

Ethical difficulties involved in practising counselling psychology



**ASSIGN
BUSTER**

The idea of counselling has been around for hundreds of years and in each culture there have been ways to help people who have or are experiencing emotional or psychological distress (Frank, 1973). It has only been recently however, that the person – centred approach to counselling has evolved. Many believe that this type of approach started with a talk given by Carl Rogers (1902 – 1987) in 1940 on ‘ new concepts in psychotherapy’ to the University of Minnesota (Barrett-Lennard, 1979). Rogers suggested that the therapist would be most effective when allowing the client to find the solutions to their own problems and only have the therapist there as a guide and inspiration.

Rogers had plenty of people try out his new theory on as World War 2 had just finished and people were arriving back having been traumatised by their experiences. Despite this revolutionary new approach to counselling, there were many who criticised Rogers’s theory on a wide variety of topics (Hill & Nakayama, 2000).

As with any profession, counsellors are expected to behave in a manner that is of a highly ethical standard towards their clients. This would include not keeping a client on purely to have monetary gain, or to induce more harm than good on the client. To combat issues such as these, four levels of moral reasoning were established by Kitchener (1984), these included: personal intuition, ethical guidelines established by professional organisations, ethical principles and general theories of moral action. However, it is said that counsellors rely more on their intuitive moral judgements rather than explicit guidelines (McLeod, 2009). In addition, there are a number of limitations that arise when counsellors use their intuition. Firstly, intuitive responses are

gained through experiences and beginning counsellors lack this vital experience. Secondly, the moral beliefs of a client may be out of the working experience of a client. In addition to moral reasoning, ethical guidelines are developed by professional organisations to ensure high quality ethical standards of practise and to develop procedures to deal with complaints if counsellor were to use unethical behaviour (McLeod, 2009). Some of these organisations include the British Association for Counselling and Psychotherapy (BACP) and the American Psychological Association. It must be said that these organisations are not only there to protect the clients, but also to protect the profession against state interference (McLeod, 2009).

On some occasions however, personal intuition or ethical codes of practise can not provide a solution to an ethical issue. This is the time where counsellors need to make more general moral decisions that can take both personal intuition and ethical codes into account. Kitchener (1984) suggested 5 moral principles that are related to most ethical issues. The first being autonomy or freedom. It is believed that without freedom, counselling sessions are unable to take place (McLeod, 2009). The second being non-maleficence or to do no harm to the client. However, it is very hard to tell when therapy has overstepped its boundary and is actually causing more harm than good. Usually clients are aware that discomfort will be part of the counselling process as they go through thoughts of their past, but how much discomfort is sufficient to make the therapy sessions unethical? The third moral principle is beneficence, which relates to the greater good for everyone involved. The penultimate moral principle is considered to be justice, which is related to the assumption that everybody gets treated

equally unless there is an acceptable reason as to why someone is or should be treated differently. However, what about the situation when somebody is getting long term therapy for an illness or behaviour that could take over 20 sessions to conquer but others on a waiting list are not getting any. How could this be solved? Finally, fidelity is the last moral principle suggested by Kitchener (1984). Fidelity is concerned with reliability, actions in good faith and dependability. Examples of breaking this principle include lying and deception. Beauchamp and Childress (1979) suggested that these 5 principles of; autonomy, non-maleficence, beneficence, justice and fidelity should be abided by unless they come into conflict with some other principle.

Applying ethical codes in everyday life

Research carried out by Austin et al. (1990) found that the insurance company contracted by the American Psychological Association (APA) had to pay out \$17.2 million in claims in 1985. Further detail of this arrives from Neukrug et al. (2001) whereby 24% of complaints were for inappropriate dual relationships, 17% for incompetence, 7% for sexual relationships with a client and a further 5% for a breach in confidentiality.

McLeod (2009) highlight key points that counsellor needs to consider if they are to function in an ethically acceptable manner. These are; clarity around accountability, negotiating consent, limits of persuasion, dual relationships, sexual attraction between counsellor and client and using touch. Counsellors need to be aware of such issues so if they do arise, the counsellor can deal with them in an affective manner.

– Whose agent is the counsellor?

An area where counselling can become an issue is when the counsellor and the client are not the only people involved. This can include people who have been, or are being sexually abuse (Daniluk & Haverkamp, 1993). In a lot of countries, counsellors are required to report instances of child sexual abuse to the authorities. However, despite this, if the counsellor is going to tell the authorities about this type of behaviour, then the relationship between the counsellor and the client may be damaged. However, Levine & Doueck (1995) discovered that counsellors use numerous strategies to try and maintain there professional relationship with the client (e. g. anonymous reporting, encouraging to self-report).

A key element to the ethical practise of counsellors is the question, who is the counsellor working for? Is the counsellor only working for the client and no one else? Or is the counsellor working on behalf of a company or other people? A counsellor that works for a company may be under pressure to achieve results with a client quickly which may not help the client to reach their full potential. In addition, if they are working with an adolescent client, the parents may give demands to the counsellor.

In some cases the counsellor may be paid by the company where his or her clients are from. In this situation, the counsellor may feel that the primary responsibility is to the company rather than the client (Bond, 1992). The company may put pressure on the counsellor to ensure that the best outcome is possible for the company, rather than for the client themselves (e. g. the company persuading the counsellor to try and get an employee to take an early retirement). Sugarman (1992) made some recommendations <https://assignbuster.com/ethical-difficulties-involved-in-practising-counselling-psychology/>

that counsellors should be wary of when being employed by a business or company. Some of these include; discovering the objectives the business wants to fulfil by bringing in a counsellor, identify any points in which providing a counsellor will benefit the company rather than the individual, and talk to the business about confidentiality and how it should be maintained.

In conclusion, it is important that all counsellors are aware of the systems and relationships beyond themselves and the client, and be willing to keep appropriate boundaries. However, there are times where the counsellor has no choice but to reach out to the wider social context to protect other people.

– Informed Consent

One of the main ethical principles in counselling psychology is informed consent. This involves the counsellor giving enough accurate information about the therapy the client may chose to do. The client is then offered to ask as many questions as they please to the counsellor, the client is not persuaded to do anything they do not want to do. Then the client makes the agreement between themselves and the counsellor. Barnett et al. (2007) stated a number of difficulties that counsellors could have when trying to acquire informed consent. Some these include; making sure the client understands the information that is given to them, providing information that will cover ever possible outcome in therapy and making sure the client is choosing their own path and not merely agreeing with the therapist.

These issues and more can be acquired through the use of process consent. This is where the counsellor regularly checks with the client as to whether they have sufficient information about what they are doing. Marziller (1993) suggested that informed consent should be extended for more than just the first meeting and should be reviewed at the later stages of the therapy session.

Sometimes however, full informed consent can be extremely hard to come by. Some clients find it very hard to come and see a counsellor at all, let alone agreeing and understanding a lot of new information. Furthermore, some clients may be too upset to agree to the information, others may find it hard to understand. To try and aid the informed consent process, Pomerantz & Handlesman (2004) suggested that therapists should give their clients a list of questions that they might want to ask. Braaten et al. (1993) found that the questions that people most wanted answers to were to do with how the actual therapy worked and personal characteristics of the therapists that they would be working with.

– Client being pushed?

The general position of a counsellor is to aid the client, to be reflective and patient and allow the client to arrive at their own understandings and feelings. However, other traditional theories such as the Gestalt therapy, the 'body' therapies and cognitive behavioural therapies believe that the counsellor should play a much more active role. This is believed to increase the rate at which clients' progress through the stages of improvement they are going through. However, some therapists have seen this 'active role' taken too far, which then leads to confrontation and manipulative tactics. As to date, <https://assignbuster.com/ethical-difficulties-involved-in-practising-counselling-psychology/>

research has very little evidence of this type of therapy to be of benefit to the client. Despite this, the aim of confrontation techniques is defined as ‘breaking through the rationalizations and intellectualized defences that the client has erected’ (McLeoud, 2009, p. 523). In fact, Lieberman et al. (1973) found that groups whose leaders were high on catharsis and challenge had more casualties in their group. Some psychologists believe that confrontation techniques may be performed not to meet the need of the client, but the needs of the therapist (Lakin, 1988).

Two extreme cases of confrontation and manipulation were reported by Masson (1988) and Lakin (1988), where the therapist used verbal and physical violence amongst other things towards their clients. Both of the therapists in these examples were sued by their clients and banned from practise. However, it is important to note, that both of these therapists were highly qualified. This is why clients have to be aware of what they are getting themselves into, when they start therapy. The therapist can seem extremely professional and well trained, but the type of therapy may not be the type that is best for you. This is where the ethical issue of informed consent arises again, as the client should fully understand what the aim of the type of therapy they are going into is and what it entails.

The previous examples show clearly how therapists are purposefully trying to manipulate the client to change their behaviour. There are other ways to do this, in which the counsellor may not be consciously aware that they are doing it. This can be done by the use of false memory production. Most therapists have the experience of working with a client who seems to

suddenly remember events from the past which they were not able to do
<https://assignbuster.com/ethical-difficulties-involved-in-practising-counselling-psychology/>

previously (McLeoud, 2009). There may not even be any evidence of this event happening but the client is adamant it occurred. Which leads to the question, are these memories actually real? It has been noted that occasionally, therapists are too eager to jump to the conclusion that the client has been abused. The ethical issue behind all this is, if the professional does implant false memories into the client, it can bring them great harm or even do their family, especially if the client suddenly 'remembers' childhood sexual abuse. The client may walk away from the therapy session having negative thoughts about their past that may not actually exist.

– **Dual relationships**

The type of relationship whereby the counsellor and the client are engaged in another significant relationship other than the counselling one is known as a dual relationship (Syme, 2003). Dual relationships can occur anywhere in the two party's lives e. g. counselling a friend.

Pope (1991) suggested four ways that a dual relationship can have repercussions on the therapy itself. Firstly, they can hinder the professionalism of the relationship. If relationships occur outside of the therapy, boundaries between the counsellor and client may be unclear. Secondly, the counsellor may no longer be there just for the client, so may be a conflict of interest. Thirdly, the counsellor will not be able to enter another non therapy relationship with the client because of the information the counsellor has obtained about them. Finally, if dual relationships became acceptable after counselling had finished, it would be possible for the counsellor to use their prior professional role to aid their needs. Despite

these reasons as to why dual relationships can be bad for the clients therapy
<https://assignbuster.com/ethical-difficulties-involved-in-practising-counselling-psychology/>

session, Lamb & Catanzaro (1998) found that about one-third of therapists have had a non sexual non therapy relationship with a client at some point in their career. Some therapists go as far as saying that dual relationships destroy the effectiveness of therapy so much that they are impossible to have (Gabriel, 2005). However, Bond (1992) states that sometimes these dual relationships are unavoidable as sometimes counsellors in school are employed as teachers. Despite Gabriel (2005) suggesting that dual relationships are unworkable, Lazarus (1994) argued that without any form of dual relationship the therapy may lack compassion and common sense.

– **Sexual exploitation**

Despite the obvious implications of sexual exploitation of clients by professional counsellors, it was found 8. 1% of male therapists and 1% of female therapists have engaged in sex with clients (Holroyd & Brodsky, 1977). General conclusions about sexual exploitation by counsellors have been named by McLeoud (2009). These conclusions consist of; effective therapy can include time where the client is highly dependant on the counsellor, therefore open to manipulation; possible for the counsellor to take part in such unethical behaviour and unlikely to get discovered; client may blame themselves for what has happened; clients who have been sexually abused find it hard to achieve redress. These reasons may suggest why sexual exploitation occurs and why it is under reported.

Edelwich and Brodsky (1991) identified strategies for dealing with unethical feeling of attraction, some of these include; acknowledging your own feeling, separate personal feeling from your dealing with the client and do not tell

your problems to the client. They also state that generally, sexual
<https://assignbuster.com/ethical-difficulties-involved-in-practising-counselling-psychology/>

exploitation starts with 'boundary violations' such as touching. Almost all sexual encounters occur with the counsellor being male. Rutter (1989) suggests this could be because men have strong tendency to sexualise relationships that are associated with high levels of intimacy and friendship. Beyond this relationship between counsellor and client, the client may find it extremely hard to go back and see another counsellor because of the fear of the same thing happening again. This could be detrimental to the clients' mental health.

– Use of touch

Reasons as to why therapists may not want to touch a client vary, from the cultural or religious beliefs of the client, to the client being sexually abused beforehand and may find great terror in being touched. Despite how touching may seem inappropriate at times, it must be acknowledged that touching is an expression of caring and compassion. This shows that therefore there must be some boundaries as to when a counsellor may be able to touch a client. Hunter & Sturve (1998) did just this, they stated that touch is appropriate when; the client wants to be touched, the purpose of the touching is clear, the touch is for the clients benefit and the relationship between the client and counsellor has developed sufficiently. However, they also stated when it may be inappropriate to touch a client, such as; when a risk of violence exists, the touch is used to replace spoken therapy, or when the client or therapist is not comfortable about the touch. Despite this seeming fully basic framework for touching, some therapists have disagreements about the use of touch (Casement, 1982).

– Issues in research on counselling

Researchers are now increasingly looking into the process and outcomes of counselling research to see the effectiveness of the therapy and ways in which to improve it further (McLeoud, 2009). However, there are many ethical issues that arise from counselling research as with the counselling itself. For example; participants feeling like they have to participate in research otherwise they will feel like their therapy sessions would be jeopardized, or the research in question needs the therapy session to be recorded. The participant may therefore hold information back as they do not want everything they say to be recorded. Hindering ethical results in counselling research may propose negative outcomes on the therapy itself. If inaccurate information from the research is obtained, then the conclusion drawn up from these results will not help the client or the therapist.

– Strategies for maintaining ethical standards

Many organisations have been devoted to maintaining and enforcing ethical standards in recent years (McLeod, 2009). One of the reasons for this is because of the media coverage of professional misconduct reducing public confidence. In addition, the relationship between the law and therapeutic professions seems to be growing (Jenkins, 1997), and there is a new area of research looking into the relationship between the two known as ‘therapeutic jurisprudence’ (Wexler, 1990). However Mearns (1993) believes that legal considerations can have a negative effect on therapy.

Ethical codes always have ‘grey areas’ and can never be set in stone. It is vital therefore, that the counsellors can understand a broader range of moral and ethical values to compensate for these grey areas. One of the training
<https://assignbuster.com/ethical-difficulties-involved-in-practising-counselling-psychology/>

methods for counsellors is to think about moral or ethical issues they have encountered during their life experiences and the ways that they have used to resolve them (McLeod, 2009). One of the main areas that counsellors are being trained in is dealing with people with HIV/ AIDS as this poses very complex ethical issues.

Research evidence shows us that those professionals who do raise ethical concern between themselves and their clients are more than likely going to cause multiple acts of misconduct (Gabbard, 1989). It is very hard to bring charges to counsellors who have used unethical behaviour and even harder to stop them practicing. Therefore, it could be more useful to use rehabilitation techniques to get the counsellors to work through their problems so they can resume practising in an ethical manner (McLeod, 2009).

Word Count – 3188