

# The Ethics of Psychology in the Media: Print, Internet, and TV

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Moderator

# Disclaimer

I have no conflicts of interest to disclose and have not received any funding from any commercial entities that may be mentioned or discussed in this presentation.

All information and opinions shared are those of the presenter only.

# The Ethics of Psychology in the Media: Print, Internet, and TV

Ethics Issues in Interacting with the Media

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## Uses of the Media by Mental Health Professionals

- To inform the public
- To enhance the image and reputation of your profession
- To clarify misconceptions of mental health and health issues
- To promote your practice?

# Types of Media Interactions

- Writing an ongoing column for a newspaper
- Hosting an ongoing blog on the Internet
- Hosting a call-in show
- Pitching topics to journalists and interviewers
- Invited or planned interviews for newspapers or magazines, for blogs or podcasts, for radio, or for television
- Unplanned or ambush interviews

# Responding to Interview Requests

- Understand the interviewer's motivations, goals, and needs
- Be cautious about pitfalls that await the unwary media expert
- Have realistic expectations and determine if it is appropriate to participate
- Clarify it is news, education, advertising, or entertainment

# Practical Considerations

- Dealing with tight time demands and taking adequate time to prepare and to consult with colleagues and/or do needed research
- Find out the setting and the medium to be used – recorded, live, call-in, etc.
- Can you get a list of questions in advance to prepare?
- How much control can you have over the final product?
- Do you possess the professional competence to participate in the interview?
- Learning when to say “no”.

# Practical Considerations (cont.)

- How to prepare yourself
- Deciding what you can and cannot do
- Saying what you want to share vs. answering the specific questions asked
- Not being pushed beyond the data or beyond your expertise or competence
- Providing general information, stating the limits of what you can and cannot say, what the data support, and what is beyond your expertise

# Ethics Issues

- Confidentiality Issues
- Informed Consent
- Conflicts of Interest
- Avoiding Harm
- Competence
- Overarching principles of ethics

# General Principles

- Beneficence and Nonmaleficence
- Fidelity and Responsibility
- Integrity
- Justice
- Respect for People's Rights and Dignity

# Informed Consent

- What is informed consent?
- What are its goals?
- Can consent be given voluntarily?
- Is there undue influence or a conflict of interest?
- Are you exercising undue influence?
- Can the client reasonably say “no”?
- Whose needs are being met? Considering short and long term effects on clients. Considering the needs of vulnerable clients.

# Confidentiality

- Addressing this through informed consent.
- **4.01 Maintaining Confidentiality**  
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship (APA Ethics Code, 2010, p. 7).

# Disclosures

- **4.05 Disclosures**

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law (APA Ethics Code, 2010, p. 7).

## Disclosures (cont.)

- **4.07 Use of Confidential Information for Didactic or Other Purposes**

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

# Media Presentations

- Requests to provide client information, to be interviewed with a client, to be recorded providing treatment to a client, etc., to ‘bring the story to life’ and to help illustrate points you are making

# Media Presentations

- **5.04 Media Presentations**

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard [2.04, Bases for Scientific and Professional Judgments.](#))

# Public Statements

- Making statements about individuals you have not personally evaluated or treated; public figures, individuals in the news, etc.  
(See Standard 5.01 Avoidance of False or Deceptive Statements and Standard 2.04 Bases for Scientific and Professional Judgments). Being aware of how the public views us and the significant influence we may have.

# Competence

- General competence vs. specialty competence
- Clinical competence issues
- Competence in interacting with the media (media psychology)
- Get media training, learn how to effectively interact with the media, and how to present yourself well.

# The Nuts and Bolts of Media Involvement

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Psychology doctoral candidate

Loyola university Maryland

# Responding to the Interview Request

- Decision-making model
  - How do you decide when to say yes?
    - Three factors to consider
      - Competence – are you competent in the requested area (research and clinical experience)?
      - Time constraints – do you have sufficient time to review the literature, gain background on the relevant players, and gather your thoughts on the topic?
      - Control over final product – do you have the ability to review and edit the broadcast or interview before it is published?

# What Next?

- Once you have decided to accept the request, there are a number of other factors to consider:
  - All media
    - What are the interviewer's motivations, goals and needs?
      - What is his/her background (aka, how psych savvy are they?)
    - Who is the audience?
    - How will you handle requests for client exemplars?
    - How will you handle requests to comment on specific public figures?
    - Can you get a list of questions in advance?

# What's Next? (cont.)

- Print/online
  - How will credentials be presented?
  - If a draft is available to the interviewee, are edits permissible?
- Television/radio
  - Will it be live or pre-taped?
    - If pre-taped, will you be able to view/hear the final product before it is aired? Are edits permissible?

# Let's Practice...

- You receive a request from a local radio station to comment on the recent Ohio school shooting, paying special attention to the Twitter post the shooter posted the morning of the incident (indicated he would bring a gun to school that morning). The interview will be broadcast live today at 6pm and you receive the request at 10am. You specialize in treating internalizing disorders in adolescents, and have been a practicing clinician for thirty years.

# Applying the Model

- Three Initial Factors:
  - Competence – *yes*
  - Sufficient preparation time - *no*
  - Previewing/Editing privileges – *yes*
- Additional Factors
  - Interviewer's motivations?
  - Audience?
  - Client exemplars?
  - Public figures, like the shooter?

# Potential Pitfalls

- What if...
  - You are asked to diagnose the shooter?
  - You are asked to place blame on one of the involved players (school, counselor, parents, teacher, etc.)?
  - You are asked to share what signs may have been present leading up to the shooting?
  - You are asked what treatment would be most clinically appropriate?
  - You are asked why the shooter went on this rampage?
  - You are asked if you have ever treated someone similar and if you can share their journey to make the story ‘come alive’?

# Let's Practice Some More...

- You receive a request to be interviewed for a local television news station. Your interview will be part of a larger segment attempting to understand why a US soldier allegedly opened fire on 16 Afghan villagers. The interview will be conducted on Friday, and you receive the request on Monday. You will receive the questions ahead of time, but will have very limited control over the final interview aired. You have been working at the VA for 15 years providing therapy services, but have limited understanding of the current literature.

# Applying the Model

- Three Initial Factors:
  - Competence – *maybe*
  - Sufficient preparation time - *yes*
  - Previewing/Editing privileges – *no*
- Additional Factors
  - Interviewer's motivations?
  - Audience?
  - Client exemplars?
  - Public figures, like the shooter?

# Potential Pitfalls

- What If...
  - You are asked to diagnose the shooter?
  - You are asked to place blame on one of the involved players (military, psychologists who cleared him for duty, his commanding officers, etc.)?
  - You are asked to share what signs may have been present leading up to the shooting?
  - You are asked what treatment would be most clinically appropriate?
  - You are asked why the shooter went on this rampage?
  - You are asked if you can share stories of veterans you have previously treated who committed violent crimes while deployed?

# How to Respond to Media Requests Appropriately

- [Article](#) written by a former active duty Army psychologist, deployed in Iraq for 27 months
- Important components:
  - Disclaimer at the beginning of the article
  - Assured the public that a need for answers is to be expected
  - Spoke minimally about the individual in question (Bales)
  - Instead, focused on the research and what we know about PTSD and TBI's

Moore, B. A. (2012). A former military psychologist on the Afghanistan massacre. *The New Republic*. Retrieved from <http://www.tnr.com>

# One Last Time...

- You receive a request from a local television show to be featured in a segment on treating marital woes. Specifically, you are asked to preselect a couple you are currently treating, and recreate a therapy session that can be taped and aired as part of the segment. You have been providing couples therapy for ten years and have a number of current and past clients to potentially choose from. You receive the request one week prior to the filming, and will have some editing privileges.

# Applying the Model

- Three Initial Factors:
  - Competence – yes
  - Sufficient preparation time – yes
  - Previewing/Editing privileges – yes
- Additional Factors
  - Interviewer's motivations?
  - Audience?
  - Client exemplars? **BIG ETHICAL CONCERN**
  - Public figures, like the shooter?

# Potential Pitfalls

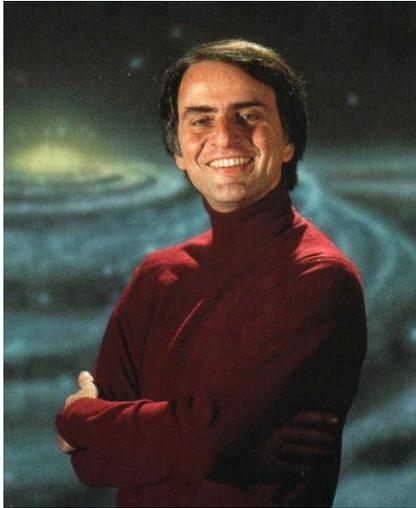
- What If...
  - You are asked to show a clip of you treating a past client?
  - You are asked to provide ‘therapy’ live to actors?
  - You are asked to comment on particularly challenging marital cases you have treated?
  - You are asked to outline what type of individual is typically successful in couples counseling from your own experience?

# General Tips

- Stick to the research
- Resist temptations to speculate or comment on topics outside of your expertise
- Consider the points you feel are most important to make (ethically) and work those into your answers for the questions posed
- Speak in generalities, addressing your limitations
  - “I have not personally evaluated this individual, so I am unable to speak directly to his personality or his state of mind before, during, or after the incident, but I can comment on his behaviors...”

# Dissemination or Freak Show?

## *CBT in the Era of Reality Television*



David F. Tolin, Ph.D., ABPP

The Institute of Living/Hartford Hospital

Yale University School of Medicine

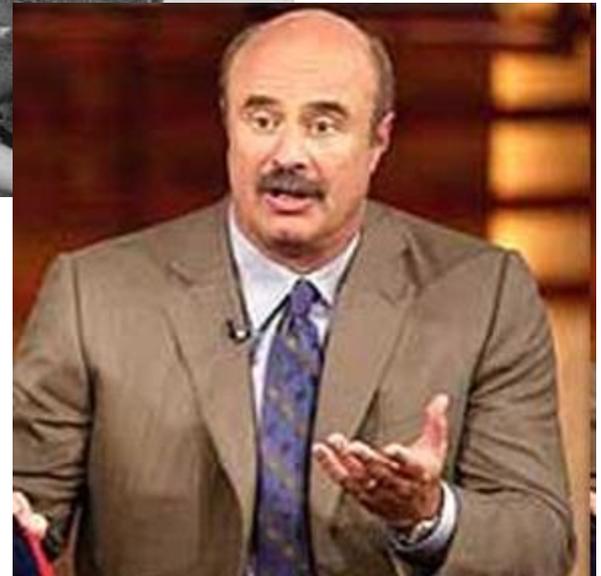
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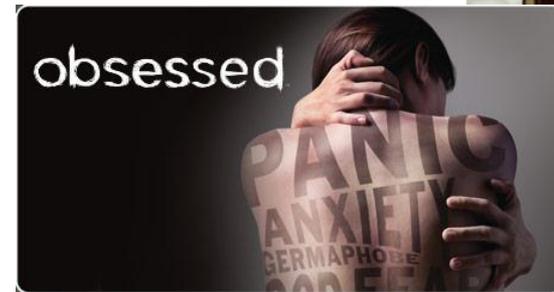
# Earlier Dissemination

- Advice-giving on radio and TV talk shows
- Brief, usually single “session”
- Not usually geared to clinical disorders
- Questionable evidence base



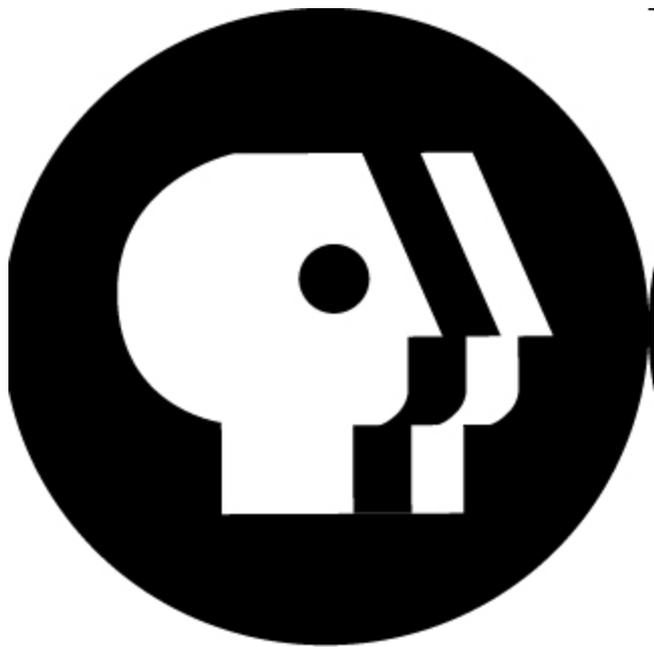
# Game-Changer? Reality TV

- Series format allows for longer treatment to be shown
  - Although some still use single session format
- Geared toward clinical disorders



The House of  
Obsessive  
Compulsives





**PBS**



**MUSIC TELEVISION®**

# Pros and Cons: Patients

## Pros

- Receive treatment
- Help others

## Cons

- Possible negative effects of making illness known
  - Embarrassment
  - Legal concerns
- Artificial constraints on treatment
  - Time
  - Clinician
  - Setting
- Effect of cameras on treatment outcome is unknown

# Pros and Cons: Therapists

## Pros

- Payment for appearance
- Practice-builder
- Boost sales of books etc.
- Ego boost

## Cons

- Lack control over final product
  - Risk to how therapist and treatment are portrayed
- Easy target for critique
  - Ego blow

# Pros and Cons: The Public

## Pros

- Exposure to treatment procedures
- Discussion of clinical disorders
- Might stimulate some to seek help

## Cons

- Variable discussion of empirical support
  - Could misrepresent current best practices
- Patients tend to be “extreme”
  - Could discourage milder patients from seeking help
- Tend to focus on only the most extreme aspects of treatment
  - Could lead some to misunderstand treatment

# Pros and Cons: The Profession

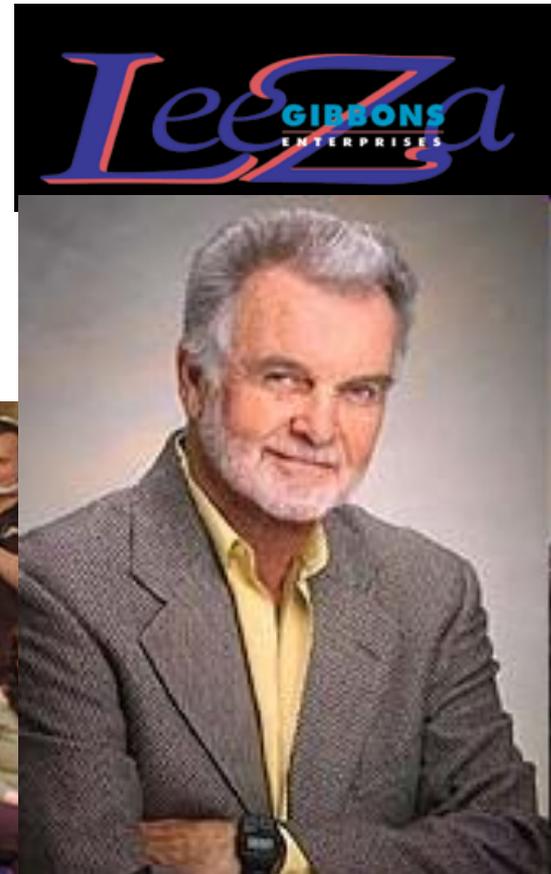
## Pros

- Puts mental health topics in the public eye
- Psychologists usually come out looking good
- Opportunity to discuss evidence-based practice and disseminate science

## Cons

- May sensationalize topics
- May oversimplify what we do
- Lack of nuance and complete coverage

# Cautionary Tales



# Common Factors in the Cautionary Tales

- Ridicules subjects
- Seeks to maximize sensationalism/ outrageousness/ shock value
- Manipulates the situation in order to maximize likelihood of maladaptive behavior
- Does not provide any educational function for public or prospective patients
- Does not highlight current knowledge in field

# APA Ethical Principles

- Principle A: Beneficence and Nonmaleficence
  - “alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of...influence”
- Principle B: Fidelity and Responsibility
  - “uphold professional standards of conduct, clarify roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm”

# Principles A & B: Issues

- Do you supply patients for the show?
  - Risk of exploitation and confidentiality concerns
- Can appropriate standards of care be protected?
  - Assessment
  - Aftercare
- Is the patient doing it for the right reasons?
  - Need to assess
- What if you screw up?
  - Work to correct it

# APA Ethical Principles

- Principle C: Integrity
  - “seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology”

# Principle C: Issues

- Final outcome is in the hands of the editor
- Complex information must be distilled into sound bites
- Need to avoid being pressured into oversimplifying or over-promising

# APA Ethical Standards

- Competence
  - Do you have to be an expert in that particular field in order to talk about it?
  - Can you obtain reasonable competence by performing a literature review?

# APA Ethical Standards

- Informed Consent
  - Does (can) patient understand what he/she is getting into?
  - Potential benefits and potential risks
  - Voluntary nature of participation
  - Alternatives

# Resources

- APA Division of Media Psychology (46)
- Schwartz, L.L. (1999). *Psychology and the media: A Second look*. Washington, DC: American Psychological Association.
- Kirschner, S., & Kirschner, D.A. (1997). *Perspectives on psychology and the media*. Washington, DC: American Psychological Association.
- McGarrah, N.A., Alvord, M.K., Martin, J.N., & Haldeman, D.C. (2009). In the public eye: The ethical practice of media psychology. *Professional Psychology: Research and Practice, 40*, 172-180.
- Gardner, S., Briggs, P., & Herbert, C. (2002). The modern media: Avoiding pitfalls, advancing psychology. *The Psychologist, 15*, 342-344.
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