

Ethical Principles and Adherence to Professional Practice of Counselling in Cross River State, Nigeria

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Abstract

The study investigated ethical principles and adherence to professional practice of counselling in Cross River State, Nigeria. The study adopted the survey design with a sample of 50 professional counsellors drawn from the University of Calabar and Cross River University of Technology. Two research questions and two null hypotheses guided the study. Literature review was based on the variables of the study. Data were collected using structured questionnaire titled: Professional Adherence to Ethical Principles of Counselling (PAEPC) and analyzed using Pearson Product Moment Correlation Coefficient. Findings from the study revealed that confidentiality and unconditional positive regard significantly relate with the practice of professional counsellors. Some recommendations were made based on the findings.

Keywords: Ethical, principles, Adherence, Professional Practice, Counselling

Introduction

In many parts of the world, laws governing counsellors' practice vary from place to place. Frequently, debates swirl around the requirement and standards for counsellors, resulting to questions like who is qualified to counsel and who is not? What is the educational requirement for professional counsellors? etc. The goal of these is to prevent harm to innocent people or client. Counselling and psychotherapy are contractual arrangement by which a practitioner meets a client in privacy and confidence to explore the distress the client may be experiencing. This may be due to difficulties such as anxiety, hostility, guilt, indecision, dissatisfaction with life or loss of direction or purpose (Capuzzi & Stauffer, 2008). Counselling and psychotherapy are always undertaken at the request of the client. A counsellor believes that the clients had answers within them and together they can find them. Counselling is not an imposition on the client but a willing relationship by the client to seek help. As in many other professions like Law, Medicine and Engineering, there are boundaries and parameters for practice by the counsellors, so that the counsellor does not enter into inappropriate relationship with the client or take physical, emotional, sexual,

psychological or financial advantage on the clients. These issues call for rationale or ethical standard for practice.

These guidelines for practice are based on policies and standard in professional literature. Ethical principle for counselling profession is concerned with its obligations to society and to the client. Ethical judgement must be made by the counsellor, some system of values must be employed. The fundamental consideration is that respect and protection must be given to the clients, something that can be done by counsellors who manifest honesty, integrity, objectivity in their behaviour towards the clients.

Code of Ethics for professional counsellors as approved by American Counselling Association (ACA, 2014) stipulates that the private nature of counselling session may call for unsuspected practice, thus the need for code of ethics that identifies principles and behaviour that are in harmony and congruent with the mission and purpose of counselling based on moral precepts and professional behaviour. Most professional counselling organizations have developed ethical code to protect the public from unethical practices, to guide the counsellor in ethical decision and to set standards. Professional practice of counselling is based on conformity to the standards and principles of counselling; it is also based on certain level of training (Collins, 2007).

Maintaining compassionate regards to the client by demonstrating a way of being courteous, tactful, sensitive, accepting, empathetic, and non-judgemental. The ethical framework referred to in discussion of therapy is one based on the concept of autonomy, justice, beneficence, non-maleficence and self-interest.

Ethics comes from the Greek work “Ethos” which mean character, and exploring the concept of right and wrong or guidance for good practice in counselling and psychotherapy. Ethics is a branch of philosophy which attempts to understand the nature of morality, to distinguish that which is right or wrong. Ethical standards are principles which when followed promote values such as are expected in counselling and psychotherapy practices (American Counselling Association (ACA), 2014). Professional accountability is important in ensuring public protection and allows the profession to move forward enjoying the public confidence in service provided. Ethical conducts relate to what the counsellor, morally, philosophically and otherwise, expects from himself as a counsellor or limits himself to in his work with clients.

Ethical codes provide normative ethical expectations that apply to all members (Ford, 2006). It is the foundation for professional practice. Some reasons have been given by American Psychological Association (2014) and the British Association for Counselling and Psychotherapy (2013) for the role of ethical principles in professional practice of counselling which include:

- To clarify counsellors' sense of professional identity by distinguishing themselves from those practicing other professions and occupations.
- Ethical code is a way of communicating to students and practitioners of the profession the basic principles, ideals and interest of counselling profession.
 - To address question and problems relating to ethical matters.
 - Establishing standard of professional conduct that provide specific behaviour, guidelines and serve to sensitize all members of the profession to ethical issues involved in the practice of counselling profession.
 - To educate professional about sound ethical conduct.
 - Provide mechanism for professional accountability.
 - To safeguard the welfare of the client by providing what is in that best interest.
 - Ethical standards provide an objective standard for evaluation of specific area of potential conflict.
 - Provide template that the professional can take to resolve complex issues in a rational manner.
 - Professional codes of ethics provide a substantive bans for decision making.
 - Provide guidance in what is expected of professionals and what is acceptable response to problem which may arise.

Ethical codes stress adherence to professional standards and to exemplary behaviour, integrity, and objectivity towards clients. Ethical standards here help the counsellor to evaluate self and client, to discover for self the ups and downs in a counselling process. Shertzer and Stones (1981) opine that confidentiality and privilege information in counselling sessions reveals intimate personal and sometime painful details and experiences to the counsellors. Such highly personal private revelation may bring embarrassment and wish the counsellor will not disclose them; the professional counsellors is obligated to protect the best interest of the client by maintaining confidentiality which is ethical consideration on the person of the counsellor.

Similarly, a favourable counselling session can encourage client interest and need to seek professional's assistance; on the other hand, if events turn sour, the counselling session may become bias and not welcoming by the client or professional which may result to breakdown of the fundamental ethics of the profession of treating with confidentiality all clients' issues and problem. Furthermore, the challenge of working ethically means that practitioner will encounter situations where there are competing obligations. In such situation, it is tempting to retreat from all ethical analysis in order to move from a sense of what may appear to be irresolvable ethical tension (Capuzzi & Stauffer, 2008). This ethics are intended to be of assistance in such circumstance, by directing attention to the variety of ethical factors that may need to be taken into consideration and to alternative ways of approaching ethics that may prove more

useful. Based on these, the researchers were motivated to investigate on professional counsellors adherence to ethical principles in universities in Cross River State.

Person-centred theory by Carl Rogers the humanistic psychologist, developed the concept of unconditional positive regards which is the basic acceptance and support of a person regardless of what the person says or does especially in the context of client centred therapy. Rogers with his Christian background, centred his interest on any honest attempt to solve human problems. He based his theory on the precepts that man do basically good and has interest and capacity to solve his problems in positive ways if given conditions of life which will help him release his in-built potentials. The theory believes that a confidential, friendly atmosphere will offer the client the needed supports to open up and be empowered to solve his problems or able to cope with it (Nwachukwu, 2007). Counsellors are dedicated to promoting the worth, dignity, uniqueness and potentials of every person with whom they counsel. Counsellor must inform the client of the goals, purpose, techniques, treatment methods, rules, procedure, and limitation of counselling. A counsellor must notify the client if he or she has to consult with other mental health professionals about the client. This theory is relevant to this study because it emphasizes total acceptance of the individual, which is the basis for guidance and counselling to help the client come out of his or her numerous psychological and emotional problems or to ensure easy adjustment.

In a survey of professional members of the National Vocational Guidance Association in respect to the degree to which they favoured revealing confidential information to some authorized agencies or persons, the respondents most closely associated with secondary schools showed the greatest preference for loyalty to society than to the counsellee. Those who had more years of public school teaching indicated a higher loyalty to the society. Those who had more graduate course unit in guidance, psychology or related areas, indicated more loyalty to the counsellee. In conclusion, the counsellor's obligation to maintain confidentiality varies with the nature of information imparted on and the effect the revelation will have on the client (Shertzer & Stone, 1981).

In another survey by Flylkesnes, Haworth, Rosenvard & Kwapa (1999) on HIV testing and counselling, threat to confidentiality in selected urban and rural areas in Zambia, the subjects were selected by stratified random cluster sampling and the participants were asked to provide a saliva sample for anonymous HIV testing as part of the interview. They were also asked about previous HIV testing experience and if they wish to be counselled and tested for HIV. Those indicating interest (initially willing) were provided with invitation letter to see 9 counsellors in rural areas in Zambia. Voluntary Counselling and Testing (VCT) was provided by personnel brought from outside the local community, whereas in urban areas, it was provided by locally

recruited staff. The proportion initially willing was 37% while 3.6% actually came for the result. The result showed that the readiness was found to be very low. Factors such as concern for confidentiality and length of time waiting for the expert contributed to under-utilization rate. It was recommended that counselling discusses confidentiality issues with clients before the counselling is established. In most cases, the counsellor will tell the client their relationship will be confidential. Clients going through stressful life experiences, traumatic or emotional problems are especially unwilling to share their most private feeling with strangers unless they are sure that their secrets are safe. That is why confidentiality is so important to making counselling effective; ultimately without trust there is little point to attempt counselling.

Harden, Kagecha and Kinsman (2011) conducted a mixed study on women's view and concern on counselling and confidentiality, prevention of mother to child (PMCT) in four African Countries – Burkina Faso, Kenya, Malawi and Uganda. The survey was conducted in 2008-2009 among clients (N=408) and providers of health facilities offering HIV and counselling services, using semi-structured questionnaire interview with a subset of 63 HIV positive women on their experience of stigma, disclosure, post testing counselling and access to follow up and psycho-social support. The result showed that majority of pregnant women attending ante-natal care (80 – 90%) reported that they received explanation for the HIV test, how it can be transmitted, and were given advice on prevention; encouraged to refer their partners for testing. The result showed that women found the exercise coercive, while disclosure was highly problematic; 79% of the HIV positive women reported that they kept their status secret, only 37% disclose their status to their husbands. It was therefore concluded that when sealing HIV testing programme, it is particularly important that issue of partner disclosure should be taken seriously because exposing their status may result to stigma, discrimination, household conflict and divorce upon disclosure of HIV state.

In an article by Petterson (2004) on Unconditional Positive Regard and Professional Practice of Counsellors, the author showed two specific examples of therapist and client dialogue. In the first dialogue between client and therapist, there is no evidence of unconditional positive regard used. This caused the client to become shut down and unresponsive towards therapist; the therapist does not engage in a respectful therapeutic manner which means much to the client. In the second dialogue, therapist uses unconditional positive regard principles. The client was asked to understand the therapeutic method and have a meaningful therapy session. The therapist works with respect which only leads to positive outcome. This supports the idea of how successful unconditional positive regards can be if appropriately and correctly used.

Purpose of the study

The purpose of the study was to ascertain the extent of adherence to ethical principles in professional practice by counsellors in Cross River State. The study specifically sought to ascertain:

1. The relationship between confidentiality and professional practice of counsellors.
2. The relationship between unconditional positive regard and professional practice of counsellors.

Research questions

1. What is the relationship between confidentiality and professional practice of counsellors?
2. What is the relationship between unconditional positive regard and professional practice of counsellors?

Hypotheses

Ho1: Confidentiality does not significantly relate to professional practice of counsellors.

Ho2: Unconditional positive regard does not significantly relate to professional practice of counsellors.

Methodology

The research design used for the study was descriptive survey research design. The study was situated in the two public Universities in Cross River State, University of Calabar and Cross River University of Technology. The population was all the counsellors in the two Universities in Cross River State. The sample size was 50 counsellors randomly sampled from the two institutions in Cross River State. The instrument for data collection was designed by the researchers and the questionnaire titled "Professional Adherence to Ethical Principles of Counselling (PAEPC) was used for data collection. This instrument was validated by experts in Measurement and Evaluation, Psychology and Guidance and Counselling Department respectively. The reliability coefficient was .82.

Presentation of results

Table 1: Descriptive statistical analysis of professionals' adherence to ethical principles of counselling

S/N	Items	A	D	\bar{X}	SD	Remark
1.	I maintain a non-judgemental approach to my client.	38	12	3.18	2.50	Agreed
2.	I ensure that I create a warm and friendly environmental in my counselling session.	49	10	3.70	2.50	Agreed
3.	I give my clients full attention.	36	14	3.28	2.50	Agreed
4.	I don't force my clients to accept my suggestions during counselling.	42	8	3.52	2.50	Agreed
5.	I respect my client's ability to self-direction during therapy.	30	20	3.34	2.50	Agreed
6.	I don't disclose my client's conversation with any other party.	32	18	3.28	2.50	Agreed
7.	I don't forcefully bring people into therapies.	32	18	3.36	2.50	Agreed
8.	I select people that I allow into my counselling room.	14	36	2.34	2.50	Disagreed
9.	I only disclose information provided by my client on permission to do so.	24	26	3.20	2.50	Agreed
10.	I sometime violate the rules to suit my demands.	20	30	1.64	2.50	Disagreed

Overall mean = 3.08; \bar{x} = mean; SD = Standard deviation; Decision rule: $\bar{x} > 2.50$, accept or agree to the item; $\bar{x} < 2.50$, disagree to the item

The result in Table 1 showed the response of professional counsellors over their adherence to principles of guidance and counselling. The result showed that respondents agreed to items 1-7 and 9 with mean scores range of 3.18 – 3.70 which are greater than the criterion mean of 2.50. This implies that there has been adherence to ethical principles by professional counsellors in the study area. The result also

showed that items 8 and 10 are low with mean scores (\bar{x}) of 2.34 and 1.64 when compared to the criterion mean of 2.50; it showed that counsellors disagreed with the items showing that they do not violate those principles relating to those items. On the whole, the grand mean of 3.08 is greater than the criterion mean of 2.50; this implies generally that professional counsellors have been adhering to ethical principles in their practices.

Ho1: Confidentiality does not significantly relate to professional practice of counselors.

To test this hypothesis, Pearson’s Product Moment Correlation Coefficient was used as presented in Table 2.

Table 2: Pearson Product Moment Correlation Coefficient on confidentiality of professional counsellors

Variable	$\frac{\sum x}{\sum y}$	$\frac{\sum x^2}{\sum y^2}$	$\sum xy$	df	r-cal
Confidentiality	356	1011	2761	48	.683
Professional practices	402	1321			

Critical r-value = .444, df = 48, p = .06

This implies that there is a significant relationship between confidentiality and professional practices hence the null hypothesis is rejected.

Ho2: Unconditional positive self-regard does not significantly relate to professional practice of counsellors.

To test this hypothesis, Pearson Product Moment Correlation Coefficient was used as presented in Table 3. The result in table 3 shows that the r-calculated of 0.521 is greater than the r-critical at degree of freedom of 48. This led to the decision to reject the null hypothesis. This implies that there is a significant relationship between unconditional positive regard and professional practice.

Table 3: Pearson Product Moment Correlation Coefficient on unconditional positive regards of professional counsellors

Variable	$\frac{\sum x}{\sum y}$	$\frac{\sum x^2}{\sum y^2}$	$\sum xy$	df	r-cal
Unconditional positive regards	371	1104	2803	48	.521
Professional practices	402	1321			

Critical r-value = .444, df = 48, p = .06

Discussion of findings

The first hypothesis which states that confidentiality does not significantly relate to professional practice of counsellors was rejected, implying that there is a significant relationship between confidentiality and professional practices. The result is in line with Flylkesnes, Haworth, Rosenvard and Kwapa (1999) who studied HIV testing and counselling, and a threat to confidentiality. They reported that concerns for confidentiality were major factors in counselling and should be discussed with clients before the counselling process. Clients may be unwilling to share their private feelings with a stranger, unless they know their secrets are safe. The result is also supported by Harden, Kagecha and Kinsman's study on women's view and concern for counselling and confidentiality. They found the testing coercive and disclosure of status was highly problematic as 75% of HIV positive women reported that they keep their status secret while only 37% of the women disclose their status to their husband.

Findings from the second hypothesis indicate that there is significant relationship between unconditional positive regard and professional practice. The result of the finding is in line with the study of Petterson (2004) showing two specific examples of therapist and client's dialogue. In the first dialogue between client and therapist, there was no evidence of unconditional positive regard used. This caused the client to become shut down and unresponsive towards therapist since he did not engage in a respectful therapeutic manner which caused loss of trust for the client. In the second dialogue, therapist used unconditional positive regard, understood the therapeutic method and had a meaningful therapy session. The therapist worked with respect which only led to positive outcome. This supports the idea of how successful unconditional positive regard can be if appropriately and correctly used.

Conclusion and recommendations

Based on the result of the findings, it was concluded that confidentiality and unconditional positive regards and ethical principles have a strong relationship with professional practice of counsellors. The following counselling recommendations were therefore made:

1. In counselling process, it is advisable to discuss confidentiality issues with client before the counselling session is established.
2. Professional counsellors should be committed to good practice, keep up to date with latest knowledge response to changing circumstances.
3. Professional practicing counsellors should depend on gaining and honouring the trust of clients by attentive listening, acceptance and respect offered to the client's privacy and dignity.
4. Counsellors must respect the worth of the client and make referral when necessary.

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