinical or applied sociologists serving clients in an organizational context, clinical and applied sociologists seek to support the integrity, reputation and proprietary rights of the host organization. When it is judged necessary in a client's interest to question the organization's programs or policies, clinical and applied

sociologists attempt to affect change by constructive action within the organization before disclosing confidential information acquired in their professional roles.

- e. In the pursuit of research, clinical and applied sociologists give sponsoring agencies, host institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. They are aware of their obligation to future research workers and insure that host institutions are given adequate information about the research and proper acknowledgment of their contributions.
- f. Publication credit is assigned to all those who have contributed to a publication in proportion to their contributions. Major contributions of a professional character made by several persons to a common project are recognized by joint authorship, with the researcher or author who made the principle contribution identified and listed first. Minor contributions of a professional character, extensive clerical or similar non-professional assistance, and other minor contributions are acknowledged in footnotes or in an introductory statement. Acknowledgment through specific citations is made for unpublished, as well as published material that has directly influenced the research or writing. A clinical or applied sociologist who compiles and edits material of others for publication publishes the material in the name of the originating group, if any, and with his/her own name appearing as chairperson or editor. All contributions are to be acknowledged and named.

Violations

Procedures Governing Alleged Violations of Ethical Standards

When a clinical or applied sociologist, who is a member of the Sociological Practice Association, violates ethical standards, clinical and applied sociologists who know first-hand of such activities should, if possible, attempt to rectify the situation. Failing an informal solution, clinical and applied sociologists bring such unethical activities to the attention of the Chair of the Ethics Committee. The Ethics Committee will consider the matter and the Chair of the Ethics Committee will forward the recommendation of the Committee to the Executive Board of the Sociological Practice Association for disposition.