RESEARCH REPORT

"Ethical Reasoning and Ethics Education of CBT Therapists in Europe"

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Introduction

Previous studies showed occurring inconsistencies in the decision-making of participants (psychotherapists) when it comes to certain ethical dilemmas (e.g., Tymchuk et al., 1982; Pope et al., 1987). Studies conducted in different countries showed that many psychotherapists have unusual ethical beliefs that are not following the ethical code or even the law (e.g., Clemente, Espinosa & Urra, 2011; Gius & Coin, 2000; Jing-Bo et al., 2011; Sullivan, 2002). However, the need for more elaborated cross-cultural research remains... Additionally, results suggest that personal and professional characteristics represent relevant factors in the ethical decision-making of psychologists (Haas et al., 1988), which might be culturally specific. Mentioned studies were mostly focused on whether participants agreed with some decisions portrayed by the short vignettes but failed to go beyond mere frequencies into a detailed qualitative approach, which would help explain the nature of these results and factors.

Main Aims

There were two main aims of this study. The first aim was to capture the statistical differences between answers of participants from six European countries regarding a question of agreement with the therapist from the vignette. The differences were also tested between groups based on the years of experience, owning a license, finished training, as well as age and gender. The second aim was to further explore and better understand the reasons, explanations, and beliefs behind these decisions. This was achieved by the use of thematic analysis.

Method

This study relied on quantitative and qualitative methodology, hence occupying a realistic epistemological position. Initially, 8 vignettes were created based on the former

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literature and the expertise of two leading researchers. These vignettes were piloted on a sample of 29 psychotherapists in Serbia (11 different psychotherapeutic modalities). They were asked to answer whether they agreed with the therapist from the vignette and what their opinion was about the constructed dilemma. Based on the results of this study, researchers updated the vignettes, included most of the participants' suggestions, and translated everything into six languages (see Table 1).

The final survey consisted of 7 comprehensive vignettes that concerned the following topics:

1. non-sexual touch,
2. recording the session,
3. an emergency phone call,
4. knowing the client (social media),
5. therapist's emotional reaction,
6. confidentiality,
7. advertising of any kind[3].

All the vignettes were followed by 1 binary and 2 open questions:

→ Do you think that the therapist acted correctly in this situation? "yes/no"

→ Based on what? Please explain your previous answer… "write here"

→ Could the therapist have done something differently and what? "write here"

Data Collection

The revised questionnaire was sent to a large number of CBT psychotherapists from 6 countries via Surveymonkey. Therefore, the sampling method was purposive, and the number of respondents was roughly proportional to the size of the country.

Data Analysis

Besides basic statistical data processing (frequencies, measures of central tendency, Chi-square), thorough thematic analysis (Braun & Clarke, 2006) was conducted in order to map different hierarchical levels of themes that occur when CBT psychotherapists from diverse countries consider specific ethical dilemmas in their field of work. The initial coding scheme was created on a sample of 134 participants from the Balkan region. When the results from other countries came in, the scheme was supplemented. It is significant to highlight that his type of analysis is not suitable for establishing generalizable differences between countries. For

[3] Please see Appendix 1 for the full content of the vignettes.

the final grouping of the main codes into themes, two researchers reached a consensus on using 30 (5 per country) responses for each vignette based on the richness of the elaborated material.

Sample

The final sample consisted of 347 participants aged 18-78 (*M*=38.60, *SD*=10.41, *Mode*=31), and 82.3% were female. The range for active years of working with clients was 0-23 (*M*=7.64, *SD*=7.25, *Mode*=3). Namely, 44.2% of all participants had formal training in the field of ethics, predominantly a one-day course within the educational program for psychotherapy. Additional information about participants could be found in Table 1.

Table 1. *Participants' Characteristics*.

Characteristics		**Frequency**	**Percentage**
Country	Serbia	82	23.6
	Croatia	19	5.5
	Bosnia & Herzegovina	21	6.1
	Slovenia	13	3.7
	Great Britain	26	7.5
	Russia	186	53.6
Primary occupation	Psychology	279	80.4
	Psychiatry	28	8.1
	Psychotherapist	16	4.6
	Physician	8	2.6
	Nurse	6	1.7
	Pedagogy	5	1.4
	Other	5	1.2
Therapy education level	Certified therapist	135	39.1
	Certified counselor	72	20.9
	Trainee	138	40.0

Results – Statistical Analysis

These results concerned participants' answers to the first question: "Do you think the therapist acted correctly in this situation?" Percentages for the responses that represent agreement with the therapist in each vignette, generally and country-specific, could be found in Table 2. No significant gender differences were obtained for any vignette, independent of

the country. One-way ANOVA showed that the answers to the first question were not related to participants' age and years of working experience. As for owning a license, there were also no differences between the three groups (certified therapist or counselor, trainee) when deciding whether to agree with the therapist. Moreover, regardless of any formal training in the field of professional ethics in psychotherapy, participants endeavored to give similar answers.

Table 2. *Percentages of participants who answered "yes" to the first question.*

		Percentages						
Vignette no.		1*	2	3	4	5	6*	7*
Country	Serbia	96.1	81.8	28.9	56.6	57.5	41.9	8.2
	Croatia	89.5	77.8	17.6	37.5	50.0	35.7	25.0
	B&H	80.0	77.8	55.6	64.7	70.6	31.3	31.3
	Slovenia	100.0	76.9	33.3	36.4	50.0	16.7	0.0
	Britain	85.5	65.2	27.3	27.3	40.9	0.0	0.0
	Russia	97.3	73.8	33.7	51.9	42.1	52.9	10.0
Total		95.0	75.7	32.5	50.7	48.3	42.6	10.2

When it comes to agreeing with therapists' acts, the Chi-square test shows differences between groups of participants depending on their country of origin for the following vignettes (*): first [$\chi^2(5)=15.97$, $p=.01$], sixth [$\chi^2(5)=27.45$, $p=.00$], and seventh [$\chi^2(5)=14.82$, $p=.01$]. Generally, the first vignette is the one participants' mostly complied with, and the seventh is the least.

Findings – Thematic Analysis

It is worth notifying that answers were very similar among participants from all included countries, hence considered altogether. Reexamining the material showed that comparing the countries in this manner would not make enough sense. Four major themes with important subthemes, and the vignettes they occurred in, will be presented thoroughly. Below, the reader could find a thematic map as an orienting tool throughout the results (see Figure 1).

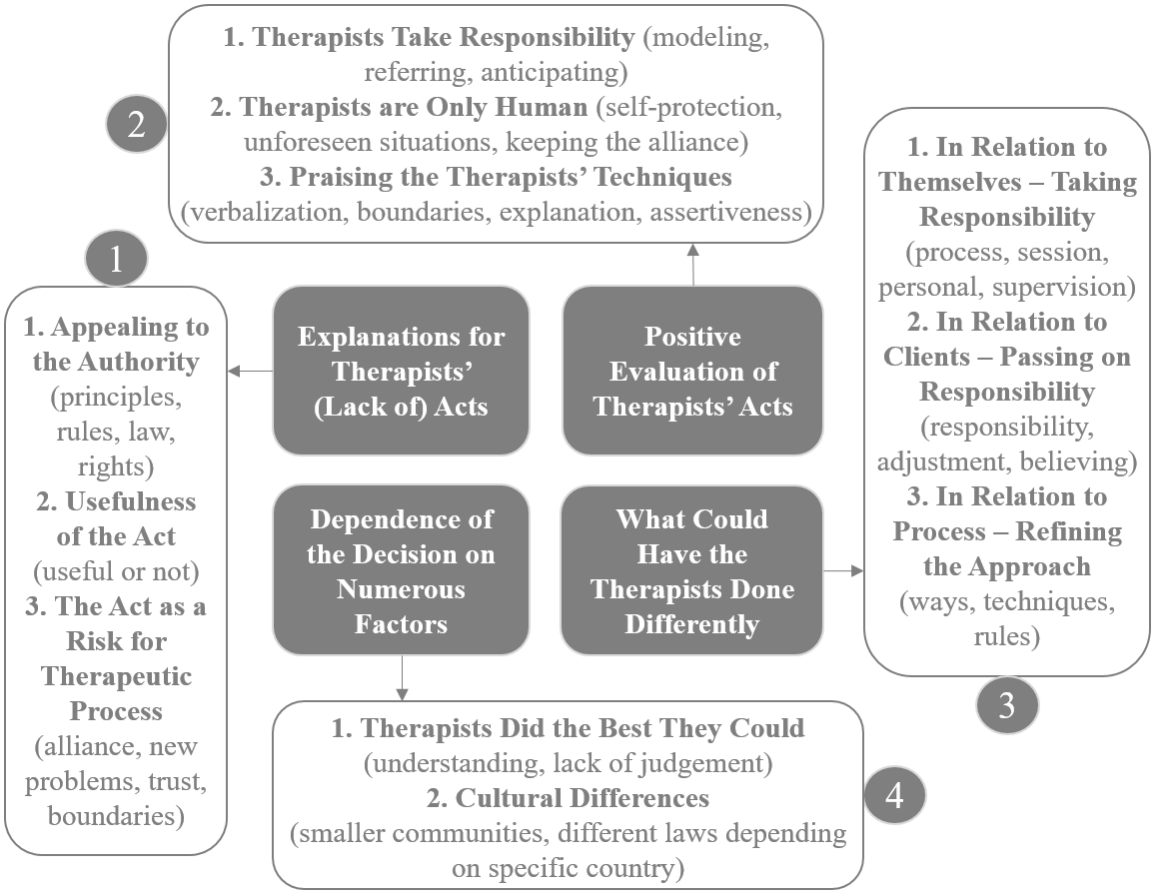

Figure 1. *Thematic map: Visual representation of the main themes, subthemes, and topics.*

Theme 1: Explanations for Therapists' (Lack of) Acts

Appealing to the Authority. This subtheme included three different topics. The first one concerned referring to concrete ethical principles that are established within the psychotherapeutic society. Participants recognized the risks around the impartiality (V7), abuse of power (V7), deception of clients (V7), double relations (V4, V7), confidentiality (V2, V6) and its exceptions (V6), or they mentioned disagreement with the code (V1-3).

> *The very fact that someone was in some way connected with your life and you do not need to enter into a professional relationship, in which you cannot be objective and impartial.* (V4, P80)

> *Yes there is confidentiality between the patient and therapist but the therapist is not able to ensure confidentiality in the event of safeguarding issues, potential harm to self or others, terrorism, etc.* (V6, P129)

The second topic pointed to the laws that participants referred to. It included issues such as the subject's consent to be recorded (and exceptions, V2), legally regulated breach of confidentiality (V6), financial exploitation, corruption, and conflict of interest (only V7).

> *If guided by the Data Protection Act, recording without permission is punishable by a fine and is treated as a misdemeanor.* (V2, P108)

> *It is not ethical for him to recommend his daughter's spa - because that is a kind of corrupt behavior.* (V7, P36)

The last subtheme was related to some unwritten rules that were implied and determined as very important by participants but not recognized as aspects of the ethical code or law (V2-7).

> *I don't think the therapist should have had his cell phone with him during the therapy at all, let alone look at it and call back.* (V3, P96)

> *Traditionally we don't work with people we know even if it is only a little and a long time ago.* (V4, P136)

Finally, the "authority" also regulated therapists' rights, and some participants referred to them as sufficient explanations for therapists' acts (V1, V2).

> *I think she's within her rights to insist on preserving the boundary of her body, particularly in the dv context.* (V1, P126)

The Usefulness of the Act. This subtheme occurred among explanations and entailed both reasons for making the right decision on how to use the dilemma in the client's favor (V4, V5) and reasons why acting differently than described would be potentially harmful to the client (V1, V5-7). The usefulness could be portrayed via the following quotation:

> (The therapist could) *later even use certain information from an earlier acquaintance for the purpose of improving the therapeutic relationship.* (V4, P94)

This could be the example for evaluation of the act as not useful to the client:

> *I don't see much benefit to the client from demonstrating the handgrip* (V1, P24).

The Act as a Risk for Therapeutic Process. This subtheme included five potential domains of the therapeutic process that could be disturbed due to the therapists' decisions on certain ethical dilemmas that occurred in vignettes. The first one was the risk of endangering therapeutic alliance (V1-4, V6, and V7).

> *Approaching and physical touch can disrupt the further flow of the therapeutic relationship between client and therapist.* (V1, P93)

The second important topic included the risks of hurting the therapist or client, either physically or psychically (V1, V7).

> *If the grip was strong, it could hurt the therapist and damage the relationship.* (V1, P24)

> *This could be open to abuse. As a psychotherapist they would not be qualified to diagnose the cause or treatment of the pain.* (V7, P135)

The third topic concerned the risk of developing new problems in further work (V1, V3-6).

> *The therapist could possibly specify the description "difficult" so that the client she is currently working with would not think that his story will also be "difficult" and that it will harm the therapist, which could consequently lead to resistance.* (V5, P122)

The fourth topic was about the potentially shaken trust between therapist and client (V2-7).

> *This procedure breaks trust and the alliance, because the therapist does not know what to expect from the client in the future.* (V2, P113).

Lastly, the risk of violating the existing boundaries occurred as a topic (V1, V4, and V5).

> *It seems to me that this very first session pushed the boundaries of the client-therapist relationship. The client already has certain knowledge about their therapist that will not be "erased" by unfriending them on Facebook.* (V4, P27)

Theme 2: Positive Evaluation of Therapists' Acts

Therapists Take Responsibility. This was the first important subtheme within the second theme and it included three categories. The first one was acting as a model for clients (V1, V2, and V5), enabling them to learn and accept different reactions to certain problems. This implied the transparency and authenticity of the therapist.

> *She* (the therapist) *demonstrated how we can allow ourselves to be overwhelmed by a certain situation; that it is also ok; that we recognize it in ourselves, accept it and find adequate ways of dealing with it.* (V5, P94)

The second topic was characteristic of vignette 4, and it concerned referring the client to another colleague in situations when the therapist judged that he/she would have been unable to achieve a therapeutic alliance.

> *If the therapist thinks that the client's acquaintance from high school, along with Facebook friendship, could be an obstacle for psychotherapy, then it is okay to refer him to someone else or terminate the Facebook friendship.* (V4, P95)

The third topic relied on therapists' anticipation of the effects of certain situations on their future relationships with clients (V1, V4, and V6). Namely, participants assumed that therapists had in mind the future alliance whilst coming to a decision on how to act.

> *In this case, the therapist could not have known how the situation would turn out if she allowed the client to demonstrate physically her interaction with the husband, e.g. the situation could have become too aggressively colored.* (V1, P32)

Therapists are Only Human. This second important subtheme also entailed three topics. Participants aimed to explain therapists' acts on the first impulse by their urge to protect themselves, or by the fortunate consequences. The first topic, therefore, was connected with therapists' decisions based on their right to self-protection (V1, V2).

> *I think she's within her rights to insist on preserving the boundary of her body* (V1, P126).

In the second one, participants explained how in urgent and unforeseen situations a person does not necessarily react according to some rules, but sincerely and humanly (V3).

> *Although it is not entirely appropriate that the therapist left at the very moment when the client was visibly upset, therapists are also only people with obligations and responsibilities, which sometimes interfere with therapy.* (V3, P343)

Some participants also emphasized how therapists' spontaneous acts did not affect the alliance with the clients. It could be said that the aim sometimes justifies the means (V5, V7).

> *This was an unexpected problem which has to be dealt with as well and calmly as possible without talking about the detail. She did the best she could.* (V5, P125)

Praising the Therapists' Techniques. This was the third subtheme, consisting of four topics that described some of the therapists' approaches to working with clients. Participants noted how therapists used the ethical dilemmas in their favor, naturally, to help the clients. The first technique was encouraging verbalization (V1).

> (Therapist) *models and encourages a specific type of communication as a way of expressing thoughts, ideas, desires, needs, which can be useful for the client in her private life.* (V1, P113)

The second important technique was setting boundaries, providing a space for regaining balance in the therapist-client relationship (V1, V2).

> *The therapist was laying down appropriate boundaries with regard to physical space and trust.* (V1, P134)

The third topic relied on detailed explanation, which helped clients understand and integrate what happened into their own experience (V2, V5, and V7).

> *In my opinion, the therapist did the right thing, was calm and explained to the client in detail the consequences of such behavior should it continue in the future.* (V2, P112)

The last topic was therapists' assertive approach to communication. This subtheme was composed of the following aspects: rightful apologetic behavior, calm approach, transparency, kindness, compassion, and achievement of mutual agreement (V1-7).

> *It's okay to show compassion and emotion.* (V5, P133)

> *She apologized to the client and continued their work after the break.* (V5, P118)

> (It was alright) *because she did it calmly, she kindly asked.* (V1, P18)

Theme 3: What Could Have the Therapists Done Differently

In Relation to Themselves – Taking Responsibility. This was a very broad subtheme and it comprehended six larger topics. The topics relied directly on therapists' ability to self-reflect and their tendency to take responsibility for newly occurred situations, hence protecting clients, admitting if they had made amiss decisions, and bearing with them.

> *She shouldn't have said that she had a "difficult" encounter, because that puts the responsibility for her emotional state on clients and sessions.* (V5, P89)

The first important topic depicting this theme asked whether the therapists were ready to recognize that they should not have started or continued therapy with the client (V4, V5).

> *I would not offer a therapeutic relationship to someone I know from any period of life and with whom I have a previous relationship.* (V4, P53)

> *It is questionable whether a therapist should work with victims of s.v.* (sexual violence) *if she is still struggling with her own trauma.* (V5, P101)

The second topic concerned therapists' pride to some extent, meaning their inability to refrain from providing advice regarding domains out of their expertise (V7).

> *These are complaints that are the expertise of another profession, and therefore the therapist could only recommend that the client consult a family doctor.* (V7, P122)

The third one was related to the concrete session that took place. Some participants noted that therapists should have been able to interrupt or postpone the session if they faced incompetence to perform as well as they should (V3, V5).

> (The therapist) *should not schedule a session at a time when he cannot be focused on the client.* (V3, P117)

> *Instead the therapist could have ended the session at the point of being tearful and declared for herself to not be fit to work.* (V5, P135)

The fourth theme addressed the therapists' allowing their personal contents and feelings to influence the therapeutic process. This problem occurred in vignettes 3, 5, and 7.

> *Although I empathize with the therapist's situation, his personal circumstances should not affect his work with clients.* (V3, P33)

The fifth topic dealt with the question of when therapists should ask for inter/supervision (V5). This would require constant introspection and provide shelter from omnipotent feelings.

> *She could have cancelled the second session or delayed it for long enough to calm herself and possibly talk to a colleague or supervisor in the interim.* (V5, P124)

The last topic was somewhat smaller and entailed participants' belief that the therapist should be able to predict the outcome of the act to some extent, prior to the session (V2-6).

> *Provided that he explained the professional and personal reasons for not wanting the sessions to be recorded, the therapist could possibly foresee this possibility before the start of the session and inform the client of the rules before the session.* (V2, P33)

In Relation to Clients – Passing on Responsibility. This major subtheme incorporated four diverse but similar topics that revolve around the therapists' ability to trust clients' self-reflection, sense of power, and responsibility. Therefore, the first topic showed participants' positive attitude toward passing the responsibility on to clients (V2, V6, and V7).

> *The therapist could have emphasized how important this was for the client and let the client make a decision understanding how his information will be used within the counselling environment.* (V6, P134)

The second topic was connected with the question of whether the therapist should ask the clients for consent and/or their opinion (V2-4, V6), as well as reasons behind their acts (V1, V2), or rather not ask/discuss anything at all and act as therapists see fit (V4).

> *Ask for a suggestion of what the client thinks would be a good thing to do.* (V2, P98)
>
> (Therapist) *could've asked why it was important to demonstrate it physically.* (V1, P32)
>
> *The choice of whether to continue working should not be up to the client.* (V4, P5)

The third topic was about adjusting the approach to clients' specific needs or circumstances (V1, V3-6) and encouraging the clients to find new ways of dealing with specific ethically questionable situation (V1, V2, V6). This also included sometimes allowing the "transgression" to take place (V1, V2, and V4).

> *The therapist could continue to work with the client and limit what is available to the client on her Facebook profile.* (V4, P95)
>
> *If it is very difficult for her to talk about it, offer to demonstrate it with a drawing or a toy.* (V1, P178)
>
> *I think asking them to delete it is going a bit far, there shouldn't be anything in the session that the therapist is uncomfortable with having recorded.* (V2, P138)

The last topic within this subtheme was the relevance of therapists' showing the client that they believe (in) them. This could best be seen in vignette 1:

> *Although not being actively involved in it, therapist showing trust and confidence that they can understand it without necessarily living through the experience of the client.* (V1, P214)

In Relation to Process – Refining the Approach. This broad subtheme, and last within this particular theme, had three separate topics. The first one was the largest and concerned the benefits of specific ways to approach the clients. Some participants thought that the therapists from certain vignettes should have shown greater support (V7), been more (V1-4, V6-7) or less (V5) transparent and apologizing (V3, V5), less condescending (V1), shown more empathy and understanding (V1, V2, V3, V6, and V7), professionalism and determination (V3, V4, V6, and V7), as well as calmness (V7).

> (Therapist should) *not* (have) *disclosed to the second client about a previous difficult session.* (V5, P135)

At the very beginning, it is important to present to the client the terms and methods of the session, clearly and concisely, including what the therapist is obliged to report and what not. (V6, P112)

Such an action can easily be interpreted as a lack of interest in the client and a lack of empathy and commitment. (V3, P33)

This broad topic also included certain words, phrases and careful suggestions that therapists could have chosen, rather than those they actually did. Participants noticed that clients in all the vignettes could benefit from therapists' more detailed explanations.

I think the therapist could have validated things more, acknowledging the distress. (V1, P138)

Diplomatically avoid verbatim making a promise, showing that trust is the basis of the client-therapist relationship. (V6, P94)

I do not believe recommendations should be made as this is also open to possible abuse. (V4, P135)

The second topic included participants' suggestions for improving certain techniques used by some of the therapists from the vignettes, such as changing the props or using role play (V1), reflecting emotions (V1), recording each session (V2), discussing other relaxation techniques (V7), returning to, and focusing on, description and verbalization (V1-4, V6-7).

(The therapist) *could have suggested that she (the client) present this situation through some kind of role play, but also without physical contact.* (V1, P53)

To work with the client on why relaxation techniques did not help him. (V7, P18)

And to communicate with him how he feels about it, why is he anxious, and work on this problem immediately. (V6, P73)

The last topic dealt with the way therapists' should have addressed the rules they held important during the sessions. There were two major categories: 1) failure to point out the rules in a timely manner (possibly at the beginning of work or session – V2, V3, V6), and 2) omission of signing or revising the therapeutic contract (V2, V6).

I guess this should have been discussed at the outset of therapy. (V2, P145)

The use of a written and signed contract may have been helpful with this client. (V6, P134)

Theme 4: Dependence of the Decision on Numerous Factors

This was the last theme and it consisted of two homogenous subthemes.

Therapists Did the Best They Could. This subtheme showed how some participants approached the ethical dilemmas whatsoever. Namely, they were able to recognize the complexity of the situations and understand the difficulties the therapists might have faced. They showed flexibility and lack of judgment (V1-7).

> *I'm not sure there is a 'correct' and 'incorrect' way of responding in this situation. It would depend on many things. The context, the length of therapeutic relationship, how well known the client is to the therapist, the particular client* (V1, P123)

> *It's hard for me to say because I haven't been in such a situation myself and I think I can't judge the appropriateness of the emotions of a person with such trauma.* (V5, P92)

Cultural Differences. This subtheme deserved to be discussed separately, although only three participants pointed to its significance. Two of them distinguished smaller communities as potentially problematic (V4), where it is inevitable for both therapist and client to know information about each other. The third one was implying how different countries might have different laws which henceforth apply to therapeutic work (V6).

> *The fact that they know each other from before is not an obstacle to entering into a therapeutic relationship, and this is almost impossible to achieve in smaller communities.* (V4, P89)

> *If the law of the country in which the session is taking place requires the therapist to report the client's illegal actions or intent, then this should be previously explained…* (V6, P205)

Discussion & Conclusion

Interestingly, this study showed no significant differences between groups of participants (age, gender, years of work, formal training, owning a license) when it comes to a question of agreement with therapists' acts. However, participants from diverse countries gave significantly different answers for the vignettes 1, 6, and 7, which could be explained either by cultural differences or precariousness of concrete ethical dilemma.

Thematic analysis provided greater insight into beliefs and explanations participants nurtured during evaluation of therapists' decision-making process. Besides consulting the

authority, they focused on usefulness and/or potential harm of the deed. Moreover, some participants were faster on judging the act of therapists than the other, describing what was done properly, what could have been done better, as well as the factors affecting the decision.

In conclusion, this research pointed to the relevance of understanding and describing CBT psychotherapists' motives and beliefs, rather than differences between different groups. Although this study had its limitations, one of the implications could be focused on developing more accepting and exchanging psychotherapeutic community.

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Appendix 1

The full content of the vignettes.

No.	Vignette
1	The client came to her second session visibly upset, as she had previously had an argument with her husband. In the midst of describing the argument, she stood up approaching the therapist and casually asked if she could demonstrate on her how her husband grabbed her hand, because she herself could not understand his intention. The client expected the therapist to agree to demonstration, however, the therapist refused and calmly asked her to sit down, saying how everything could be presented in words.
2	Due to unforeseen circumstances caused by the virus epidemic in the country, the therapist decided to continue working via Skype. During the tenth session with the client, and the second "online" one, the therapist asked the client if he remembered the exercise they did in the previous session. The client replied: "Of course, I recorded the whole session." This bothered the therapist, but he tried to calmly explain to the client that sessions should not be recorded without mutual consent and asked him to delete the recording.
3	The therapist met with the client for the first time. After ten minutes, therapists' phone rang and it was the third time his daughter, who is in high school, called him. He usually turns off the phone during sessions, but his wife was abroad and he was the only one responsible for the daughter. Fearing that something had happened, he stopped listening to the client. She noticed that and told him to feel free to answer a call. The therapist apologized and came out to converse. Upon his return, he thanked the client and explained the situation in detail, emphasizing that he was in a very tricky position.
4	The client was recommended to the therapist by her acquaintance. When client came to therapy, she realized that they knew each other from elementary school. The client knew this in advance and reminded the therapist that they have been friends on Facebook ever since. Although they do not know each other well enough, the client began to recount what he remembered about the therapist from school and what he saw on her profile. She explained to the client why it would not be wise for them to continue the therapeutic work, but that she could recommend another therapist. She said that they can possibly continue if they were not friends on social media, which would be his choice.
5	The therapist finished a session with a client who was a victim of sexual abuse, which also happened to her at a younger age. The therapist managed to stay calm during the session, but she couldn't wait for it to end. However, after half an hour she broke down in tears during another session with the next client. She apologized, explaining that she had just had a "difficult" session. She first asked him to wait a few minutes while she went to freshen up, and then continued the session with an extension.

6	A therapist booked a session with a young man of similar age. At the very beginning of the first session, the client asked if what they were going to talk about would surely remain between them, that is, confidential. As he asked that, he looked very anxious. To calm him down, the therapist promised him that everything he said would remain confidential.
7	The client complained to the therapist that he is under stress from work and that his back hurt terribly. Although they worked on relaxation techniques, the client pointed out that they were not helpful. The therapist's daughter recently opened a spa. He thought he would help both of them at the same time by recommending his daughter's spa to the client. He did so, pointing out that he knows the owner and has confidence in her.