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A Conceptual Rationale for a Contemporary Unified Code of Ethics in Ukraine

Michell L. Temple[1], Olena Lytvynenko[2], Olha Kolesnikova[3], Olga Maryanenko[4], Olga Zaporozhets[4]

[1]Counseling Division, Denver Seminary, Denver, USA
[2]Borys Grinchenko Kyiv University, Kyiv, Ukraine
[3]Teaching Track, International Institute of Postgraduate Education, Kyiv, Ukraine
[4]School of Psychology and Counseling, Regent University, Virginia Beach, USA
Email: michell.temple@denverseminary.edu

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Abstract

The globalization of psychology-counseling in Ukraine began about 30 years ago. Since the establishment of applied psychology in the early 1990s, the profession is still forming its standards of education, training, and standards of care. Ukraine legislation has actively developed in the last ten years, especially given the needs presented with the Ukrainian-Russian war. Ukrainian psychologists-counselors address the needs of hundreds of thousands of recent veterans and displaced people that fled occupied territories. Therefore, the standards of care and the need for an updated unified ethical code are actively discussed in Ukraine at present. The purpose of this paper was to discuss universal principles of ethics that could be contextualized to update the Ukrainian ethics code for psychological counseling. The authors apply social dominance theory and the contextual model of psychotherapy to illustrate ethical guiding principles that need to be considered in the developing code of ethics. Case study examples are provided to illustrate global ethical principles application with the cultural sensitivity and respect for the global environment. The paper concludes with concluding social implications to ethical practice within Ukraine and guidance for future research.

Keywords

Psychotherapy, Code, Ethics, Social Dominance Theory, Contextual Model of Psychotherapy

1. Introduction

The development of applied psychology in Ukraine was tied up to the Soviet

Union and its ideology until 1991. During that time, therapeutic practice was limited to psychiatrists and medical institutions that predominantly provided help to patients with severe mental illness that often required hospitalization and was associated with negative social stigma. After Ukraine gained independence from the Soviet Union in 1991, applied psychology (practical psychology) came to schools and took a new focus on psychological assistance and psychotherapy. When the unexpected war with Russia began in 2014, Ukrainian psychologists needed to change focus to the needs of military, combat veterans, and 1.5 million of the displaced population (Office of the High Commissioner, 2019). This presented a new challenge of regulating the educational standards, forming common clinical practices, and standards of care. The need for an updated unified code of ethics for psychological and mental health counseling services became apparent, especially with the increased engagement of the clinical professionals from abroad. In this paper, authors further highlight the application of social dominance theory and the contextual model of psychotherapy to illustrate the adaptation of universal ethical principles in Ukrainian cultural context. Authors also provide Ukrainian clinical case examples that demonstrate the main points in practice.

2. Historical Overview

The change of political system and social values after the Bolshevik revolution 1917-th led to acceptance of atheism as a national social idea and cessation of the therapeutic practice formation all together at the territory of the Soviet Union. Private psychotherapeutic practice was made impossible due to public health policy. Even though there was some development of psychology as a science associated primarily with the name of L. Vygotsky and developmental psychology realm during that time, psychology was mainly understood as means for human improvement and development of individual general and special abilities (Romenets & Manoha, 1998). The proclamation of Ukraine's independence in 1991 marked the beginning of rapid changes in different spheres of life. The opening of borders as well as the removal of censorship and other restrictions contributed to the spread of ideas and approaches of European and American psychotherapeutic practice. This gave the impetus to the formation of Ukrainian modern psychotherapy. Thus, the formation of independent and authentic psychotherapeutic practice in Ukraine began about 30 years ago. During this time the first Psychology Code of Ethics (1990) was developed. This brief, five page document, provides grounding principles for therapeutic practice till this day. From 1991 till 2014 the psychotherapy development was mostly left to professional associations that provided additional training to university trained psychologists who mostly were prepared to practice as school psychologists and often lacked clinical skills and clinical internships to provide clinical services. Today there is no single standard of ethical code in Ukraine. Various psychological organizations and associations either focus on foreign standards, or develop their own codes, which are valid only within the association. At the same time, there are some

specialists who do not belong to any professional community. Usually, they ignore ethical standards or even violate them. Needless to say, that such organization created a wide variety of clinical services of varying quality. Absence of license and unifying quality service commission made ethics enforcement almost impossible.

However, the war between Ukraine and Russia, that began in Eastern Ukraine and Crimea in 2014 challenged Ukrainian mental health system and called for reconsideration in the law and ethics of providing psychological services. The war has caused an unprecedented disruption to Ukrainian society and psychological harm to its citizens, especially its military personnel, those living in the war zone, and people who are internally displaced (Hamilton, 2019; World Bank Group, 2017). The adult population in Ukraine has experienced rising rates of mental and behavioral health problems, poverty, suicide, disability, traumatic brain injury, violence and divorce (Global Mental Health, 2020; World Bank Group; Burlaka et al., 2017). Yet the psychology-counseling profession continues to operate under ethical codes that were written shortly before the country's independence. The following section describes the authors approach to identifying universal ethical principles and applicable frameworks that situate an updated ethical code in Ukrainian clinical context and environment.

2.1. Foundational Principles of Professional Codes of Ethics in Mental Health Counseling

The code of ethics from the following U.S. organizations were reviewed for this paper: American Counseling Association (ACA, 2014), National Board Certified Counselors (NBCC, 2016), Commission on Rehabilitation Counselor Certification (CRCC, 2017), and the American Association of Christian Counselors (AACC, 2014). A hallmark of these codes of ethics is the following universally moral, guiding principles (Cooper, 2004). These ethical principles that might be considered universal are intended to direct professional practice of the psychologist-counselor with colleagues and the general public: 1) autonomy, the right to control the direction of one's life; 2) nonmaleficence, to avoid actions that cause harm; 3) beneficence, to work for the good of the individual and society by promoting mental health and well-being; 4) justice, to treat individuals impartially and to foster fairness and equality; 5) fidelity, to honor commitments and keep promises, including fulfilling one's responsibilities of trust in professional relationships; and 6) veracity, to deal honestly with individuals with whom counselors come into professional contact.

Each code aspired to these principles with the goal of requiring clinicians to promote the dignity, interests and welfare, and the growth and development of clients equal to their own and as appropriate, above (AACC, 2014; ACA, 2014; CRCC, 2017; NBCC, 2016). Interestingly, each revision of these codes of ethics seemed to respond to the social and cultural context of the United States with the intent of supporting professionals' understanding of themselves as healing agents and honoring the expectation between the profession and public to meet the unique

needs of the clients, students, supervisees, and research participants. The codes allow both membership organizations and certifying agencies to monitor professional practice and provide the public an avenue to report concerns about its members, regardless of their psychotherapeutic approach. Borrowing from the experience and knowledge of psychotherapeutic professional and certifying organizations in the United States, this paper hoped to contribute to the conceptualization of contemporary unified ethical standards for psychological counseling in Ukraine by applying a sociocultural approach to introduce and explain the importance of ethical guidelines for psychotherapeutic relationships.

2.2. Approach to Contextualize Universal Ethical Principles

A sociocultural approach to understanding universal ethical principles within the Ukrainian code of ethics began with understanding the context the standards intended to regulate. Cultural relativism is a "metaethical position that claims moral values can only be judged relative to the particular culture which they arose suggesting that different cultures are governed by incommensurable belief systems, making cross-culturally valid universal moral values impossible" (Cooper, 2004: p. 168, 173). Thus, the authors approached ethics in Ukraine by recognizing the implications of centuries under foreign occupation including Soviet rule, the development of psychotherapeutic practices, and the present-day context of war. The authors then identified frameworks to guide ethical decision making to support ethical standards of practice. Based on the context of Ukraine, the authors selected social dominance theory and the contextual model of psychotherapy because each framework acknowledges universality of experiences and specificity of a sociocultural context at both the professional and client levels of interaction (Pratto et al., 1994; Wampold, 2015). Moreover, social dominance theory in ethics can help psychologist-counselors address the influence of personal identities on their clinical practice (Wilcox et al., 2020). Secondly, the authors chose the contextual model of psychotherapy to support psychologist-counselors' decisions related to their clients (Locher et al., 2019). An overview of these two frameworks follows.

Social Dominance Theory. Pratto et al. (1994) introduced social dominance theory to describe the phenomena of the interaction of social and psychological processes that act on legitimized myths about between and amongst groups of people within a society. Legitimized myths are defined as perceived ideologies that explain how the world operates, *i.e.*, not based on truthfulness or falseness, fairness, morality or reasonableness. The theory presents conceptually distinguishable from the common personality conception of interpersonal dominance, which concerns itself with the extent to which individuals like to be in charge and are efficacious. Social dominance theory hypothesizes that a Social Dominance Orientation (SDO), an attitudinal orientation of hierarchy or equality, e.g., that person desires for one's preferred group, in-group, has superiority and power over a different group, out-group. Social dominance theory places SDO on a continuum of superior-inferior. The theory suggests that people who have a propensity toward a so-

cial-dominance will gravitate to hierarchy-enhancing ideologies and policies, whereas those who prefer egalitarianism or away from social-dominance will favor hierarchy-attenuating ideologies and policies.

SDO provides a framework to describe a person's acceptance or rejection of practices related to intergroup relations (Pratto et al., 1994; Wilcox et al., 2020). Additionally, SDO postulates that people seek roles that favor their movement toward or away from hierarchical structures and relationships. The hypothesis suggests that people can intentionally and unintentionally perpetuate social equality or inequality based on their orientation. It specifically considers the role of gender and legitimizing myths such as ethnic prejudice, nationalism, cultural elitism, sexism, noblesse oblige, meritocracy, social policy attitudes, social welfare, civil rights, and punitive policy on a person's preference for unequal relationships among categories of people (Pratto et al., 1994).

Contextual Model of Psychotherapy. Wampold (2015) redefined the common factors model of psychotherapy to the contextual model to more fully articulate the relevance of the interaction between client and therapist within a specific therapeutic setting. The contextual model theorizes that there are three pathways through which psychotherapy produces benefits regardless of the espoused therapeutic orientation or school of practice. The mechanisms are linked to the relational characteristic of humans and the fundamental force of psychotherapy as an art of social or relational healing.

The first pathway that promotes wellbeing in psychotherapy is the initial relationship or connection made between the psychological counselor and clients. Clients make quick judgements about the counselors based on physical appearance and office decorations as well as other features of the therapeutic environment. The connection allows the clinician to create a foundational trust and promote a therapeutic alliance based on knowledge, time, and perceived interest to understand a client's problem conceptually and situationally. The second pathway, supports the client's acceptance of the explanation, treatment, and willingness to work with the therapist, creating confidence in the client that the therapy will be successful. The third pathway facilitates strong collaborative work, particularly agreement about the tasks of therapy and the likelihood of participation in the enactment of healthy actions.

Each pathway hinges on a strong therapeutic alliance because the relationship provides many clients with a nonjudgmental, nonthreatening, empathic and caring individual, which has shown to promote adaptive functioning and improve health (Wampold, 2015). Psychological counselors who apply the contextual model to psychotherapy ethically would likely take great care to protect the therapeutic alliance. They may provide ongoing psychoeducation to clients as well as use a nondirective and supportive style. The contextual model to psychotherapy suggests as Locher et al. (2019: p. 6) states an "ethical obligation to make these characteristic elements of psychotherapy, which promote the change from non-adaptive into adaptive explanations, allowing the client to feel better, function more

favorably, and think more adaptively, transparent in both, therapeutic manuals and the informed consent of clients".

3. Case Study Examples

In the next section of the paper, we demonstrate the application of social dominance theory and the contextual model of psychotherapy in conceptualizing ethical guidelines, and informing ethical decision making in clinical practice in Ukraine. We provide two case examples, one for each framework. After the case, we offer explanations of how the frameworks are applied to the case study by discussing: 1) the case through the lens of the framework; and 2) the ethical issues identified based on the framework.

3.1. Social Dominance Theory and Ethics

A female counselor, who is recently divorced with no children, begins consultations with a client who is a 32-year-old, single woman. The client reported that she went to two other psychological counselors. According to the client, "they didn't understand me". She sought therapy this time due to complaints of loneliness and phobias about health, with frequent headaches that have worsened in recent relationships. The client reports feeling lonely, even in a relationship. The client lives in the city, in a separate apartment alone. The client works at a family construction business with her mother and brother. She is the younger of the two children. The client's parents divorced when she was five years old due to her father's alcoholism. The client had numerous boyfriends, but has never been engaged. She feels like she is a failure. The client consistently compares herself with peers who already have families, especially those with children. She considers herself unattractive and old. The client is extremely sensitive to the opinions of others and very self-critical.

After 12 sessions, the client's phobic symptoms did not disappear, but the feeling of loneliness decreased in counseling. The client also began to report increased fatigue, sleep problems, waking up a few hours earlier in the morning, and decreased appetite. The psychologist-counselor supported the client in every possible way. She allowed the client to call 24 hours a day, seven days a week to talk generally and to ask for help in making decisions. She also encouraged her to end an intimate relationship with the last boyfriend, who tried in every way to restore their relationship. The psychologist also invited the client to a childfree support group for victims of domestic violence, where she is the leader of the group.

Explanation of Case Study One. A review of the case from the lens of social dominance theory highlights the psychologist-counselor's cultural values and beliefs that affect clinical practice. The theory identifies the possibility that the psychological counselor lacks awareness of the power dynamics associated with elitism and prejudice.

In this case, it seems the counselor lost sight of the client's need to mature by

taking the role of caretaker in the client's life. It is possible that the psychologist may perceive the client as inferior, incapable, or in need of rescuing. She seems to encourage the client to rely on her to make decisions and takes a position of authority. The psychologist-counselor influenced the client to terminate a romantic relationship, which also ignores the client's agency. The counselor may need to consider the potential harm of her behavior on the client's growth and development. She seems to be promoting feminist views in treatment. The client's deteriorating mental health suggests that the counseling plan may not be helpful. The clinical symptoms do not suggest the client needs a support group for domestic violence and symptoms associated with mood worsen except for loneliness. The psychologist-counselor's beliefs and values impair her judgment as she overlooked the possibility of referring the client to a psychiatrist for further evaluation.

The ethical issues found in the case include autonomy and nonmaleficence. The psychologist-counselor violates the client's right to partner in the counseling process by taking an authoritarian and directive stance. She also appears to have imposed her views about relationships onto the client, romantic and familial. The psychologist-counselor may not have considered how her recent divorce may affect her. It seems questionable that she encouraged the client to end a romantic relationship, while not building natural supportive connections with the mother and brother. The psychologist's lack of awareness of her values and beliefs negatively impacted her ability to focus on the wellbeing of the client.

3.2. Contextual Model of Psychotherapy and Ethics

A male psychologist-counselor has a female client, who is 38 years old, married and works as an accountant. She sought out counseling because of deteriorating relationships with her husband and son. She reports frequent conflicts, arguments, in the family. The client states, "My husband does not love me. The three of us only live together. My husband does not help with raising our son. I raised him alone all this time. I wanted him to be happy. I tried to do everything for him." The son, who is 15 years old, plays football. The husband, who is 45 years old, works as a truck driver. The woman reported that he, the husband, takes long trips for work. When the husband is home, he invites friends over. The gatherings often lead to arguments between the couple. The psychological counselor decided to clarify the information reported about the husband from the wife. The counselor searched the internet and social networks for information about the husband and his friends. After eight sessions, the psychologist-counselor diagnosed the issue as problems with family interactions. Throughout the consultation, the counselor showed compassion for the woman and tried to help her to resolve the problems with her husband and son.

Explanation of Case Study Two. Applying a contextual model of psychotherapy to the case to demonstrate the importance of the therapeutic alliance between

the counselor and the client shows that the relationship begins with a clear identification of the person or group of people engaged in services. The psychological counselor in the case appears to meet only with the wife; however, he indicates the problem is with family interaction. If he conceptualizes the problem situationally as one that involves the husband, wife, and son then it is ineffective for him to develop a therapeutic alliance only with the wife. The identified problem suggests that the psychological counselor must engage the husband and the son by obtaining information about the problem from their perspective, which would result in a clearer understanding of the dynamics that perpetuates the unhealthy family interactions. Ideally, involving the husband and the son would galvanize their participation in counseling with the wife, cultivate an alliance with the therapist, and support effective treatment. It would also eliminate the need for the psychological counselor to use social media to gather information about the husband. The counselor could ask the husband and engage him equally in the process of counseling.

The ethical issues in the relationship with the client in the second case are veracity, fidelity, and justice. The counselor may not have been truthful in stating that he could provide services for a family interaction problem, if the wife is the only member of the family in counseling. The psychologist-counselor should further consider his capacity to honestly counsel the wife based on the presenting problem, goals, and psychotherapy method from a therapeutic perspective. Ethically, the psychologist-counselor would need to communicate expectations of counseling based on the participation of the husband and son through the ongoing informed consent process. For example, he may need to update the identified client, revise the stated problem, and subsequent counseling goals to focus on helping the wife.

Without full consideration of veracity in the establishment of the therapeutic relationship, fidelity is also compromised in the case because the psychologist-counselor's professional commitment to the wife presently is to help her improve the relationship within her family. The psychologist-counselor should keep the reason the wife sought counseling a priority when making decisions about his interactions with her and other family members. Consequently, if the counselor has labeled the family of the client through the diagnosed problem, then he should treat each member of the family equally. He has spoken with the wife, but has failed to interview the husband or son. He has allowed the wife to inform the therapy for the entire family. Using a contextual model of psychotherapy to understand the ethical responsibility to client relationships could help the psychologist-counselor in the above case uphold ethical principles and provide quality psychotherapy.

4. Social Implications and Conclusion

The overview of social dominance theory and the contextual model of psychotherapy suggest that these frameworks could support ethical decision-making and ethical practice when engaging in relationships with clients. The application

of the contextual model of psychotherapy and awareness of social dominance theory can also help them honor the foundational principles inherent in many professional codes of ethics. Social dominance theory in ethics can help Ukrainian psychologist-counselors take the necessary steps to increase their awareness of their own biases and avoid imposing their personal values and beliefs onto clients as well as address the influence of personal identities on their clinical practice. Additionally, the contextual model of psychotherapy can aid changes without psychologist-counselors in making decisions that support the dignity and promote the wellbeing of their clients by safeguarding the therapeutic alliance. Both frameworks could help psychologist-counselors achieve the primary responsibilities of enabling clients to grow and develop toward self-selected goals through a healthy professional relationship.

The presented theoretical framework responds to the needs of the Ukrainian populace during the time of war by incorporating universal ethical principles in the Ukrainian cultural environment using a sociocultural approach. This culturally responsive approach may be beneficial in other cultural environments that are developing or updating counseling and psychology professional ethics codes.

5. Future Directions for Research

The profession of psychological-counseling could provide care to Ukrainians with consistent ethical standards by grounding the development and implementation of a new ethical code for psychologist-counselors in the universal ethical principles and the cultural and therapeutic contexts of Ukraine. Social dominance theory and the contextual model of psychotherapy need to be further investigated as viable frameworks to approach ethics development and education qualitatively. Future researchers should use qualitative studies to explore psychologist-counselors' understanding of these theories in relation to ethical practice. These psychologist-counselors should include those in the roles of educators and clinical supervisors.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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