

Ethical Considerations Regarding Competence & Scope of Practice in Police and Public Safety Psychology Instruction

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“Be strong” –sentiment expressed by others at a critical incident scene; “suicide is genetic”- rhetoric expressed at a funeral involving a police officer who committed suicide. “If he had talked to a mental health professional while working in law enforcement, he would have lost his job”- sentiment expressed by others regarding a police officer who had personal and professional problems with a respective police department. Subsequently the officer committed suicide.

Enclosed is some of the commentary that I have experienced as a police psychologist in the field for the past 13 years. As I travel around the country providing behavioral health instruction to a cadre of public safety professionals, particularly to law enforcement, I have noticed that there are a number of individuals who are training on behavioral health topics and are not credentialed nor have the operational experience to provide competent instruction. The individual providing the instruction may have operational experience in the field but appears to be overstepping boundaries providing clinical input with no clinical background which could have damaging effects. Such was a circumstance where a police officer approached me after a seminar and said, “I knew a subject was bluffing to commit suicide so I told him to pull the trigger. My experience and past training tells me that they do it for attention.” When provided with such an opportunity to educate an individual, I do so with educational, clinical, and operational backing. In this particular case, I explained to the officer that more times than not that rationale could have led to a fatality. There are a number of training outfits within the public safety instructional domain who claim that they are experts in the field, but I caution the attendee to research their biographies, backgrounds, and the accuracy of what information is being presented. Within the field of psychology, there is a stringent criterion to never practice outside one’s scope. There is a code of ethics that psychologists are governed by called the Ethical Principles of Psychologists and Code of Conduct (APA, 2002).

(See enclosed link) <http://www.apa.org/ethics/code/principles.pdf> (APA, 2010)

Ethical standard **7.03** discusses that psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences (APA, 2002).

Under Principle A (Competence) of the preamble, psychologists strive to maintain high standards of competence in their work (APA, 2010). They recognize the **boundaries** of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training, or experience. Psychologists are cognizant of the fact that the competencies required in serving, teaching, and/or studying groups of people vary with the distinctive characteristics of those groups. In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work. They maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education. Psychologists make appropriate use of scientific, professional, technical, and administrative resources. (APA, 2010).

Ethical Standard **2.01** (Boundaries of Competence) indicates that psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience. (APA, 2002). Simply taking a 40- hour Crisis Intervention Team (CIT) course or having the operational experience working with individuals who may suffer from behavioral health conditions does not make an instructor an expert within the behavioral health field. Topics such as: Suicidality, Post-Trauma Stress, Bipolar Disorder, Schizophrenia and associated behavioral effects and symptomatology, Critical Incident Stress Debriefing, and Psychological Aspects of an Active Shooter involve years of education, knowledge, and operational experience with no ceiling on the learning threshold. In the public safety profession, “knowledge is power” and at times such knowledge can be the difference between life and death. Case example, a barricaded subject with a behavioral health condition that may be experiencing delusions, disorganized thinking, and hallucinatory effects from his/her condition and place a law enforcement officer in a “shoot, don’t shoot situation.” What behavioral health tools may reduce the subject’s chances for causing harm to others or himself/herself?

There are also a number of individuals that the news media utilize and portray themselves as experts as well. Unfortunately, misinformation is personified to millions of people along with stigma generated to those that may not understand those that suffer from behavioral health conditions. I have heard that those that suffer from a mental illness are “dangerous” when the numbers don’t portray that myth, whatsoever. In short, please do your

homework, be selective with not only the topic portrayed but the instructor that has the educational, clinical, and operational background to instruct a course that he/she is qualified to teach.

References

American Psychological Association (APA) (2010). Ethical principles of psychologists and code of conduct (including 2010 Amendments). Retrieved October 9th, 2016, from <http://www.apa.org/ethics/code/principles.pdf>

American Psychological Association (APA) (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57(12), 1060-1073.