

Psychologists Working in unconventional fields

- Introduction
- Some Clarifications
- Bibliography

INTRODUCTION

Professional ethics define the rules which psychologists agree to abide by, as these rules are guides for ensuring compliance with scientific principles and generally accepted practice. The approach of entrusting professional oversight to the individual orders aims to protect the public receiving services from the order's members. This system was established in Quebec more than 30 years ago, with the enactment of the *Professional Code*.

In recent years, due to developments of psychological knowledge and the changing expectations of the public, psychologists have begun to provide new services. These services are covered by the Code's definition of the activities of our profession, that is, "in particular, [to] advise and interview,

use and interpret the standard tests of mental capacity, aptitude and personality for psychological classification and valuation and make use of psychological techniques for purposes of guidance, re-education and rehabilitation."¹ Among the new fields in which psychologists are active are neuropsychology and work and organizations, to mention only two.

Regardless of the field of practice, measures can be taken to ensure that the work done by psychologists, in the context of professional-client relations, meets the ethical requirements, in particular, adherence to scientific principles, maintenance of professional secrecy and avoidance of conflicts of interest. For any given field of practice, certain guidelines can be found in the

**The ethical rules
apply to all fields of
practice.**

**Obtaining free and
informed consent is a
prerequisite for any
action in the specific
contexts of
professional practice.**

Delivering psychological services in unconventional fields of practice requires thinking by the psychologist to ensure due consideration of ethics.

writings of psychologists who work in this field. These practitioners' knowledge, derived from their training, is supplemented by discussions with their peers, thus contributing to the emergence of generally recognized practice. The decisions issued by the Disciplinary Committee also help to define what constitutes compliant practice. These elements, taken together, constitute the generally accepted practice of our profession.

It may be difficult for psychologists to perform their duties in keeping with the accepted practices if the field in which they work does not have a long history of involvement by our profession. Their practice may confront them with new situations, requiring constant thinking on their part to ensure their compliance with the principles set out in the Code of Ethics.

This ethics guideline will briefly examine the issues faced by psychologists who work with clients in palliative care settings, and those working in sports psychology, providing services to sport teams. In each case, we will look at the psychologist's environment and identify the ethical issues likely to arise. We are aware, however, that the Order has not issued any ethical guidelines specifically applying to these fields. In our discussion, we will make some suggestions concerning consent, professional secrecy and record keeping.

SOME CLARIFICATIONS

Work done with clients in palliative care²

The services delivered in this situation concern not only the person receiving care, but in most cases, also his family members and possibly, close friends. The bedridden patient in the palliative care unit is offered the services of a psychologist so that he may benefit from psychological care when he is unable to seek such care elsewhere. The patient is obviously very ill, worn out and possibly confused. He may wish to disclose information or settle certain issues with the people close to him. The psychologist's mandate in this situation is to help the person approaching his life's end do so with serenity, in order to reduce his psychological suffering and mitigate the impact of his illness.

Obtaining free and informed consent from a person receiving palliative care helps ensure that his wishes are respected and the care arrangements meet his needs. It is important to clarify the services to be provided to the patient, as well as to the persons around him. If the patient's condition renders him incapable of making decisions himself, the psychologist must deal with the person who acts as his representative.

To avoid becoming involved in a conflict of interest between the patient's and the

relatives' needs, the psychologist should offer the option of having a family meeting to help ease the suffering engendered by the imminent death and the emerging feelings of bereavement. As needed, the psychologist should explain to the patient and those around him the support and follow-up services that will be available to grieving relatives who wish to obtain assistance after the patient's death. As the psychologist is bound by professional secrecy, he must avoid disclosing to family or friends any confidential information obtained from the patient prior to his death. Any future services provided must be limited, remaining linked to the context in which work with the family began. The issues raised during this process should be handled with caution by the psychologist, who must avoid putting himself in a position that would disqualify him from responding to future requests for services.

In the palliative care setting, the patient's record serves as a channel of communication accessible to all the professionals involved. The wording of the progress notes is particularly important. Not only must the psychologist specify everything done with the patient, as is the case for any progress notes, he must also identify undisclosed information to meet his obligation of professional secrecy. Further, he must ensure that the record content is not detrimental to any person with whom he might be called on to work.

Working with sports teams

When a psychologist agrees to provide services to a sports team to help improve the performance of individual members, he works with a number of clients. He may work in a group with the entire team, individually with an athlete, or with a trainer to help resolve the difficulties experienced by a particular athlete. During travel to prepare for competitions or participate in sports events, the psychologist may live on the same site as the team members, eat with them, and be invited to social activities as part of his involvement with the team.

The psychologist should make clear from the start to the management and the team members what his role and responsibilities will be and what measures he will take to meet his ethical obligations. He should explain the constraints on his work in this situation, such as the limits to professional secrecy, and have the team members sign a form giving their free and informed consent. These measures will help him comply with the professional requirements and avoid the consequences of role and interest conflicts, which could be detrimental to the team and its members.

The psychologist may choose to keep a group record, in which he records the athlete's personal objectives and

The practice of a profession is defined by two co-existing realities: on the one hand, a recognition of the professional's right to decide on the most appropriate course of action, with every decision having an underlying ethical dimension, and on the other, the existence of a regulatory mechanism aimed at ensuring the protection of the public. The ethics guidelines are intended to inform psychologists about the existing regulatory framework to help them in the process of making informed decisions.

treatment plan, as well as work done with the athlete, his trainer and the entire team. Before taking any action concerning an athlete with a third party, for example, participating in an

interview with a journalist, the psychologist should obtain permission from the athlete. He must also avoid disclosing information that has been identified as confidential.

REFERENCES

1. Professional Code (sec. 37).
2. We would like to thank Johanne de Montigny, psychologist at the Palliative Care Service of the Montreal General Hospital, McGill University Health Centre, for sharing her knowledge and experience in this field to help us in preparing this guideline.

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