

REPORT ABOUT ALFPHV'S SURVEY
November 11th 2016
ENPVI Budapest

Slide 1: ALFPHV report about ALFPHV's survey

Good afternoon,

Today we are going to present you the report about the ALFPHV's survey

Slide 2: ALFPHV Association of French Speaking Psychologists Specialized for Visually Impaired Persons

Here today, we three are representatives of the ALFPHV, which means the French Speaking Association of Specialized Psychologists for Visually Impaired Persons

*This association was founded in 1969 to bring together psychologists working in different fields: clinical psychology, psychodynamic, psychotherapy, neuroscience and cognitive psychology

*They all work for blind or partially sighted persons, with their relatives and with other professionals

*All of them are aware of the clinical dimension and share the same ethical commitment

*The Association offers continuing training for its members by organizing annual working sessions and publishing conference proceedings

First of all, we must thank you for the recognition you have given our work.

Since the first meeting of the ECPVI in Copenhagen in 2007, we have gotten to know each other, we have listened to each other speak about many different focuses, on many topics, we have shared discussions, issues, as well as some concerns.

Over the years, our "French" focus, presented at the successive ECPVI councils, was related to daily practices. This implies considering the different frameworks in which we exercise our practice, as well as the professional constraints and ethical rules.

Slide 3: "Recommendations for the practice of psychologists working with visually impaired people"

In Bratislava, during the ECPVI 2014, we presented the French framework during a workshop with a text entitled "Recommendations for the practice of psychologists working with visually impaired people", and shared our concerns about deontology and ethics.

The workshop permitted fruitful discussion.

Therefore, we wish to continue this work with you.

Slide 4: Sharing our work experiences

We wanted to share our thinking on work experiences. We would like to know more about what were your different types of training, the framework of your practice, the people with whom you are working, your intervention areas (research, assessments, psychotherapy, and so on...), as well as your responsibilities, particularly, towards visually impaired persons.

We also wish to know if you belong to a professional association. If so, does it have legal recognition? And what are your legal obligations?

This is why we have distributed a questionnaire. It doesn't pretend to have statistical or scientific value, but along with the presentation of the results, we would like to raise questions and issues, as well as open a discussion about our professional practices.

Of course, for all of you who responded to our questionnaire, MERCI !!! Thank you...

Slide 5: Survey results

We used the ENPVI mailing list to send the questionnaire.

We sent one hundred seventy-eight questionnaires to thirty-five different countries. Thirty persons did respond, therefore only thirteen countries are represented: Belgium, Denmark, France, Germany, Greece, Hungary, Iceland, Ireland, Netherlands, Norway, Sweden, United Kingdom and the USA. As you can see, these are largely the countries usually represented to the ECPVI councils.

Slide 6: The survey respondents. Who are they?

As the survey shows, the great majority of respondents are psychologists, more than ninety percent.

Slide 7: General training of these psychologists

General training of psychologists is quite similar in the different countries, taking between five to seven years (PhD, Master).

In some cases, initial training includes clinical practice under supervision.

Slide 8: Many specializations

As you can see many specializations are represented in the different countries like clinical psychology, psychotherapy, neuropsychology, disability, early intervention, parent/family counseling, etc.

Slide 9: Many interests

And various interests are mentioned like blindness, developmental aspects of visual impaired, special education, rehabilitation, neuroscience [ADHD (Attention Deficit Hyperactivity Disorder), ASD (Autism Spectrum Disorders), CVI (Cerebral Visual Impairment)], etc.

Slide 10: They work with

Most of the survey respondents work at least for two populations such as children, teenagers, adults or families. All these populations are represented in about the same proportion.

Slide 11: They work with

They mainly work for blind or partially sighted people. About half of them work also with persons suffering from psychiatric problems, additional disabilities, brain injuries or cerebral visual impairments (CVI).

Slide 12: They work for

As you can see, they work for different institutions such as early intervention services, functional rehabilitation centers, specialized schools, psychological consultation centers, universities or scientific research centers, but many of them have also a private practice.

Slide 13: Their professional situation

And the next slide shows that most of psychologists who are independent are also institutionally employed

Slide 14: For what?

The main tasks are assessments, counseling, guidance, rehabilitation and psychotherapy.

Slide 15: They work with a multidisciplinary team

They work with other professionals, like healthcare professionals, rehabilitation trainers, social workers and other psychologists.

Slide 16: Job description

When there is a job description, it is written by the psychologist or by a higher authority (supervisor, manager, ministry, etc.).

Slide 17: Evaluation of practice?

If practice is evaluated, then it is by higher authority, colleagues, professional supervision, clients, accreditation organization or quality management procedures.

Slide 18: They decide on their own activity

We notice that psychologists decide on their own activity, their objectives, the choice of methods, their length of a work session / appointment and the number of work sessions / appointments. Most of them work without prescription, otherwise it is prescribed by health insurance or a manager

Their number of appointments is not fixed in advance for most of them; otherwise they are decided with the client or according to a contract

Slide 19: Who pays?

The financing varies a little from one country to another.

Overall, payment is provided by government funding, or by clients or families, sometimes with assistance from a welfare system or health insurance (private or state).

Slide 20: is consent requested?

Most often, consent is requested including for children and for all type of activities, even if it is not an obligation.

Slide 21: They communicate their reports

Who receives work reports?

Among the respondents, seventeen communicate their results, ten psychologists do not transmit their reports and three did not answer.

When they do, reports are sent to:
Patient/client
Family and child
School: Head of school, teachers
Medical contacts
Different authority representatives
Multidisciplinary teams, co-workers

Slide 22: Legal framework

In the thirteen countries represented in the survey, a psychologist's professional title is protected by legislation.

In almost every country there are legal obligations such as professional secrecy, confidentiality, ethical obligations and keeping clinical records.

Frequently it is a part of the code of ethics.

And like every citizen, psychologists and other professionals have to respect the current laws in each country: laws against violence and sexual abuses, data protection act, etc.

Slide 23 24 25 (Data tables):

In six countries (Belgium, Germany, Hungary, Iceland, Netherlands and Norway), there is a psychologist organization recognized by law. In Ireland, the Code of Ethics has not yet legal recognition but the legislation is planned.

In every country, there is at least one association of psychologists, often several.

In the following countries, an association recognizes the code: Denmark (psychologists), France (psychologists and healthcare professionals), Greece (psychologists), Sweden (psychologists), United Kingdom (health and care profession council), USA (association and state licensure board).

For the codes, there are several names:

There is a Code of **ethics** or **ethical** principles or **ethical** guideline in the following countries: Belgium, Denmark, Germany, Hungary, Ireland, Netherlands, Norway, Sweden, United Kingdom, and USA

In Iceland they refer to **Moral** rules, in the United Kingdom they refer to a Code of **conduct**

And in Greece, Belgium and France they refer to **Deontology**.

Germany and France have a specific association of professionals working with visually impaired persons.

Slide 26: Comments and observations from the respondents

From the comments and observations of the respondents, we could have added in the questionnaire:

- What is the age range of the respondents?
- How many years of professional experience?
- Did changes occur during those years?
 - o About practices
 - o About patient or client
- Are there any specific treatment methods?
- How many patients/clients do psychologists have?

- What about professional writings
 - o What is communicated?
 - o How?
 - o Are professional writings different depending on the recipient?
 - o Do you write personal notes? Where must they be kept? Who can consult them? Are there digitized records?
 - o Who can consult psychological files?
- Is there a special time for research, training and supervision in their schedule?

Slide 27: Our comment and observations

Now let us say what came to our mind when we read the survey responses:

- What about training and specializations: when specializations are mentioned,
 1. Is it mandatory to choose a specialization during the initial training? If so, does this specialization determine the kind of job?
What specializations are proposed in the basic training in each country?
 2. After the initial training, are there specializations required for a particular practice (visual impairment, disability, etc.)?
 - What about the ethical or conduct or moral Codes:
 - * Who wrote them? Professional associations, psychologists' associations, others?
 - * Which is the impact of the professional codes on practice?
 - * Is the ethical code part of the psychological training? Are psychologists students aware of it?
- => To have precise answers about training and specializations would permit a better description of the psychologists' role and what is expected of them.

To our surprise, according to survey answers, the ethical references seem homogeneous in these different countries. But we are wondering if this similarity is due to a lack of subtleties in the translation, for example between ethical, deontological and moral codes, or because of the questionnaire limitation: multiple choice questions were too restrictive to describe various and rich practices, particularly for those who have several professional activities, either within the same job, or distributed between different services.

Slide 28: Conclusion

It is really with each one of our patients that we discover every day what professionals we are, respecting differences between individuals. To talk about these encounters is a part of our job as psychologists.

Here we are all different, and nevertheless able to share these moments of European meetings, to discuss, to be surprised, to question each other.

As we have already said, this report has no statistical value. Our purpose is only to encourage us to exchange about our practices, and then to really speak about the visually impaired persons.

Yes, we know that the questionnaire reflected our French culture, practices, and language. For other cultures, the issues may not have been so easy to understand.

We hope that learning more about cultural differences would open discussions, widen our practices and so permit to give a better offer for the visually impaired persons.

Now, let us discuss...