Addressing Ethical Issues in the Practice of Police Psychology

IACP PPSS Ethics Consultation Committee

Oct 24, 2010

• Byron Greenberg, Ph.D.
• Sherry Harden, Psy.D.
• Heather McElroy, Ph.D.
• Casey O. Stewart, Psy.D.
• Gary L. Fischler, Ph.D. (Moderator)
Ethics Consultation Committee (ECC) Mission:

• Created in 2010 to promote and advance the highest levels of ethical professional psychological practice to law enforcement agencies through providing ethics consultation, education, and training to IACP PPSS members, law enforcement administrators, and other mental health professionals who work with law enforcement agencies.
ECC Membership:

• Nine members nominated by the committee chair and appointed by the Section Executive Board.
• Appointment of the committee chair is made by the General Chair of the Section from among the members of the committee.
• Generally, committee members serve three-year terms.
Member Qualifications:

• Able to demonstrate a working knowledge of the *APA Ethical Principles of Psychologists and Code of Conduct (2002)*, their state licensing requirements, and other authoritative sources;

• Has a background consistent with the highest ethical and moral conduct, as evidenced by an absence of disciplinary actions by professional boards, professional associations, or staff memberships (e.g., hospital appointments).
Confidentiality and Privilege:

• Consultations are considered confidential. However, they are not likely to be privileged, and might be discoverable in litigated cases or professional board disciplinary actions.
Primary Authoritative Sources:

• APA Ethical Principles of Psychologists and Code of Conduct (2002)
• Specialty Guidelines for Forensic Psychologists
• IACP Police Psychological Services Section Guidelines
Consultation Process:

- Consultation begins with telephone call to the committee chair, who then selects a committee member to serve as the consultant.
- Each consultation will be documented and summarized on a standard form.
- The form will be anonymous with regard to the consultee.
- Within 48 hours of providing the initial consultation, the consultation note shall be distributed to the other committee members via email.
- Subsequently, committee members shall have an opportunity to discuss the consultation among themselves, and offer feedback to the primary consultant, who will then contact the consultee with additional substantive information, if appropriate.
Questions, Comments, or Consultation Requests:

- Contact Committee Chair:
  - Gary Fischler, PhD, 612-333-3825, gfischler@psycheval.com
- Contact other committee members:
  - Mark Zelig, PhD, Co-chair, (801) 273-3365, markzelig@markzelig.com
  - Scott Allen, PhD, (305) 591-1106, sallen@mdpd.com
  - Michael Comer, PhD, (517) 334-7747, comerm@michigan.gov
  - Michael Gelles, PsyD, (202) 572-7667, mgelles@deloitte.com
  - Byron Greenberg, PhD, (804) 524-7432, greenberg.dr@att.net
  - Sherry Harden, PsyD, (503) 533-9806, sherryharden@earthlink.net
  - Heather McElroy, PhD, (770) 431-6858, HMcelroy@earthlink.net
  - Casey Stewart, PsyD, (503) 317-4453, Stew1194@pacificu.edu
Vignette #1 - Ethical Issues

• Role Conflicts (chronologically in order of roles in this case)
  – Consulting Psychologist for Colleague
  – Consulting Crisis Team Psychologist
  – Treating Psychologist for Client

• Informed Consent

• Limits of Confidentiality, Dangerousness

• Release of Information

• Coordination of Care

• Termination of Treatment
Vignette #1 - Ethical Principles

- Role Conflicts/Dual Relationship
  - 3.05 Multiple Relationships
  - 3.06 Conflicts of Interest
  - 3.07 Third Party Requests for Services
- Coordination of Care
  - 3.09 Cooperation with Other Professionals
- Informed Consent
  - 3.10 Informed Consent
  - 10.1 Informed Consent to Therapy
- Confidentiality
  - 4.02 Discussing the Limits of Confidentiality
- Release of Information
  - 4.05 Disclosures
- Termination of Treatment
  - 10.09 Interruption of Therapy
  - 10.10 Terminating Therapy
Vignette #1 - Solutions & Discussion

- Consultation with IACP PPSS Ethics Committee, treating psychiatrist
- Clarification of Roles
- Informed Consent regarding limits of confidentiality
- Proper releases of information
- Documentation
Vignette #2

• Clinical and ethical issues in this case include:
  – *Therapeutic benefit*: The client feels a connection to the psychologist after having gone through an evaluation.
  – *Objectivity*: Can the therapist be objective if the department is also the client?
  – *Informed consent*: What duties does the psychologist have to the department and the client?
  – *Access to treatment*: What if the department is in a rural area and there are no other psychologists in the area?
Vignette #2

- What are the APA Ethical Guidelines that come into play?
  - 3.05 Multiple Relationships
  - 3.06 Conflict of Interest
  - 3.07 Third-Party Requests for Services
  - 3.10 Informed Consent
Vignette #2

• Possible solutions would include allowing another psychologist in the office to work with the officer in therapy with the understanding that information related to therapy would not be shared with the psychologist who is responsible for the FFD assessment. Another solution is to suggest that the officer take advantage of EAP services or other covered mental health professionals.
Vignette #3

Ethical Principles

– 1.03 Conflicts Between Ethics and Organizational Demands

– 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

– 3.10 Informed Consent

– 4.02 Discussing the Limits of Confidentiality

– 4.01 Maintaining Confidentiality

– 4.05 Disclosures
Vignette #3

Clinical Issues

– Trust, the therapeutic process, and effectiveness of debriefings all depend on maintaining confidentiality.

– This individual does not appear fit and may pose a risk, whether or not imminently dangerous. A referral for treatment is in order.

– Officers will not utilize services if the services are not reliable.
Vignette #3

Legal Issues**

– Are the communications from the officer confidential? Are they privileged?
– What, if any, obligation exists as it relates to the psychologist’s employment contract?
– How would you respond to a subpoena for your testimony? A court order?

**For discussion purposes only. Does not constitute legal advice.
Vignette #3

Solutions & Discussion

– Consult (EEC, peers, legal) and document.
– Do everything in your power to protect the confidential or privileged information.
– Discuss with your Chief the conflict between the agency/authority request and professional psychology ethics.
– In the future, make sure to establish an agreement at the outset with all involved that addresses foreseeable issues such as confidentiality and limits, records, disclosures, etc.
– You should always keep notes (guided by APA ethics and your state laws).
Vignette #4
Relevant Ethics Codes

- APA Code 3.06 Conflict of Interest
- APA Code 3.10 Informed Consent
- APA code 3.11 Psychological Services Delivered to or Through Organizations
- APA Code 4.02 Discussing the Limits of Confidentiality
- APA Code 6.01 Record Keeping
Vignette #4 – Possible Solutions

1. Should the psychologist agree to not keep notes to engender the cooperation of the officer? Know laws and licensure law rules regarding record keeping in your state.***

2. Consult with colleagues on nature of case and whether the psychologist has an irreconcilable conflict of interest.

3. What limits should psychologist set with regard to alcohol use before and between sessions?

4. Whatever decisions the psychologist makes, they should be documented and agreed to by the client as part of the informed consent process.
Vignette #4 - ***Footnotes

- All psychotherapy notes are under subpoena and court control. There is no such things as “shadow notes,” which refer to personal notes the psychologist takes and uses for consultation, countertransference consultation, and peer supervision. Any notes that have to do with a specific patient may be subject to subpoena (Caudill & Pope, 1995; Thompson, 1990; Bennett et al., 1990).

- Stromberg et al. (1988) notes that many psychologists are under the false belief that “process” notes are private and the property of the psychologist. This could not be more untrue. However, in the terminology, “progress” and “process” notes are considered different. HIPAA now refers to “process” notes as “psychotherapy” notes.

- Finally, as Guithiel said in 1980, “If it isn’t written down, it didn’t happen.”
Vignette #4 - References


