

# ARTICLE REVIEW: “Increasingly Informed Consent: Discussing Distinct Aspects of Psychotherapy at Different Points in Time”

In the article, “Increasingly Informed Consent: Discussing Distinct Aspects of Psychotherapy at Different Points in Time” Pomerantz provides a discussion for a study, which was conducted on a group of licensed psychologists regarding the earliest possible point at which psychologists can provide information concerning specific aspects of psychotherapy. The rationale of Pomerantz’s study was based on the ethical obligation of psychologists to obtain informed consent to psychotherapy “as early as is feasible” (p. 351). According to Pomerantz, there are different topics that should be addressed concerning obtaining informed consent. They include, “information that may be immediately and uniformly applicable to most clients via policy or rule, as well as information that is not immediately presentable because it varies widely across clients or emerges over time” (Pomerantz, 2005, p.351).

In the article, Pomerantz points section 10.01a of the psychologists ethical standards, which states that when obtaining informed consent from their patients/clients, psychologists should inform them as early as is possible about the nature, the expected course of the therapy, costs involved, involvement of third parties, and limitations to patient/clients’ medical information. Section 10.01a of the ethical standards also points that psychologists should give their patient/clients an opportunity to ask questions regarding informed consent and get valid answers from

the psychologists. Pomerantz also refers to section 10.01b of the ethical standards, which states that in some treatments, psychologists should explain to their clients about the possible risks involved, the available methods of treatment, and the nature of each treatment. Further, Pomerantz refers to section 10.01c, which states that psychologists, who are trainee/interns, should inform their patients that they are mere trainees, and provide the patients with their supervisor's name.

By referring to the aforementioned sections of the ethical standards, Pomerantz provides a basis for obtaining informed consent by psychologists from their patients as early as is possible. Therefore, when obtaining informed consent, psychologists should ensure that they fulfill the requirements of the sections outlined above. Section 10.01a is important because it allows psychologists to obtain informed consent from their patients during the appropriate time. The phrase "as early as is feasible" implies that when it is not possible to obtain an informed consent from a client during the first patient-therapist meeting, the psychologists can always obtain the consent once the patient understands the entire therapeutic process. In fact, Pomerantz states that many authors advocate for a continuous process of obtaining informed consent from patients. That is, psychologists should obtain numerous informed consents from their patients as certain events concerning their patients' conditions occur.

In my opinion, continuous acquisition of informed consent from a patient during a therapeutic process is very important because it assists psychologists from facing the risk of litigation or disciplinary measures by the medical practitioners board due to failure to obtain and/or disclose the necessary information while administering psychotherapy.

Ongoing process of obtaining informed consent from patients assists psychologists to include information about a patient or about the therapy procedure as it emerges over time. Therefore, informed consents obtained from patients by their psychologists are always up to date.

Section 10.01a of the ethical standards is consistent with what we learnt in class. That is, it is important for a psychologist to give a patient an opportunity to ask questions and get valid answers concerning informed consent. In class, we learnt that making of an informed consent, or providing a psychologist with information deemed necessary for making an informed consent should be a voluntary thing, and the decision should be dependent on the patient/client. Therefore, by allowing a patient to ask questions and providing his/her with valid answers, a psychologist ensures that a patient has the necessary information to help his/her make an independent informed consent or provide the psychologist with information for making informed consent. Besides, a psychologist should not interfere with the independence of a patient when making an informed consent.

The aim of Pomerantz's study was to "investigate the timing of the discussion of particular pieces of information in the psychotherapy informed consent process" (p. 353). Pomerantz used survey method to obtain data for achieving the objective of the study. Online questionnaires were distributed randomly to 400 licensed psychologists in Missouri where by only 130 questionnaires were returned. However, only 100 (27.25 percent) questionnaires were used to obtain the required data since the others did not meet the requirements of the study. The participants in this study were made of 61 percent women

and 39 percent men all with a mean age of 51 years.

Questionnaires used in the study were derived from section 10.01a of the ethical standards of psychologists. Some of the questions included in the questionnaire include questions concerning giving patients the opportunity to ask questions and receive valid answers during the information consent process, increased practicality of asking actual questions to patients rather than considering abstract psychotherapy issues, and demographic data. The participants were to provide their responses to the 21 questions in the questionnaire using a scale provided in the questionnaire.

In my opinion, the method used by Pomerantz was appropriate for the study first because, the sample was randomly selected; random sample selection ensures homogeneity of the sample and avoids biasness, and secondly, because the participants were provided with clear instructions concerning how to fill the questionnaire (the procedure was provided). However, the data obtained from the questionnaires was likely to provide non-valid information due to the low number of participants who returned the questionnaires. Given that 400 questionnaires were randomly distributed, a return of on 139 questionnaires was too low to make an accurate analysis of the findings. Nevertheless, the data was analyzed and presented in descriptive statistics. The results indicate that many psychologists agreed that it is not possible to obtain an informed consent during the first meeting with a patient. Many of them indicated that the earliest possible time for a psychologist to obtain an informed consent is after the end of the second meeting with a patient.

From the article, I have learnt that the process of obtaining an informed consent from a patient is an ongoing process. For psychologists to be able to undertake their responsibilities without risks of contravening ethical standards or rules and policies, which regulate medical professionals, they should ensure that they obtain ongoing informed consents from their patients as various events or occurrences emerge during the therapeutic process. As opposed to event model of obtaining informed consent, ongoing model assists patients to “become increasingly informed about their therapy as it progresses” (Pomerantz, 2005, p. 356).

I have also learnt that a psychologist may require at least one full session with a patient, in order for him/her to feel comfortable discussing various issues of the concerned therapeutic procedure. Such issues include length of the therapeutic procedure, fees, limitations to confidentiality, and supervision status. In addition, I have learnt that a psychologist requires at least a full psychotherapy session with a patient in order to understand some of the aspects, which surround the therapy: risks involved, treatment alternatives that are available, frequency of therapy sessions, and the goals of the entire procedure. Besides, I have learnt that the duration of psychotherapy sessions depend on the patient's initial attempts to obtain treatment, the present problem, and the patient's response after the first psychotherapy session.