

ETHICAL DILEMMAS IN THE PSYCHOLOGIST'S PRACTICE THAT ACTIVATES IN THE AREA OF CHILDREN WITH IMPAIRMENTS

M.A.Marica, A. Nastase

Mircea Adrian MARICA,

Associate Professor Ph.D.

Ovidius University Constanța, Romania

Angelica NASTASE

Psychologist, Constanța, Romania

Abstract. The reconstruction of the profession of psychologist in Romania faced an alert rhythm by a continuous normative and administrative structuring. At present we are in front of some necessary functional optimizations and procedural refining meant to satisfy the exigencies of an efficient psychological practice. An important component of the professionalization of the domain, together with the competency, is the ethical dimension of the professional practice. In this dimension, still insufficiently elaborated and investigated, is placed the present research. The gathering of factual material by empirical researches creates the premises both for normative improvements and for reconfigurations of the ethical management system of the profession. In our study we identified a number of 52 behaviors that may generate hesitation in the professional decision and we questioned the practicing psychologists from the area of children with impairments about the frequency of those situations that they met during their activity, and then I requested them the assessment of those behaviors from the correctness point of view. There were used both in obvious situations and in ambiguous situations, regarding the confidentiality, competencies, integrity, conflict of interests, tariffs and payments modalities, multiple relations, discrimination, familiarity, self-disclosure, intimate relations, etc. The statistical processing of the answers aimed comparisons between the frequency of the psychologists engagement in the respective behaviors and the assessment of their correctness,

based on sex, age, seniority in profession, working place (private/state), courses of professional training attended etc.

Keywords: ethical dilemmas; confidentiality; integrity; self-disclosure; competencies

Introduction

The sizes of the social performing of a profession are the technical competence and ethical excellence. Whether we talk about doctors or psychologists, teachers or magistrates, the two sizes define the professional practice. The technical competence, as I named it, supposes the knowledge of the professional domain and real skills to launch this knowledge in practice. The ethical size is the one that gives the meaning of action, as competences can be placed in favor of both right and wrong, and if "this knowledge of right and wrong misses, neither of these arts shall be done properly, so as to bring us benefit" (Platon, *Charmides*).

The technical competence is exclusively related to the knowledge of the domain, and the moral excellence is related to the art of professional practice. The latter received the name of professional deontology. The professional values and principles, the behavior norms or standards are expressed in the deontological codes of the profession. In the domain of psychology, the first ethical codifications were made in the American practice, after having asked 18 thousands psychologists about examples of practice, suspect from the ethical point of view (Holman, 2013). Ever since, the American code has been continuously improved, the last amendments being from 2016.

In the empirical researches of psychological ethics some models imposed, the reference standard in the domain remaining the American Psychological Association (Lusar A. C, 2007). The purpose of these studies consist in identifying the ethical difficulties in the professional decision for revising the normative frames, especially the deontological codes, and covering the gaps from the formative intervention in the periods of professional training.

One of the operating models consists in requesting the description of some challenging or annoying ethical incidents encountered in practice (Kenneth S. Pope and Valerie A. Vetter, 1992; Lindsay and Clarkson, 1999; Pettifor, J. L., Sawchuk, T.R., 2006), the answers being grouped in general categories and classified according to the frequency of their meeting in the professional practice. In the hierarchy of the decisional difficulties in the practice of psychologists, on the first ranks there were, in an approximate order (with variations and exceptions), dilemmas related to confidentiality, dual relations, collegial behavior, competences, academic and training matters, fees and payment modalities, sexual matters.

Another research design consists in presenting a questionnaire which contains a certain number of professional behaviors, the participants being requested their qualification as being ethical or unethical and the frequency of appearance in their practice (Kenneth S. Pope, Barbara G. Tabachnik, Patricia Keith-Spiegel, 1987; Silvana Fenning et al., 2005; Javier Urra, 2008). Some of the researches (Borys, D.S. and Pope, K.S., 1989) divide the sample in two halves, one being questioned about the evaluation of the degree in which a professional behavior is ethical, and the other half is questioned about the frequency of appearance in the personal practice of the respective behavior. In this case there are presented situations such as: not offering detailed information at the beginning of a therapy about the therapeutic alternatives and other professionals whom the client may call on; the psychologist works when he feels too stressed in order to be efficient; not to charge the client; the planning and execution of the schedule in order to make a child more obedient at the request of the parents, without having checked first if the requests of the parents meet the needs and interests of the child; using the therapy for harmless problems, which the clients could work out themselves; using the personal revelations as therapeutic technique; asking clients to fill in the tests at their home; having considered that the professional secret ends when the psychologist – client relation comes to an end; collecting the fee for the meetings at which the client did not come; ending the psychologist – client relation, if the client can no longer pay, etc. The examples used are from the Spanish research, coordinated by Javier Urra (2008). This type of design was used in the present research, only that this time we aimed matters specific for the practice of the psychologists specialized in the area of children with impairments. We chose this category of psychologists because the therapeutic relation is triadic, implying the psychotherapist, the child and parents, the problems being more complex and less defined than the therapist-client dyadic relation.

The purpose of the research.

The exploratory, empiric research, aimed to identify the attitude of the psychologists specialized in the area of children with impairments towards different behaviors identified by us as being problematic, and then the classification of the frequency of the respective behaviors in the psychologists' practice.

Instruments used.

In order to accomplish the objectives suggested, we chose the building of our own working instruments. In this regard, we established a series of 52 behaviors and/or situations that can be defined as ethical difficulties or dilemmas in the psychologist' practice. The term of ethical dilemma is used in a wider meaning, designating problematic situations, for which the normative regulations of the profession do not indicate solutions which lack ambiguity, the professional being conditioned to draw up the decisions at a critic level. Among these situations there

are the behaviors related to confidentiality, competences, complete informing of the client, integrity, conflict of interests, fees and payment modalities, ending the therapy, multiple relations, discrimination, familiarity, self-disclosure, intimate relations, exploiting the client, etc. Based on these professional behaviors, there were built two questionnaires, the first that aims to establish the frequency with which they are found in the psychologist' practice, and the second aims to identify in what extent the respective behaviors are appreciated as being ethical by psychologists. The behavioral indexes were evaluated on a Lieckert scale with 5 levels. In the first questionnaire, which evaluates the frequency with which the situations were met in practice, the answers were thus classified: *never, seldom, sometimes, quite often, very often*. In the second instrument, which aims the extent in which a behavior can be considered ethical, the levels of Lieckert scale were: *no indubitably, in rare situations, I don't know-I'm not sure, yes in many cases, yes undoubtedly*.

During the pre-test, the questionnaires were sent to a number of 50 psychologists and 37 from the psychologists approached answered, but 10 from the 74 protocols were considered invalid and excluded from the research. In the final form there were excluded two items from each questionnaire, the instruments applied in the said research containing 50 items. We considered that the instruments present internal consistency, although the value of the indexes α Cronbach was close to the minimum accepted, 0,68 at the first questionnaire, respectively 0,63 at the second.

The lot of subjects.

The sample used for the research was made of psychologists that work with children with disabilities, from the specializations clinic psychology and special pedagogy. Among the 115 psychologists contacted, 65 answered but the protocols of 3 of them did not meet the conditions for being considered valid and were excluded from the research. Therefore, the statistical calculation were made through the analysis of the answers received from 62 participants.

The participants, of whom 66% females, have ages between 25 and 40. Half of them are placed in the age category 25-30 (25 women and 6 men). In the other two age intervals there are found 13 psychologists (31-35 years old), respectively 18 (36-40 years old). The seniority in practice is placed in the interval 6-10 years - 23 persons, 3-5 years - 19 participants, and 10 have below 2 years of experience. All the participants at the research have Master's Degree, two of them (females) graduated doctorate programs. 34 of them develop their activity in their own practices or in different private and 28 in the state institutions.

Results and discussions

One first idea that we consider to be fair to state before presenting any results regarding the ethical behavior is that between the willingness of a certain

behavior and the frequency of personal commitment in that behavior there is always a certain gap and it is nothing surprising in this fact. We know what we have to do and we try to do it as much as we can in the particular contexts of the action, but there is always something else to do.

A second idea comes to underline the presence of some ambiguity of the items of the questionnaire which are inevitably clear, do not bring details and do not contextualize the situations mentioned. Having in view these assumptions I will briefly present the significant data obtained, classifying them on different standards.

Confidentiality. Talking about a child with the parents of another child is considered an indubitable *unethical* behavior in a percentage of 72,5% among participants, but this happens *sometimes* in a percentage of 29,3%, while 46,77% declare that they *never* had such a behavior. Talking with the colleagues about a child in therapy using his name is considered as unethical (46,77%), but it happens to be practiced *sometimes* (35,48%), only 17,74% declaring that they *have never done* that thing. The video recording of the psychotherapy sessions without the consent of the parents is considered as unethical in a percentage of 88,71%, but *sometimes* it is practiced (9,68% *very rarely*).

Conflict of interests. It is considered as ethical for the psychologist to work privately in the state institution where he develops part of his activity (67.86%), but most of the participants are found in such a situation *often* (64.30%).

Exploiting the client. Most of the participants consider that it is indubitably not ethical to call on the children's parents for different favors (62,90%), donations (66,13%) for publicity (90,32%), but in practice these behaviors are met sometimes, but in percentages with a single digit.

Fees and financial matters. Most of psychologists (95.15%) believe that it is not ethical to be modified the tariff of the therapy session based on the financial possibilities of the parents and most of psychologists have *never* done this thing (67.74%), only 24.19% of them *rarely* practicing this thing.

Ending the therapy. Over half of the respondents mentioned that it *quite often* to discontinue the therapeutic process when the child's parents do not have financial resources (53.23%), and 9.68% do this *very often*. In Urra's research, the percentage of those who ended the professional relation if the client could no longer pay was of 38,3%, and at Pope, 3,7% *quite often* and 20% *sometimes*.

Most of psychologists accept to work again with the child when his family can pay the counter value of the services performed (58.06% mention that it *never* happened for them to refuse a child in therapy after he had had a break as a result of some financial difficulties, 33.87% have *rarely* done this).

Multiple relations. Most of psychologists agree that accepting to work with children of their relatives, acquaintances or friends represents a practice which does not fit to the deontological principles of the profession (87.10%), but many of them *rarely* (30.65%) and *sometimes* (14.52%) practice this behavior. The attachment to

the child the psychologist works with and the involvement in his family outside the limits of the therapeutic program are seen as beyond the norms by participants. The acceptance of the invitations from parents to attend a special event from their life (62.29%), inviting the parents at a special event from the psychologist's life (79.03%), attachment beyond the limits of the efficiency of the therapeutic service (62.90%) are unethical behaviors.

Nondiscrimination. Not accepting in therapy the children who have no sphincter control is considered by 88.71% as *indubitably unethical*. A high percentage of the participants assert that they would never discriminate children under the aspect of sphincter control and do not select children based on the presence or absence of diaper (90.32%).

Collegial behavior. The psychologists *rarely* (29.03%) or *never* (50%) refused to offer therapy services to the children who once left to another psychologist at the wish of the parents to try something else.

Commitment. To attach to children with whom a psychologist works outside the efficiency of the psychological service is considered unethical for 66.13% from participants, but 48.39% from them *sometimes* find themselves in this situation.

Honesty. There are considered unethical behaviors to continue the intervention process without explaining the parent that the child cannot make progress any longer (70.97% - *it is undoubtedly unethical*), to work with a child without having the consent of both parents (45.16% - *it is undoubtedly unethical*), not informing the parent regarding the real situation of the child (77.42 - *it is undoubtedly unethical*).

Interaction with parents. Psychologists consider that *it is undoubtedly unethical* to receive gifts from parents (85.48%), but *rarely* (46.77%) or *never* (14.52%) accept to receive them. The participants *often* or *sometimes* (24.19%) allow the children to call them on their first name (53.23%) and *rarely* (45.16%) or *never* (19.35%) talk to the parents using their first names.

Psychotherapists offer gifts to the children with the occasion of different holidays or events in a high percentage, *often* (41.94%) and *very often* (17.74%). More than half of them never invite the parents of the children they work with to a personal event (53.23%) or do it *seldom* (19.35%). The percentage of those who invite clients to a party or a social event indicated by the research of Urra is of 19,5%. In our research, psychologists *rarely* attend the events when being invited by the family of the respective child (41.94%). Over half of the participants state that they *often* and *very often* share the parents of the children they work with details about their personal life that are not related to the therapy of the child (45.16%, respectively 11.29%), and a quarter of them do that *sometimes* (24.19%), although 58,06% cannot state if such a behavior is ethical or unethical. These results are similar to those found by Pope and his collaborators (1987). Over 90% from participants to this study said that they used self-disclosure, a similar percentage allows the customers to use address them by their first name, and almost

75% of them attended the events of their clients. In Pope's study though, self-disclosure was aimed as therapy technique, considered by 43% of participants as *ethical in many cases* and 29,2% *unethical undoubtedly*.

As for the sexual problems and intimate relations the psychologists *never* had sexual relations with one of the child's parents from the therapy (90.32%). In Urria's research, the percentage of those who were sexually involved with a client was of 13,6%. In the lot studied by Pope, only 1.9% from respondents were involved in sexual relations with a client and only 2.6% were involved in erotic activity (which may or may not involve sexual contact). In our research we definitely do not talk about the sexual relation with the parents of the child from the therapy, which is something quite different, we rather talk about the suspicion of exploiting the client which cannot be totally excluded.

Quality of the service performed. Most of the participants never practiced under the influence of alcohol or substances with hallucinogen effect (95.16%) (92,8% in Pope's research), but when they are too absent minded in order to be efficient in their work, they *rarely* (33.87%), *sometimes* (24.19%) and *often* (12.9%) keep on psychological services. In Pope's research, practicing when you are absent minded has a percentage of 10,5% *sometimes* and 0,4% *quite often*.

Proper and complete informing. For a third of the participants it *rarely* happens not to present the families alternative therapies or methods for the recovery process of the child, half of the sample admit that they never use such behavior. In the research of J. Urria, the percentage of those who only offer detailed information at request was of 60,7%.

At certain items the answers are grouped in the right side of the answer scale („it is ethical in many cases”, „undoubtedly, yes”). For example, 40% from the respondents feel that accepting the presence of the child's parent during the therapy session is ethical *in many cases*. A similar percentage is represented by the psychologists who think that accepting something else than money in exchange for the psychological services is an ethical behavior *in many cases* (35,48%, and 4,84% , *undoubtedly, yes*). A third of the participants think as ethical *in many cases* offering gifts to children, on the occasion of different events (birthdays, holidays, etc).

As for the differences among the male and female participants the analysis of the results obtained underlined the existence of small differences in the regard that women tend to accept more often than men to start a recovery program of the child without having made a preliminary psychological evaluation of the child ($X^2=13.65$, $df=4$, $p\leq.01$), but there were not observed differences regarding the extent in which these groups consider the behavior as being ethical.

The men from the present study consider more than women that it is unethical to accept the child's parent during the therapy session when it is not necessary ($X^2=20.31$, $df=4$, $p\leq.01$). Though, in practice both categories of psychologists were equally put in such situations.

After calculating the Chi square coefficients for the 50 items of the questionnaire that aim the frequency with which the psychologists engage in their practice the respective behaviors there are noticed differences among participants based on the working place where they develop their activity at two of the items of the working instrument. The participants were divided in three groups, based on the working place where they develop their activity mainly (some of the participants have two working places, for instance they work in a psychology practice from an educational institution and in their own practice).

At the item of form: „*Tell a parent that you are upset with him because he did not comply with the therapeutic program*” it is noticed that there is a significant association between the working place of participants and the frequency with which they resorted to the behavior in the practice ($X^2 = 34.77$, $df = 6$, $p \leq 0.01$). The psychologists from their individual practices and those who develop their activity in private institutions tend to be similar regarding the answers at this item. Most of them stated that they *never* tell the parents of the children they work with that they are upset with the children due to the failure to comply with the intervention program. In the state institutions, the participants to the study *rarely* or *sometimes* in a majority percentage were upset with the parents for the failure to comply with the therapeutic plan.

The second item at the level of which there were noticed differences among the answers of the participants based on their working place is the one that investigates the frequency with which in practice the psychologists transmit the parents the disappointments related to the child (*To tell the parent the disappointments related to the progress of his child*). The data show that the participants that have the working place in a state institution have the tendency to adopt in practice such a behavior than the participants who develop the activity in own practices or in private institutions ($X^2 = 20.09$, $df = 8$, $p \leq 0.01$). For the other 48 items of the questionnaire there were not noticed differences among the participants under the influence of the working place.

Conclusions

Such a research has two immediate consequences. The first is to offer information based on facts regarding the professional beliefs and behaviors of psychologists, in order to identify the ethical difficulties. Having known them might allow clarifying interventions both in initial and continuous training. The second consequence is related to debating the ethical dimension in the professional activity.

Our research, due to the limits of the sample do not allow us to draw general conclusions, but underlies our belief that the Romanian psychologists have the same difficulties, beliefs and behavioral practices as other psychologists around the world.

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