Turkish Psychological Articles, December 2019, *22*(44), 12-14 DOI: 10.31828/tpy1301996120190831m000011

Summary
Ethical Issues Needed to Be Paid Attention by Psychologists Working with Older Adults

Şule Selçuk

Kastamonu University

Ethical principles in psychology provide shared values for psychologists and guide them in professional life (TPD Code of Ethics, 2004). However, Turkish Psychological Association (TPD) Code of Ethics (2004) does not involve specific ethical standards for psychologists working with older adults (i.e., psychologists providing psychological services and/or conducting research with older adults). Similarly, though APA published guidelines for these psychologists, APA Code of Ethics (2002) also does not cover such ethical standards. Moreover, to the best of our knowledge, there is no published work in Turkey that is directly related with ethical issues regarding working with older adults. Therefore, the aim of the present review is to fill this gap in the literature by covering ethical issues needed to be paid attention by psychologists working with older adults.

It is known that life expectancy has increased over time and it is estimated that the percentage of older population will continue to increase (see Turkish Statistical Institute, 2013). Hence, interest in research conducted with older adults and the number of psychologists who provide psychological services to them gradually increase (see American Psychological Association Working Group on the Older Adult, 1998). Therefore, it is quite important to increase awareness about ethical issues regarding working with older adults. To this end, in the present review, ethical issues related to competence, autonomy, informed consent, confidentiality, and older adult abuse were covered, respectively.

Competence

Psychologists working with older adults need additional knowledge and skills to serve competently (Karel, 2011). For instance, it is important for psychologists to know that older adults are not homogenous in terms of functioning. (see Erber, 2013). Therefore, researchers suggested to divide older adulthood into three categories: young-old (65-74), old-old (75-84), and oldest-old age (85 and older). Among these age groups, oldest-olds are more likely to experience cognitive decline and chronic health problems so they need related services more (Erber, 2013). Psychologists may be more likely to serve competently to young-olds since individuals in this age group has similar characteristics with younger people. However, clinical or counselling education and training for adult clients may not be sufficient to serve old-olds and oldest-olds competently. Thus, it seems that related psychologists should gain additional knowledge and skills for older adults (Knight, Karel, Hinrichsen, Qualls, & Duffy, 2009; Molinari et al., 2003; Qualls, Segal, Norman, Niederehe, & Gallagher-Thompson, 2002).

A survey study conducted with APA members revealed that more than half of the psychologists who already provide psychological services and wish to serve more to older adults, reported that they need additional education and training (Qualls et al., 2002). Based on this study, it is suggested for related psychologists to get additional knowledge regarding characteristics and the effects of aging, common difficulties and treatments in older adulthood, and to receive additional training and supervision (APA 2004; 2014; McGuire, 2009; Qualls et al., 2002). In addition, it is suggested that education opportunities in geropsychology should be improved. (Bush, Allen, Heck, & Moye, 2015).

In 2004, APA published "Guidelines for Psychological Practice with Older Adults" that involves aspirational goals rather than standards (the guidelines were updated in 2014). Some suggestions for psychologists in the guidelines are: (a) to be aware of the individual differences among older adults, (b) to know related measurement instruments for this age group, and (c) to be aware of one's own attitudes regarding older adults (APA, 2004; 2014). In addition, it is suggested for related psychologists to know normative and nonnormative changes, common health problems (e.g., arthritis) and medications in older adulthood in order to correctly de-

Address for Correspondence: Res. Asst. Şule Selçuk, Kastamonu University, Faculty of Science and Literature, Department of Psychology, Kuzeykent Campus, 37150, Kastamonu.
E-mail: sselcuk@kastamonu.edu.tr

fine the reasons behind the problems (physical vs. psychological) (Barnett & Quenzel, 2017). Another widely cited resource that is suggested for psychologists working with older adults is *The Pikes Peak model* (Knight et al., 2009). It involves a comprehensive set of information about attitudes, knowledge, and skills that are important to serve competently (Knight et al., 2009).

Autonomy

One of the common ethical dilemmas of psychologists working with older adults is between the principle of autonomy and benficence/nonmaleficence, and between the principle of autonomy and protecting the psychologist-client relationship (Bush et al., 2015; Fitting, 1986; Karel, 2011). These ethical dilemmas emerge especially when there is an impairment in the older adult's functioning (mostly in cognitive functioning) and severe (e.g. major depression) or fatal disease since these factors influence the decision making ability regarding their own safety and wellbeing (APA, 2004; Fitting, 1986; Karel, 2011; Schwiebert, Myers, & Dice, 2000; Woods & Pratt, 2005). Therefore, it should be noted that older adults' decision making competence should be evaluated repeatedly and monitored periodically (Scheiderer, 2012). However, it should also be kept in mind that a large number of older adults preserve their decision making ability to a great extent (Karel, 2011).

One of the common ethical dilemmas regarding older adults living in long-term care settings emerges when the older adult wants to live independently whereas the family members insist long-term care for the older adult (APA, 2004; 2014). Since living independently may put safety of other people and the older adult at risk, the psychologist confronts with an ethical dilemma between providing safety/avoiding harm and preserving the client's autonomy. In such situations, psychologists should ensure maximum autonomy for the older adult while minimizing the possibility of harm (Schwiebert et al., 2000). Fitting (1986) suggest that when there is a conflict between the wishes of the older adult and the family members, the psychologist may talk with the older adult and the family members together in order to evaluate family relations and asses the conflict in a context of family system. For instance, if the client has sufficient decision-making capacity, then some alternative solutions may be found (e.g., taking some safety precautions in the older adult's house such as moving throw rugs away) (Fitting, 1986).

Informed Consent

Psychologists should pay additional attention to whether the older adult fully understands the research purposes or implications of the treatment (McGuire, 2009). It is especially difficult to decide whether the older adult is capable of giving informed consent when there is cognitive decline (Schwiebert et al., 2000). Therefore, psychologists may ask the older adult to repeat the information in informed consent in his/her own words" (Locher, Bronstein, Robinson, Williams, & Ritchie; McGuire, 2009). If there is doubt regarding decision-making capacity of the older adult and the psychologist does not have sufficient expertise, then the psychologist may refer the client to another expert in order to evaluate his/her decision-making skills (Molinari et al., 2003).

It is indicated that for older adults who are brought in for therapy by their family members, psychologists should ensure that attending the therapy is the older adult's autonomous decision (APA, 2002; 2014). In addition, TPD Code of Ethics (2002) communicates that psychologists are required to receive consent from legally authorized persons for individuals who are not legally capable of giving informed consent (e.g., if there is severe decline in specific skills). At this point, the psychologists should notice that there is no conflict of interest between the older adult and the legally authorized person (Beck & Shue, 2003; Bush et al., 2005; Resau, 1995).

Psychologists conducting research with older adults should pay attention to additional requirements. For instance, they should clearly explain the older participants that no treatment will be provided within the scope of their research since especially homebound older adults may have such misconceptions (Locher et al., 2006). Moreover, homebound older adults may accept to participate in the research since they may think that they will more easily attain to health care or they may wish to please the health care providers. Therefore, it is suggested to apply a two-step consent process: Firstly, the health care providers receive consent from the potential participant before recommending him/her to the study. Next, researchers receive consent from those who accepted to be recommended for the research (Locher et al., 2006).

Confidentiality

Another set of ethical dilemmas is related with confidentiality. According to TPD Code of Ethics (2004), psychologists should inform the client regarding the limits of confidentiality beforehand so they can decide to take treatment or participate in the research accordingly. For instance, psychologists are required to report the abuse to related authorities. Therefore, they should inform older adults about this obligation so as they be aware of the consequences of disclosing the abuse to the psychologist (Welfel, Danzinger, & Santora, 2000). Ethical dilemmas related to confidentiality arises especially

when there is a serious cognitive decline or possibility of harm (APA, 2004; 2014). Psychologists should also inform older adults with cognitive decline (as much as possible) and the legally authorized person about the limits of confidentiality.

Psychologists are required to ensure full confidentiality to older adults as they provide to younger individuals. However, if it is necessary or beneficial to share specific information about the older adult with other professionals or family members, the psychologist should take permission from the older adult (Knight, 2004 cited in APA, 2014). Psychologists providing psychological services or conducting research with older adults living in long-term care settings should take additional precautions to protect confidentiality (e.g., asking the staff not to enter in the room during therapy sessions).

Older Adult Abuse

Ethical codes including TPD Code of Ethics do not include specific ethical standards regarding older adult abuse and neglect. However, psychologists especially working with older adults are highly likely to encounter with abuse cases given that older adult abuse is quite common (Beaulieu & Leclerc, 2006; Welfel et al., 2000). Therefore, we also covered older adult abuse in the present review.

Different studies indicated that older adult abuse is quite common also in Turkey (Ergin et al., 2012; Kıssal & Beşer, 2011). Since psychologists and medical practitioners have important roles in identifying abuse (Beaulieu & Leclerc, 2006), it is vital for psychologists to have knowledge about older adult abuse and related ethical dilemmas.

Reporting older adult abuse to authorities is a legal and ethical requirement in Turkey as in many countries. In addition, psychologists should know what steps required to be followed when they suspect or encounter abuse (APA, 2004; 2014). They should also have knowledge about the types and risk factors of older adult abuse and the hints for identifying it (McGuire, 2009; Zeranski & Halgin, 2011).

One important ethical dilemma regarding older adult abuse is between reporting the abuse and protecting the therapeutic relationship (Zeranski & Halgin, 2011). To maintain the therapeutic relationship, Welfel and colleagues (2000) suggested that older adults should be informed about the requirement to report the abuse and be encouraged to actively involve in the reporting process. In addition, they should be informed about what would be the emotional and practical consequences of reporting and their negative emotions regarding reporting should be addressed in the sessions (Welfel et al., 2000).

Especially when the abuser is the older adult's child or children, an ethical dilemma between the principle of autonomy and beneficence/nonmaleficence might emerge as the older adult is more likely to reject reporting the abuse (Schweibert et al., 2000; Welfel et al., 2000). In such cases, the psychologists should be able to guide the older adult regarding financial support opportunities, home care services, and shelter (Schweibert et al., 2000; Welfel et al., 2000).

Conclusion

There are many important ethical issues that are needed to be paid attention by psychologists working with older adults. This review addresses these ethical issues with some suggestions provided in the literature. As there is scarcity of resource that is directly related with this topic, the present review takes a step filling this gap in the literature.