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***Naming and shaming therapists:  
Protecting the public or harming  
therapy?***

Psychologists Protection Society

November 2<sup>nd</sup> 2018

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**We will explore whether:**

- the codes of ethics designed to protect the public may be harming therapy
- the culture of publicly naming & shaming therapists is having an unintended impact
- our professional bodies are adequately supporting therapists

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**Iatros the Healer (c. 450 BC)**



First do no harm (Hippocrates, 460-399 BC)

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### The concept of iatrogenesis (unintended harm)



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**Definition:**

‘A negative effect or perceived harm, which excludes transient effects such as in-session anxiety or between session sadness & is attributable to the quality of the therapeutic experience or intervention’

(Strupp, Hadley, & Gomez-Swartz, 1977)

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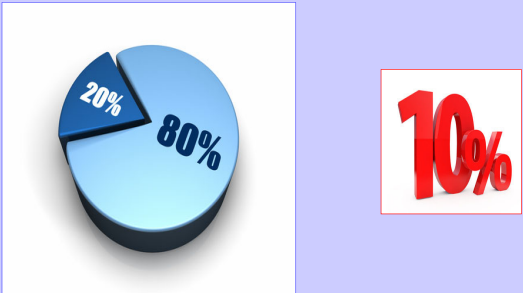
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### Prevalence of iatrogenesis in psychotherapy



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**New codes of ethics**

Upwards trend complaints

- 10% of the public (Linden, 2013)
- Therapists in their personal therapy report 27% - 40% (Williams, Coyle, & Lyons, 1999; Macaskill & Macaskill, 1992)

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**Research question:**

What are therapists' perceptions of unintended harm within their practice?

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**Study design**

**Thematic Analysis:** Braun & Clarke (2006)

**Method:** Through semi-structured interviews, 10 counsellors/psychotherapists and 10 counselling psychologists (10 female, 10 male) from various modalities, were asked about their day-to-day experiences of 'do no harm' when delivering therapy.

**Procedure:** Recruitment followed a multi-stage snowball sampling

**Theoretical grounding:** Theory of the Unanticipated Consequences of Purposive Social Action (Merton, 1936).

**Epistemology:** Contextualism, the interrelationships between an event and its context.

**Conceptual definition of iatrogenesis:** Harm is a particularly difficult concept to define because its meaning can change across contexts, between people and to a person over time. In this study, harm is defined as "a negative effect [that] must be relatively lasting, which excludes from consideration transient effects ... [such as in-session anxiety or between session sadness, and] must be directly attributable to, or a function of, the character or quality of the therapeutic experience or intervention" (Strupp, Hadley, & Gomes-Schwartz, 1977, pp. 91-92).

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**Thematic Analysis**

**Theme 1:** Preparation for practice

- i. Training around 'do no harm'
- ii. Supervision (training to practice)

**Theme 2: Praxis and ethical issues**

- i. Practitioners' concerns with codes of ethics
- ii. Who do the codes serve?

**Overarching theme:** Professionalism

- i. Normative conceptions of health
- ii. Shame of accepting errors

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**Key tension**

Participants stated they work in a contradictory field that protects the public, yet may shame therapists who get the delicate balance of making errors vs. not making errors wrong.

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**The 'above average effect'**

**0/129 therapists perceived their practice as below average**

Walfish, McAlister, O'Donnell et al (2012)

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**When the special relationship goes wrong**

- client deterioration ranged from .24% to 15.8%
- client dropout rate ranged from 0% to 71.2%

Parry (2015)

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I've never had a complaint launched against me so I'm assuming that's the concrete way of knowing

(Rani, Humanistic counsellor)

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This very profound message of “do no harm”, it happens, as a learning experience, a developmental experience for the therapy - we need to learn from our mistakes. We have to fail, or we're not going to get better as therapists if we don't.

(Maya, Psychotherapist)

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“we’re already in a field of harm so it’s the denial of unintended harm that is the key issue”

(Pam, counselling psychologist)

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BACP only publish if the complaint has been upheld - HCPC & UKCP publish the names of people who are about to have complaints heard.

(Jane, Humanistic counsellor)

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*Oh you didn't did you?*

Anil (Psychotherapist)

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I have an issue with the idea that a code of ethics is there primarily to protect clients. In the process of protecting clients we need to protect practitioners. Because a practitioner who causes harm in many ways is harming themselves.

(Luis, Counselling Psychologist)

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We might talk about ethics, but we don't talk about the nitty gritty as much - harm, it's an uncomfortable topic

(Abra, Counselling Psychologist)

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The point I'm working up to, [a relational rupture] you've done something clumsy & its harm but it's something you can work with. If you don't work with it, then it becomes harmful, and it persists. That's when the harm becomes harmful.

(Sean, Counselling Psychologist)

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## Quasi-legal complaint procedures<sup>22</sup>



content (what)

process (how)

Bella67

Free access

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## Regulation rethought: Proposal for reform<sup>23</sup>

“The confrontational nature of proceedings and the stress that hearings engender can affect the health and wellbeing of all concerned ... [and] runs counter to our growing understanding of the situations where things go wrong”

Professional Standards Authority (2016)

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## Dilemmas?<sup>24</sup>

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**Reflexivity, Philosophy & Power**

**Reflexivity:** Awareness and discussion of unintended harm signals good & ethically-grounded practice, as opposed to poor clinical practice (Linden, 2013).

**Philosophy:** We are the good and bad therapists (whatever those are), and every position in-between (Shohet, 2017).

**Power:** The greater the harm the higher the stakes, which shapes the discourse to control professional resources (Gergen, 2007).

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Greater the [perceived] harm the higher the stakes. Circular process of anxiety-complaints-anxiety has a normalising logic:

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graph TD
    A[Upward trend complaints] --> B[Increased use of complaint procedures]
    B --> C[New codes of ethics]
    C --> D[Increased risk of naming & shaming]
    D --> E[Increasing risk of defensive practices]
    E --> A
  
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Trade Union and Labour Relations (Consolidation) Act 1992

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Phil

eureka1@live.co.uk

Dr Philip Cox (D.Psych, CPsychol, EuroPsy)  
 HCPC reg, BACP (Snr Accred)  
 BPS Register of Applied Psychology Practice Supervisors  
 BPS Psychotherapy Section Chair-elect  
 BPS Psychotherapy Section e-letter editor & Facebook co-editor  
 Psychotherapy & Counselling Union committee member  
 Psychotherapy & Counselling Union lead for professional complaints

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# Montgomery vs Lanarkshire Health Board 2015

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Well, I guess you could almost <sup>32</sup> imagine ethics workshops ... I must say these aren't the sort of workshops I go on voluntarily ... it sounds rather Maoist, training camps where we train to think right?

(Anil, psychotherapist)

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