

PROFESSIONAL CODES OF CONDUCT IN PSYCHOLOGY: DESCRIPTIVE STUDY OF COMPLAINTS REVIEWED BY THE COPC ETHICS COMMITTEE

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In recent decades a significant increase has been observed in the number of complaints filed with ethical committees. The possibility of being the subject of a complaint is therefore a growing concern for professionals. However, research on ethics and codes of conduct in psychology is still very limited and real data on the complaints filed with Ethics Committees against psychologists are practically nonexistent. This article describes the results of a descriptive analysis of the complaints reviewed by the COPC Ethics Committee from 1998 to 2011. A total of 324 complaints were filed, but only 20% led to opening disciplinary proceedings, the judicial context being the professional area in which the highest percentage of complaints were filed (85%). Among the most prevalent reasons for complaints were making assessments without prior examination and partiality.

Key words: *Ethics and professional codes of conduct, Complaints, Ethics committee.*

En las últimas décadas se ha observado un aumento significativo del número de denuncias que se presentan ante las comisiones deontológicas. Por ello, la posibilidad de ser demandado es una preocupación creciente para el colectivo profesional. Sin embargo, la investigación sobre ética y deontología en psicología es todavía muy limitada y los datos reales sobre las denuncias presentadas contra los psicólogos ante las Comisiones Deontológicas son prácticamente inexistentes. En el artículo se exponen, los resultados del análisis descriptivo de las denuncias atendidas por la Comisión Deontológica del COPC entre los años 1998 y 2011. Se recibieron un total de 324 denuncias, pero únicamente el 20% conllevaron apertura de expediente disciplinario, siendo el contexto jurídico, el ámbito profesional que más porcentaje de denuncias registró (85%). Entre los motivos de denuncia más prevalentes destacan especialmente: realizar valoraciones sin exploración previa y la parcialidad.

Palabras clave: *Ética y Deontología profesional, Denuncias, Comisión Deontológica.*

The interest in ethics and codes of conduct applied to psychologists has been posed in numerous national and international studies, each one developing different lines of research (Montgomery, Cupit and Wimberley, 1999; Pope, Tabachnik and Keith-Spiegel, 1987; Pope and Vetter, 1992). Likewise, due to the increase in complaints against psychologists in recent decades, the possibility of being sued is a growing concern for most professionals (Greenburg and Greenburg, 1988).

The first data on ethical complaints against psychologists date from 1954 and come from a summary published by the American Psychological Association shortly after approval of its first Ethics Code (Schoenfeld, Hatch and González, 2001). Observing that at that time very few complaints were filed, and it was not until 1970, as a consequence of a period of professional growth and

public visibility of psychology, that the number of complaints increased to more than double; the insurers that covered psychologists' professional liability in their practice stopped doing so and it was assumed that the number of complaints against psychologists would continue growing progressively (Bennett, 1986; Greenburg and Greenburg, 1988; Montgomery et al., 1999; Roswell, 1988, Turkington, 1986; Wright, 1981). However, and paradoxically to this prognosis, studies providing data on statistics for negligence revealed that the probability of being sued was from 0.5% (Bennett, 1986; Bennett, Bryant, VandenBos and Wright, 1981a.) to 2% (Wilbert and Fulero, 1988).

At the same time, studies were developed to analyze the complaints lodged against psychologists to identify unethical conduct or that increased the probability of receiving a complaint, to make them known and avoid their repetition. Sexual misconduct, incorrect intervention, diagnostic and assessment errors, violation of confidentiality, not obtaining informed consent, client suicide, and decision-making in cases of child custody,

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and forensic activities were the areas identified as most probably leading to lawsuits for negligence (Berman, 1989; Conte and Karasu, 1990; Hare-Mustin and Hall, 1981; Fulero, 1986; Jobes and Berman, 1993; Montgomery et al., 1999; Pope, 1986; Roswell, 1988; Sanders, 1979; Shapiro, 1987; Van Horne, 2004; Wilbert and Fulero, 1988; Wright, 1981a).

Therefore, research on risk management strategies and to what extent these can assist in reducing ethical complaints also proliferates (Montgomery et al., 1999). Many recommendations then appear on the advisability of procedures such as obtaining informed consent, evaluating suicide threats, including notes that justify treatment decisions, consulting experts on difficult cases, keeping up-to-date on professional innovation, strictly following ethical directives, etc. (Bennett et al., 1990; Bufdhone, 1991; Goisman and Gutheil, 1992; Greenberg and Greenburg, 1988; Jobes and Berman, 1993; Meninger, 1991; Picchioni and Bernstein, 1990; Snider, 1987; Soisson, VandeCreek and Knapp, 1987).

Another line of research concentrates on how the complaints affect the psychologist, both personally and professionally (Bricklin, Bennett and Carroll, 2003; Greenburg and Greenburg, 1988; Williams, 2001). They concluded that complaints, even in cases where the psychologist was absolved, are always costly in both time and money and severely stressful, can cause depression, sleep disorders, sexual dysfunction, somatic problems and interpersonal difficulties, among others (Montgomery et al., 1999; Schoenfeld et al., 2001; Thomas 2005; Welch, 2001).

Research has also been interested in how much psychologists know about ethics. This new line of research was begun by Pope, Tabachnick and Keith-Spiegel in 1987 and has been replicated by several other authors in different countries and times (Del Río, Borda and Torres, 2003; Gius and Coin, 2000; Pomerantz and Grice, 2001; Pomerantz and Pettibone, 2005; Pomerantz, Ross, Gfeller and Hughes, 1998; Rae and Worchel, 1991; Rubin and Dror, 1996; Sullivan, 2002; Tubbs and Pomerantz, 2001; Urra, 2007). The first study (Pope et al., 1987) used a sample of 456 psychologists from APA Division 29 who were asked in a survey to ethically evaluate and rate frequency of 83 behaviors. Of the results, it should be mentioned that seven behaviors were practiced by 90% of those interviewed, 16 by fewer than 10% and a total of 12 behaviors posed serious difficulties for their ethical assessment, among them: performing

forensic work for a contingent fee, having sexual relations with clients or avoiding certain clients for fear of being sued.

In 1992, Pope and Vetter began a new line of research to evaluate the type of ethical dilemma psychologists encountered in their professional practice (Molina, 2011). To do this, they surveyed 679 psychologists, members of the APA, who reported 703 ethical dilemmas that had occurred during their professional practice. These dilemmas were later grouped by the authors into 23 categories of which dilemmas related to confidentiality (18%) and dual relationships (17%) had the highest percentages. Like the 1987 study, this study by Pope and Vetter served as a precedent for much later research (Colnerud, 1997; Lindsay and Clarkson, 1999; Lindsay and Colley, 1995; Slack and Wassengar, 1999).

From 1983 to date, the APA Ethics Committee has published an annual report in which they summarize the cases of complaints reviewed during the preceding year. In the 2010 report (APA Ethics Committee, 2011), dual sexual and non-sexual relations (61%), child custody (9%) and working outside of the boundaries of their professional competence (9%) were the most frequent types of complaint.

In Spain, research on ethics and deontology in psychology is still very limited and real data on complaints against psychologists filed with ethics committees are practically nonexistent. However, just as several authors have noted (Montgomery et al., 1999; Van Horne, 2004) it is becoming more and more necessary to ensure coherent compilation of data, adjusted to reality. This study was carried out for that purpose, using the complaints reviewed by the Official Catalan Psychologists Association's (COPC) Ethics Committee and the concrete articles of the Ethics Code violated from 1998 to 2011, in an attempt to find out the reasons members of the Official Association have been reported and make them known so their repetition can be avoided.

METHOD

An "ad-hoc" protocol was designed to systematically collect the data of interest for the study. In addition to demographic variables, the reasons alleged by users for their complaints, concrete articles of the Ethics Code considered violated in the decision on the disciplinary case, and the years of professional practice of each member sued were considered.



All the data acquired from the records kept by the Official Catalan Psychologists Association (COPC) Ethics Committee during the period delimited for the study were entered in two databases (Preliminary Reports and Disciplinary Proceedings). Because of the exploratory and descriptive nature of the research, data analysis was limited to establishing percentage relationships of results for the categories set, and after reflection by the Ethics Committee membership, finally comparing them with results found in other similar research.

The first sample was made up of 366 complaints by users reviewed by the Official Catalan Psychologists Association (COPC) Ethics Committee from 1996 to 2011. Of these 16 complaints received in 1996 and 1997 were excluded for lack of information and another 15 which did not give the membership number, seven that were against professionals who were not members, and four that were complaints about members who were officers and which were therefore not reviewed by the Ethics Committee. The final sample was made up of 324 complaints received from 1998 to 2011. This affected a total of 353¹ of whom 78% were women and 22% were men. Of the members against whom disciplinary proceedings were opened, 66.18% were graduates of the University of Barcelona, 23.53% were graduates of the Autonomous University of Barcelona and 10.29% were from other universities. Most of the members reported had had from 11 to 15 years' experience (29%) compared to

10% who had had 0 to 5 years', 18% from 6 to 10 years', 22% from 16 to 20 years' and 21% from 21 to 25 years'.

RESULTS

During the period covered by the study, the COPC Ethics Committee had dealt with 324 complaints directed at a total of 353 members. However, the data show that only 20% of the complaints received led to opening disciplinary proceedings (see Figure 1) and of these, only 14.81% were sanctioned.

By areas of intervention, 85% of the disciplinary complaints were for judicial intervention. It can be observed that in the early years most of the complaints were in the clinical area, and gradually, the percentage related to the judicial sphere increased notoriously. The breakdown of complaints distributed by years and areas can be seen in Figure 2.

The main reasons for complaints against members were, in order of prevalence, making assessments without previous examination, partiality, use of diagnostic labels indiscriminately and violation of confidentiality.

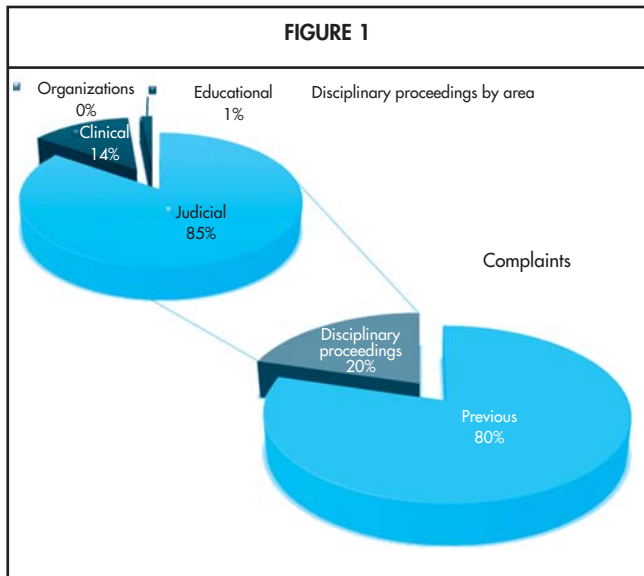
As seen in Figure 4, cases subject to disciplinary action, Articles 6 (26%), 11 (20%) and 28 (11%) of the COPC Ethics Code (see Table 1) were by far the most violated articles, together representing almost half of all complaints.

DISCUSSION

As seen above, only 20% of all the complaints received by the COPC Ethics Commission led to opening disciplinary action because it was considered that there could be violation of articles of the Ethics Code. Thus, it is observed that eight out of every ten complaints was dismissed in the Preliminary Reports stage, so most of the complaints received did not represent an infraction by members of the COPC.

This result is congruent with the data from other previous studies available (Bricklin, Bennett and Carroll, 2003; Greenburg and Greenburg, 1988; Williams, 2001) which suggest that in spite of the strong personal and professional alarm of psychologists reported, in general, professional interventions respond properly to ethical standards of the discipline. Furthermore, the results found in our study also coincide with those in other Autonomous Regions (e.g., Madrid), reporting similar percentages of

FIGURE 1



¹ In 23 cases the complaint was directed at more than one member



disciplinary proceedings (Official Psychologists Association of Madrid, 2011). These results are also consonant with those in previous studies (Bennett, 1986; Bennett et al., 1990; Conte and Karasu, 1990; Pope, 1986; Wright, 1981), observing that the probability that psychologists members of the COPC might be reported for professional intervention is very low (0.56%), which coincides with what was reported by Van Horne (2004).

One of the statements frequently heard from psychologists who have been reported to the Ethics

Committee is how easy it is for the user to file a complaint in contrast to the severe implications perceived by the professional. This appreciation is internationally constant and has already been described by experts in the subject (e.g., Montgomery et al., 1999) who mention that “presentation of a complaint requires little effort, is free and does not require a lawyer,” so it is easy and effective for the litigants to try and place themselves in a position of power, to show their anger and cause the anxiety for the professional. Therefore, authors such as Bow (2010)

FIGURE 2

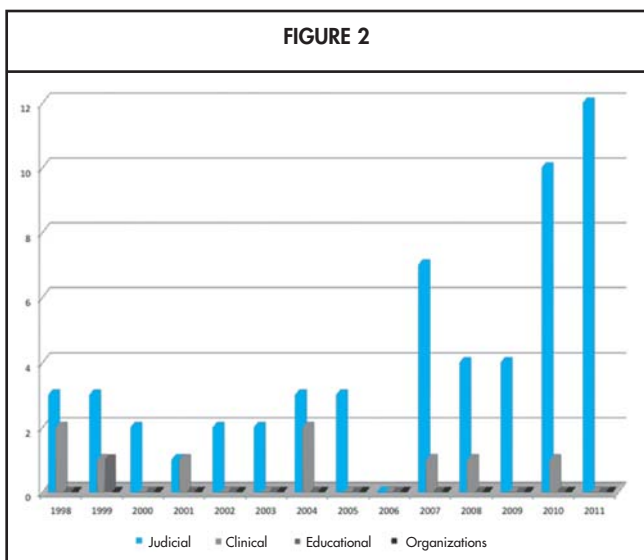
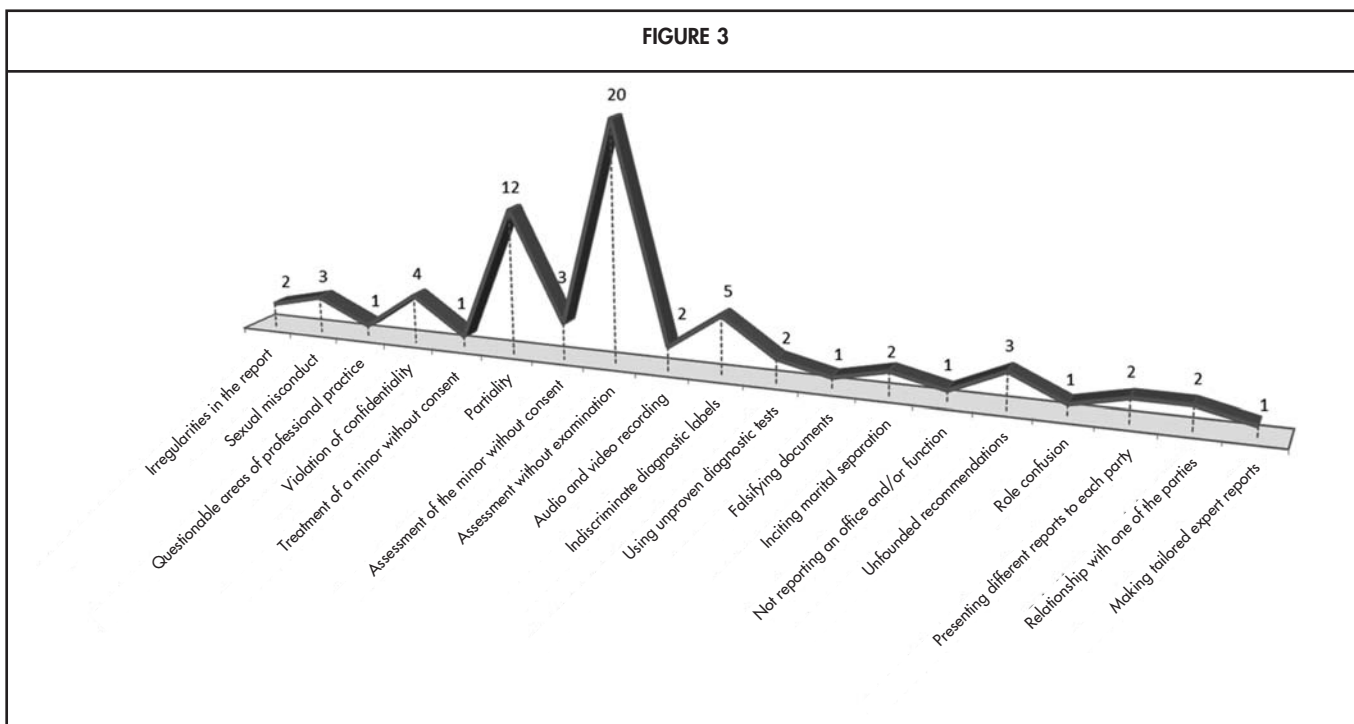


TABLE 1

Article 6
The psychology profession is governed by principles common to all professional ethics: Respect for the person, protection of human rights, sense of responsibility, honesty, sincerity with clients, prudence in widening instruments and techniques, professional competence and solid scientific basis of their professional activities.
Article 11
In his professional intervention, the psychologist shall be extremely cautious, prudent and critical of notions and terms that could easily degenerate into devaluating and discriminatory labels
Article 28
Nor shall he lend himself to confusing situations in which his role and functions are misleading or ambiguous.
Note. The articles of the Ethics Code that appear specified in this table are from the Catalan Ethics Code (1989). For review in its entirety, see: http://www.copc.cat/paginas/ficha.aspx?IdMenu=6C2054E4-2957-4491-A156-F55E0AB73BFD

FIGURE 3



have pointed out that it is not very likely for complaints to be significantly reduced, even when good practice guidelines are followed.

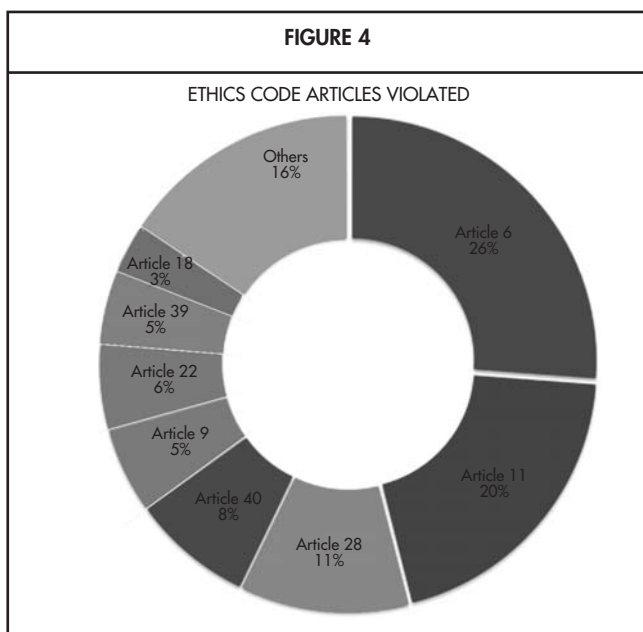
On the contrary, both personal and professional implications derived from the complaints presented against psychologists are widely described in the scientific literature (Bricklin et al., 2003; Greenburg and Greenburg, 1988; Williams, 2001). Experiencing complaint proceedings, even when the case is dismissed, is always costly in both time and money and severely stressful (Montgomery et al., 1999; Peterson, 2001; Schoenfeld et al., 2001; Van Horne, 2004; Welch, 2001) and can cause fear, anxiety, depression, sleep disorders, sexual dysfunction, somatic problems, interpersonal difficulties, and so forth. (Charles, Wilbert and Franke, 1985; Charles, 1986; Charles, Warnecke, Wilbert, Lichtenberg and De Jesús, 1987; Greenburg and Greenburg, 1988; Miller, 1992; Montgomery et al., 1999; Schoenfeld, et al., 2001; Thomas 2005; Welch, 2001). It has been affirmed that there is a connection between anxiety, emotions and professional deterioration that can interfere and impede the work of the psychologist who faces such situations (O'Connor, 2001; Shapiro, 2003; Sherman and Thelen, 1998).

The area of intervention in which psychologists are most frequently reported, and which the number of complaints is gradually and constantly increasing, is the judicial setting (mainly related to families), up to over three fourths of the complaints reviewed should be mentioned. These

results had already been alerted in our context before (e.g., Bilbao and Díaz, 2002), and some authors (e.g., Harris, 2003) have even considered it a "high-risk area" in which the professional must assume higher probability of being sued. Montgomery et al. (1999) stated something similar when they specified that psychologists who make assessments in cases of child custody run a significantly higher risk of being sued than those who make assessments or interventions in individual adjustment. Nevertheless, the detailed analysis of data found in our study show that although in fact the number of complaints related to professional intervention corresponds to the judicial area, and specifically, to guardianship and custody of children, the members subject to these complaints are mostly professionals who are not accredited as an Expert in Psychological Forensics by the COPC, nor is the judicial sphere its usual professional context, therefore resulting infrequently that professionals are addressed who practice primarily in forensic settings and/or who have adequate training and experience for it.

Concerning the demographic data, the results of the study show that most of the complaints were filed against women members, a situation which must not be considered significant inasmuch as we consider it simply reflects the current majority presence of women practicing as psychologists in Catalonia (COPC, May/2012: 81% women, 19% men). The results on the universities they came from also seem to indicate that professionals who graduated from the UB usually are reported more than graduates of other universities, however, keeping in mind the distribution by university of the total COPC members, the lack of significance of this result is shown because the number of total members/graduates from the UB is almost half.

A different situation is seen in regard to the years of professional practice, observing that most of the disciplinary proceedings were of psychologists with 11 to 15 years' experience, showing a slight variation with respect to the conclusions arrived at in our country by authors such as Urra (2007) who concluded that recent graduates were not better trained in ethics and professional codes of conduct. In our opinion, one possible influence on the results could be found is simply that the volume of interventions of older members could be greater than that of younger professionals whose practice is not yet consolidated, obviously making the risk higher for the experts since the frequency of their





professional activity is also higher, and they are possibly at the height of their professional practice.

The reasons alleged by litigants when they file their complaints partly coincide in both national (Del Río, 2000) and international (Batres, 2001) descriptions. Thus, making assessments of a subject without prior examination and improper use of diagnostic techniques are among the reasons most given by litigants in both Spain and internationally. Santolaya (2001) also suggests that the reason most repeated in recent years for filing a complaint is making an assessment without prior examination and comments that "in recent times, we have observed that the most frequent complaints against professionals by users of psychological interventions is based on issue of a psychological report in which the professional intervening makes judgments about the subject without having even interviewed him."

In conclusion, the COPC Ethics Committee considers that there may be a causal relationship between members' experiencing an ethical dilemma and how they resolve them. However, it seems that in some cases, in spite of the efforts made by the Ethics Committee, a small number of psychologists make the wrong decision, leading to the corresponding, and undesired, disciplinary action. In view of all of the above, it is still necessary for ethical norms and professional statutes to be as precise as possible and for them to be continually updated for the clear purpose of providing the highest security for the client or user, and also for the psychologist. It is important to strengthen research in ethics to identify such conduct and situations that could cause ethical conflict in professional practice and promote the design of appropriate patterns for approaching them according to the current association regulations.

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