

BRIEF RESEARCH REPORT

ETHICAL BELIEFS AND BEHAVIORS OF EUROPEAN COGNITIVE BEHAVIORAL THERAPISTS

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Introduction

The subject of this research were the ethical beliefs and behaviors of CBT therapists throughout Europe. Previous studies similar to this one, conducted in several countries, showed that many psychotherapists have unusual ethical beliefs that are not in accordance with the ethical codes and that many have broken rules (e.g. Clemente, Espinosa & Urra, 2011; Gius & Coin, 2000; Jing-Bo et al., 2011; Pope, Tabachnik & Keith-Spiegel, 1987, Schwartz-Mette & Shen-Miller, 2018; Sullivan, 2002). This is the first cross-cultural research of this type.

Method

The questionnaire was made on the basis of previous research studies with adding new items related to some modern issues (e.g., Accepting a client as a ‘friend’ on Facebook). The first part was dedicated to some sociodemographic data, the second consisted of 60 items that represent hypothetical behavior of a psychotherapist and the third part were questions related to professional will and burnout. The task of the respondents in the second part of the questionnaire was to rate how ethical is the behavior (e.g., Flirting with a client) and then to answer how often did they behave like this in their psychotherapeutic practice (on a 5-point Likert scale).

The questionnaire was translated from English to 33 languages² and was sent to all member associations of the EABCT as well as European REBT associations and also to members of the CBT associations in Republic of Ireland and Slovakia.

The respondents had to give an informed consent before participating in the study and could stop participating at any time or skip questions. The research was conducted from April 2019 to January 2020. The reaction of the participants in the comments was mostly very positive and there were no major problems during the research, except some minor translation issues³. The data only came through the Survey Monkey platform to the researcher and are kept secure.

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² The questionnaire was translated to Albanian, German, Dutch, French, Bosnian, Croatian, Bulgarian, Greek, Czech, Danish, Estonian, Finnish, Georgian, Hungarian, Icelandic, Hebrew, Italian, Latvian, Lithuanian, Macedonian, Montenegrin, Norwegian, Polish, Portuguese, Romanian, Russian, Serbian, Slovenian, Slovakian, Spanish, Swedish, Turkish and Ukrainian.

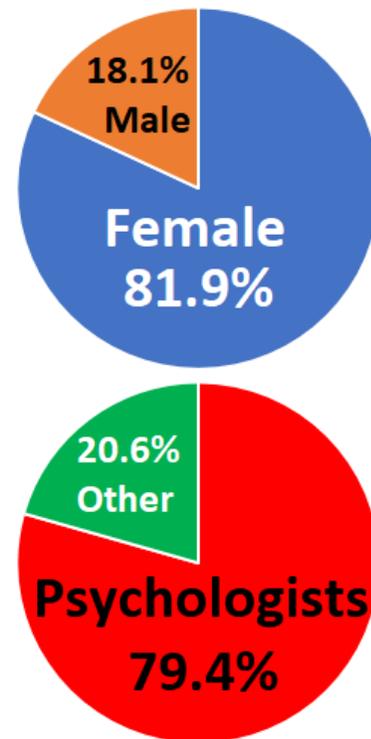
³ For example, the translator translated the item 58 of the Hungarian version wrong and the answers for this item had to be removed. The same happened with the translation of item 60 in the German version. The author of the research wants to thank all EABCT and other representatives who helped by distributing the questionnaires and by pointing out translation errors before the research in their respective countries began. Special thanks goes to Dr. Arnold van Emmerik from the Netherlands for helping with the translation corrections in Dutch language.

Results

The total sample consisted of 1071 respondents from 36 countries. Although by number it could theoretically be a representative sample on a European level, this cannot be claimed in this case, since there are so few respondents from countries with the largest number of CBT therapists such as United Kingdom. The low response rate in this and similar studies is nothing surprising, since this is not a popular topic and can even be seen as intrusive or irrelevant.

Table 1. Number of respondents from each country

Albania	18	Latvia	14
Austria	17	Lithuania ⁴	0
Belgium	62	North Macedonia	6
Bosnia and Herzegovina	22	Montenegro	12
Bulgaria	10	Netherlands	37
Croatia	52	Norway ⁵	0
Cyprus	6	Poland	52
Czech Republic	41	Portugal	55
Denmark	32	Romania	42
Estonia	23	Russia	64
Finland ⁶	0	Serbia	82
France	5	Slovenia	26
Georgia	8	Slovakia	29
Germany	93	Spain	6
Greece	13	Sweden	37
Hungary	35	Switzerland	61
Iceland	11	Turkey	37
Israel	12	Ukraine	31
Ireland	2	United Kingdom ⁷	6
Italy	12		



Mean age of the respondents was 41.52 and the mean experience in working as a psychotherapist in the sample was 10.89 years. In regards to the level of training, 60.2% are certified psychotherapists, 7.4% certified counselors and 32.4% psychotherapy trainees that started working with clients. When it comes to the size of the towns they work, most participants (60.1%) work in big cities. 52.5% of respondents work in private practice, 29.7% in medical institutions and the rest in other types of organizations.

When asked about whether they had **any training in the field of professional ethics** in psychotherapy, **42.1% of the respondents answered that they didn't**.

⁴ The Lithuanian representative told the researcher that there is a low probability that Lithuanian therapists want to participate in such a survey.

⁵ The Norwegian Association could not distribute the questionnaire because of the laws in their country.

⁶ There was no response from the Finnish Association. Similarly, the researcher could not find the email contact of the Kosovar Association.

⁷ The 3 respondents from the Northern Irish Association of Behavioural and Cognitive Psychotherapy (a BABCP family member) were added to this number.

Only 11.3% of respondents answered that they considered making a professional will related to their psychotherapeutic practice and 66.2% never heard of such a thing. 3.6% of the participants reported that they feel burned-out.

In order to simplify the results, the answers to the second part of the survey were categorized as ‘done that’ if the respondents acted like this in their practice and ‘sometimes ethical’ if the respondents think that this behavior can be ethical in some circumstances. Only the most troubling results are presented here (other results will be presented at the EABCT congress in Athens 2020).

<i>Table 2. The answers of respondents about the presence of selected behaviors in their practice and their perceived ethicality</i>	Done that	Sometimes ethical
Working with clients when you are too distressed.	81.0%	72.3%
Granting special privileges to some clients (e.g., longer sessions).	55.9%	53.6%
Forgetting to get the client’s informed consent at the start of treatment.	51.0%	27.5%
Not keeping proper records related to clients.	46.7%	26.9%
Not informing a client about limits of confidentiality at the start of treatment.	45.4%	20.9%
Answering a call on your cell phone during a session with a client.	44.5%	52.0%
Sharing your current personal problems with a client.	40.5%	47.4%
Imposing your own values on the client.	39.4%	19.6%
Working as a psychotherapist ‘off the books’ (avoiding paying taxes).	33.9%	23.7%
Providing therapy to your friends.	32.1%	44.6%
Providing therapeutic services outside areas of competence without supervision.	29.5%	31.7%
Accepting a client as a ‘friend’ of Facebook (personal profile).	20.4%	41.2%
Discussing a client with friends while revealing the client’s identity.	14.2%	8.0%
Flirting with a client.	5.5%	5.9%
Accepting a valuable (expensive) gift from a client.	5.0%	16.3%

Discussion

The results show without a doubt that this topic of research is very relevant. EABCT should consider continuing research in this area and perhaps doing something regarding the standards of training for therapists, since ethical transgressions can lead to clients and our profession’s reputation being harmed, even if the CBT treatment was done properly in other respects. Beliefs that some unethical behaviors (such as breaking the ‘sacred’ rule of confidentiality in gossip or thinking that therapy is a ‘two-way street’) can be ethical even in rare circumstances are a clear signal that something in our training is missing.

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