

## How Do We Handle Possible Ethical Violations by Colleagues Who Are *Not* Psychologists?

Recently, in a departure from the usual course of events, I received a letter *from* the Editor. In it, Dr. Zukowsky kindly suggested a number of topics for my column, among them, the question posed above. I'll give a response by breaking it down into some further questions.

### **Are we *required* to do something?**

Not really. But, well, sure.

That is, I don't think the APA Code *requires* us to take action with regard to a non-psychologist. Standards 1.04 through 1.06 establish our obligations when we become aware of possible ethical violations and, for the most part, these Standards refer solely to possible violations on the part of other *psychologists*. (The obligation to take action when another psychologist may have behaved unethically is in keeping with the efforts of our discipline to take responsibility for itself, rather than leaving the necessary oversight solely to Boards of Psychology and the like.) But as concerned professionals, it would be hard for us to justify turning a blind eye to apparently harmful behavior merely if our ethics code doesn't, strictly speaking, obligate us to respond.

### **Are their ethics codes the same as ours?**

Each discipline has its own ethics code, or even, as in the case of MFT's, more than one. Additional affiliations can add further codes of ethics, such as the code of the American Psychoanalytic Association has established for its members. (My website has a list of the major ethics codes and other sets of rules for mental health professionals, at [www.fridhand.net/rules.htm](http://www.fridhand.net/rules.htm).) The various ethics codes differ on many points. For example, the ethics code of the National Association of Social Workers states, "When a court of law...orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible..." The APA Code, by contrast, requires special efforts to limit disclosure in legal settings only when raw test data are being demanded (see Standard 9.04(b)). To take another example, the APA Code (Standard 3.11(a)) requires psychologists working as consultants to organizations to provide seven types of information "to clients and when appropriate those directly affected by the services;" the information must include such things as who the clients are and the probable uses of the services. Neither the CAMFT Standards nor the NASW Code contains such a requirement.

### **Since ethics codes differ, how are we to judge when a non-psychologist is behaving unethically?**

Obviously, no reasonable approach could require every professional to have a thorough knowledge of every other professional's ethics code. It follows from this that our role in responding to apparently unethical conduct by a non-psychologist must be somewhat different than it is when responding to such conduct on the part of a fellow psychologist. Basically, we can't know for sure when a non-psychologist has violated his or her ethics code, and our actions, accordingly, should be more cautious and restrained.

## **What pitfalls ought be aware of?**

Are there any turf battles between psychologists and members of other mental health professions? Perhaps so. Can allegations of ethical violations be used as cudgels in such battles? No doubt.

## **With these considerations in mind, how would a psychologist best identify and address ethical violations on the part of a non-psychologist?**

The guidelines in the APA Code for addressing apparent ethical violations by other psychologists are a good basis for addressing possible violations by non-psychologists. As is well known, when we become aware of a possible violation by another psychologist, we are required to bring it to the attention of the psychologist (unless to do so would violate confidentiality rights or informal resolution is inappropriate for some reason). If this attempt at informal resolution is unsuccessful *and* the apparent violation has caused, or is likely to cause, substantial harm, we are required to take appropriate further action, such as reporting the possible violation to the APA Ethics Committee.

Thus, if we learn that a non-psychologist may have behaved inappropriately, our first move should be to contact him or her and share the concern, bearing in mind that we may not be in a position to be sure that the conduct in question violates the other profession's ethics code. For example, if one were to learn from a new patient who is a housepainter that his last therapist, an MFT, had bartered therapy for painting when the patient was having difficulty paying and the patient had become so uncomfortable observing the therapist's home and family that he had dropped out of therapy, one would have reason to think that the MFT had, with good intentions, fostered a dual relationship that had impaired his effectiveness with this patient. With the patient's permission, and subject to other considerations such as therapeutic neutrality, one could contact the previous therapist and tell him what one had learned, on the assumption that the other therapist would use the information to try to achieve a better outcome in the future. (As it happens, the CAMFT Standards do not include impairment of effectiveness as a criterion for identifying prohibited dual relationships, citing instead only a likelihood of impaired professional judgment or of exploitation. However, a psychologist in this situation wouldn't need to determine whether the conduct violated the applicable ethics code; the intervention is a matter of one professional trying to help another to learn from experience.) It is difficult to imagine what response from the MFT would warrant reporting the matter to the CAMFT ethics committee or the BBS, unless, for example, the MFT responded with an openly belligerent call to the patient.

In short, an ethical response to an apparent ethical violation on the part of a non-psychologist can be guided by concern for the public, respect for the other professional, and a measure of humility about our ability accurately to judge the other's conduct.

The views expressed in this article are the author's and do not represent an official position of the San Francisco Psychological Association.

Bram Fridhandler, Ph.D. is Ethics Chair for SFPA.