Psychotherapy Researchers: Reported Misbehaviors and Opinions

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ABSTRACT: The ethical practices of psychotherapy researchers were surveyed online. A total of 257 completed surveys were received from researchers worldwide. Eighty-nine percent of researchers admitted to at least one of the listed behaviors. The most common faults were related to excessive work demands: 44% of the respondents reported "inadequate monitoring of research projects due to work overload" and 37% reported "cutting corners in a hurry to complete a project." North America was lower in almost all of the reported behaviors. The results about specific behaviors related to psychotherapy research for which rules are still fuzzy reflect the disagreement among researchers. The high prevalence of misbehavior in psychotherapy research is a warning that cannot be ignored.

KEY WORDS: psychotherapy research, scientific misbehavior, research integrity, questionable research practices

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The growing number of studies on research integrity show troubling amounts of misbehavior (Martinson, Anderson, & de Vries, 2005; Steneck, 2006; Roussos, Braun, & Leibovich de Duarte, 2011). Research on the frequency and consequences of misbehaviors will enable us to develop new strategies to cope with this undesirable situation. Furthermore, information is needed about types of misbehaviors and their impact in the diverse scientific fields and regions to see the commonalities and differences of behaviors among distinct methodologies and environments involved in each field and region.

In previous work (Roussos, Braun, & Leibovich de Duarte, 2011) we surveyed psychotherapy researchers in Latin America and found that they admitted to a significant amount of misbehavior. Based on these results we asked ourselves if this situation reflected a regional effect, a specific research area effect, or a combination of the two.

Our goal here is to present the results of a new survey of psychotherapy researchers worldwide in order to examine the prevalence of misbehavior, analyzing if there are regional differences and shedding light on the current state of affairs regarding issues that are unique to psychotherapy research.

Following de Vries, Anderson, and Martinson (2006) our study went beyond those behaviors classified as misconduct (fabrication, falsification, and plagiarism) and included questions about "normal misbehavior" such as carelessness and questionable authorship practices. We used the items developed by Martinson et al. (2009) in order to broaden criteria for the measurement of misbehavior and to compare data coming from specific scientific fields and different regions of the world.

In addition, we created questions concerning issues specific to psychotherapy research. Even though this research area shares many ethical guidelines with other fields, it has peculiarities and topics of its own that need to be taken into account. The use of clinical vignettes and the sharing of clinical material, for example, are among the specific issues that are still under debate in the psychotherapy research community (Saks et al., 2002; Winship, 2007; Levine & Stagno, 2001). For example, the journal *Psychotherapy* dedicated a special section to address the lack of consensus among researchers and the contradictions in the regulations concerning the need to ask a subject's consent when publishing case studies (Samstag, 2012).

This research is the first international exploration of ethical behaviors of psychotherapy researchers, and it will enable our scientific community to start mapping the current state of affairs in order to discuss the situation, explore the reasons for it, and start thinking about possible solutions.

Method

We developed an online survey with three parts: part 1 includes demographic information (country of residence, age, years of experience as a researcher, and theoretical framework); part 2 includes questions about

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misbehaviors; and part 3 focuses on items specific to clinical psychology, such as subjects' consent and the sharing of clinical material. A copy of the survey can be accessed at https://www.surveymonkey.com/s/RCRpsychotherapy. The 26 items about self-perceived misbehaviors were created by Martinson et al. (2009), and permission was given by the authors to use the items in the present research. These items inquired about behaviors ranging from the relatively innocuous, such as signing a form or letter without reading it completely, to the most serious, such as making up research data. Following Martinson et al. (2009), for each behavior we first asked if the respondent had observed that behavior among their colleagues and then whether they themselves have engaged in the behavior. According to the authors this strategy reduces resistance of respondents with regard to reporting their own misbehaviors; the results about colleagues' behaviors were not analyzed (Martinson, personal communication). The completion of the survey was estimated to take approximately 20 minutes. No personal identifiable information was collected.

Participants received an e-mail with an invitation to participate and a link that opened a new browser window with the survey. They were located via mailing lists of professional associations. The survey was sent to approximately 1,500 psychotherapy researchers worldwide and 257 completed surveys were received. The respondents' regions of residence included Europe (35%), North America (29%), Latin America (31%), and other regions (5%). The respondents' years of experience in research were less than 10 years (49%), between 11 and 20 years (25%), and more than 21 years (26%). The project was approved by the review committee of the School of Psychology of the University of Belgrano, which is not, strictly speaking, an institutional review board (IRB).

Results

We found that 89% of researchers admitted to at least one of the listed behaviors. Table 1 shows the 26 items about self-reported misbehavior, organized by decreasing frequency and divided by region.

From this table it can be seen that the most common faults were related to excessive work demands: 44% of the respondents reported "inadequate monitoring of research projects due to work overload," 37% reported cutting corners in a hurry to complete a project, and 35% reported "signing a form, letter, or report without reading it completely." We can also observe that these behaviors were not a regional phenomenon because they are among the most frequently cited in all regions. Taking authorship credit was also among the most common misbehaviors, with 39% of the respondents acknowledging they had done so in the previous three years, while denying authorship credit to someone who had contributed substantively to a manuscript was one of the less frequent behaviors, with only 2% of the respondents reporting it. With regard to the behaviors classified as misconduct, we found that plagiarism was the most common (10%) followed by "inappropriately altering or 'cooking' research data" (6%) and "making up research data, other than, for example, in simulation studies" (2%). This last item was not reported by anyone from North America.

Overall North America was lower in almost all of the reported behaviors and notably lower in "conducting research involving human subjects without prior approval from an Institutional Review Board or Ethics Committee" (8% of North Americans, 23% of Europeans, and 34% of Latin Americans)."Circumventing or ignoring aspects of human-subjects research requirements such as informed consent, confidentiality, etc." was reported by 4% of the subjects from North America, 13% of the subjects from Europe, and 13% of the subjects from Latin America. "Using organizational resources for outside consulting work or other personal purposes" was much higher in Europe (28%) than in North America (14%) and Latin America (13%).

"Providing an inappropriately positive letter of recommendation" was much higher in North America (23%) than in Europe (14%) and Latin America (7%). In Latin America, "providing an inappropriately negative letter of recommendation" was the only reported behavior with 0%.

"Withholding key aspects of methodology in papers or proposals" showed regional differences: 15% for Europe, 9% for Latin America, and 5% for North America.

Regarding the specific items for psychotherapy research, among the 60% who reported using clinical vignettes (changing subject's identifying information) in their publications, 51% said that they always requested the subject's consent, 33% said they sometimes requested the subject's consent, and 16% said they don't consider the subject's consent necessary. Regarding the sharing of clinical material, 47% of the subjects answered that they do not share clinical material (audio/video recorded and verbatim transcriptions) of their research with colleagues.

When asked what happens to clinical material once their research has concluded, 36% reported that they keep clinical material for the required amount of time and then destroy it, 36% keep it for an undetermined

TABLE 1. Self-Reported Misbehavior by Region of the World.

Self-Reported Misbehavior[1]	All N = 257[2]	Europe N = 89	North America N = 74	Latin America N = 81
Inadequate monitoring of research projects due to work overload	44%	**55%**	30%	38%
Giving authorship credit to someone who has not contributed substantively to a manuscript	39%	**45%**	27%	44%
Cutting corners in a hurry to complete a project	37%	**46%**	29%	33%
Signing a form, letter, or report without reading it completely	35%	**43%**	36%	22%
Inadequate record keeping related to research projects	32%	31%	24%	**36%**
Using inadequate or inappropriate research designs	24%	**30%**	15%	23%
Conducting research involving human subjects without prior approval from an IRB or Ethics Committee	23%	23%	*8%*	**34%**
Overlooking others' use of flawed data or methods	22%	21%	**24%**	18%
Using organizational resources for outside consulting work or other personal purposes	19%	**28%**	14%	13%
Providing an inappropriately positive letter of recommendation	15%	14%	**23%**	7%
Inappropriate or careless peer review of papers or proposals	13%	13%	9%	**17%**
Withholding key aspects of methodology in papers or proposals	11%	**15%**	5%	9%
Using another's words or ideas without giving proper credit	10%	**12%**	6%	10%
Circumventing or ignoring aspects of human-subjects research requirements such as informed consent, confidentiality, etc.	10%	13%	4%	**13%**
Dropping "outliers" without mentioning it	10%	**13%**	3%	11%
Unauthorized use of confidential information about research subjects	8%	7%	5%	**13%**
Relationships with students, research subjects, or supervisees that may be interpreted as questionable	8%	**10%**	6%	5%
Compromising the rigor of a study's design or methods in response to pressure from a not-for-profit funding source (such as government or a private foundation)	7%	**10%**	3%	8%
Inappropriately altering or "cooking" research data	6%	**10%**	5%	3%
Compromising the rigor of a study's design or methodology in response to pressure from a commercial funding source	5%	**5%**	1%	8%
Publishing, as original research, one's previously published data or results	5%	5%	3%	**7%**
Inappropriately altering or suppressing research results in response to pressure from a not-for-profit funding source such as a government or a private foundation	2%	2%	1%	**3%**
Making up research data, other than, for example, in simulation studies	2%	1%	*0%*	**4%**
Inappropriately altering or suppressing research results in response to pressure from a commercial funding source	2%	**2%**	1%	1%
Denying authorship credit to someone who has contributed substantively to a manuscript	2%	**2%**	*0%*	1%
Providing an inappropriately negative letter of recommendation	1%	1%	**1%**	*0%*

[1] **Bold indicates the region with the highest value in each behavior.**
[2] **A fourth group of 13 respondents coming from countries outside the three regions is included in the column ALL, but it is not presented in the regional results.**

amount of time, and 28% keep it on a clinical database where it can be used for other research. When asked if they considered sharing clinical material (having attained subject's consent for sharing) with other research groups to be ethically acceptable, 81% reported they did. When inquired about formal training, 41% reported never receiving a formal course in research ethics (47% of Europeans, 52% of Latin Americans, and 24% of North Americans), 34% reported receiving formal training and that it was very useful, 23% reported that it was somewhat useful, and 3% reported that it was useless.

Discussion

The high prevalence of misbehavior in psychotherapy research is a warning that cannot be ignored. When we compare our results with those obtained by Martinson et al. (2005), we observe a higher proportion of misbehavior in our area, psychotherapy research, prompting the following questions: Are there peculiarities in the psychotherapy research environment or in psychotherapy researchers themselves that explain these differences? Is enforcement of ethical standards more lax in psychotherapy research? Are the rules not clear

enough? Or is it that researchers are either openly against those rules or simply unacquainted with them?

In the particular cases where there are no rules—e.g., providing an inappropriately positive letter of recommendation—is the scientific community interested in following ideal behaviors in order to promote fair play or are we only interested in following sanctionable behaviors?

Even though we did not directly address the causes of misbehavior, the most common fault, "inadequate monitoring due to work overload," includes a motive for the misbehavior—"inadequate monitoring"—within the item itself, thus suggesting that the working condition of researchers can foster misbehaviors. Inadequate monitoring can also lead to more serious misbehaviors that can sometimes occur when younger scientists try to cover up their mistakes. The recognition of contextual factors as promoters of misbehaviors provides a basis for programs that promise to improve the current situation.

With respect to regional differences, North America is the region with the lowest frequency of misbehaviors and is also the region where more participants report having received formal training. We cannot conclude that formal training prevents misbehaviors, but it raises the question for further research. North America also has a longer tradition in the formal evaluation of research projects via IRB, which is reflected in the lower frequency of subjects reporting that they conducted research involving human subjects without prior approval from an IRB or ethics committee. In Latin America these review procedures are still in the development stages, and sometimes researchers don't have the opportunity to submit their research for ethical review. The results about specific behaviors related to psychotherapy research for which rules are still fuzzy reflect the disagreement among researchers. We need to continue the debate in order to reach consensus for the best practices regarding the use of informed consent for publishing clinical vignettes. While there is agreement (80%) that data sharing is ethically acceptable, less than one third keep data in a clinical database where it can be used by other researchers.

The most serious limitation of our research is the unknown (and low) response rate. We know that the maximum response was 18% because the e-mail with the link to the survey was sent to least 1,500 researchers, but we were unable to calculate it exactly because some of the respondents sent the survey link to other psychotherapy researchers. Therefore, and also because we are measuring self-reported behaviors, we do not know how accurately our results reflect the actual situation. Using self-reported behaviors also presents the risk of underreporting or overreporting. However, even if underreporting occurred, the percentages are high. And, as Steneck (2006) affirms, we have no reason to suspect overreporting since there is no understandable motive for doing so.

Educational Implications

Our results suggest there is a need for the development of formal training in research integrity, because more than 40% have not received training and, among those who received training, more than 95% reported that it was useful.

Formal training will not end misbehavior, but it will enable researchers to understand the rules of science and make informed decisions. Formal training courses should include common themes in scientific integrity and also explicitly address the issues that psychotherapy researchers face.

Best Practices

Clinical psychology and psychotherapy research are areas where specific ethical standards have been developed recently in some countries and are still under development in others.

As ethical regulations and standards are being developed and updated around the world, psychotherapy researchers need to get involved in the development and evaluation of the emerging ethical standards. If we do not get involved, it is possible that the new standards will be too lenient, exposing subjects and research; too strict, obstructing research; or out of focus, failing to address certain areas or being insensitive to cultural contexts. Self-regulation is crucial for research integrity; therefore rules need to be in harmony and tailored to the socials beliefs of the community for which the rules are being developed.

Research Agenda

Based on our results, which show high levels of occurrence of misbehaviors, we ask ourselves if researchers are aware of the relation between their behavior and the impact it has on the quality and credibility of scientific knowledge. It would be interesting to study the impact that different types of misbehaviors have in relation to their frequency. Additionally, more research is needed to examine the causes for the different kinds of misbehaviors.

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