Psychotherapy and Politics International
Psychotherapy and Politics International 12(2), 111–128. (2014)
Published online 8 October 2014 in Wiley Online Library
(wileyonlinelibrary.com) **DOI:** 10.1002/ppi.1325

The Ethics of Ethical Regulation: Protecting the Practitioner as Well as the Client

STEVE VINAY GUNTHER, Los Angeles, USA

ABSTRACT *Professional regulatory bodies, including ethics committees and association boards, as well as government licensing authorities, oversee the ethical behaviour of health care professionals, and specifically monitoring their use of power. There is, however, relatively less scrutiny regarding the use of power by such regulatory bodies in the consideration of grievances against professionals. The quasi-legal nature of the administration of justice is explored and questioned, and significant limitations in the implementation of administrative law are addressed. Copyright © 2014 John Wiley & Sons, Ltd.*

Key words: regulatory bodies; regulation; ethics; power; due process; natural justice; administrative law

PROLOGUE

Interest in a topic is always generated out of a personal context. Twenty years ago I was a co-founder of a psychotherapy organisation. Initially this was a collegial project which involved breaking new ground, and finding our way through historical feuds and theoretical differences. I was pleased at how successfully we were able to do this, and our field was strengthened as a result. However, over the years, I observed – and was finally subject to – a seemingly inexorable politicisation of differences and the increasing use of power to silence opposition. I saw this played out in a number of venues including the operation of ethics investigations. I found little interest in my concerns, and an odd sort of blindness which I somehow did not expect on the part of experienced therapists. This echoed my own naivety about the possibilities of cooperation, the administration of even-handed fairness, and the benefits of regulation. In the end I came to recognise that the skills and ideals of interpersonal communication which are championed by the field of psychotherapy are not enough when it comes to the exercise of power. In fact, as Nevis and Backman (2003) pointed out, the valuing of intimate skills may be accompanied by a devaluing of the place of strategic skills. Here I examine the effects of the poor use of power by regulatory bodies, identifying the ways this occurs, in the hope that it may provide the ground for change.

*Correspondence to: Steve Vinay Gunther, 26523 N. Huntwood Lane, Santa Clarita, CA 91387, USA.
E-mail: spirited@depth.net.au

This article addresses the way that ethical discipline is enforced, with particular reference to North America, although the issues are pertinent to all forms of professional regulation, and the problems outlined here have been experienced in other countries. While the vast majority of the literature focuses on the ethical behaviour – and misbehaviour – of practitioners, there is remarkably limited literature that examines the "minders" of ethics and, when attention has been focused on the operational procedures of regulatory bodies, the report card is very poor.

Here, I specifically address the regulation of psychotherapy, though examples from other helping professions will be provided to show the universality of the concerns raised. It is anticipated that subsequent papers will address issues such as alternatives to the adversarial method; the question of punishment or remediation; and counter perspectives on the nature of the power differential in therapy.

THE ETHICS OF ETHICAL REGULATION

The helping professions in health care, social work, and psychotherapy have been the subject of increasing regulation since at least the mid 20h century. The core of this regulation is the maintenance of discipline through monitoring and policing ethical infractions.

One of the tenets of a profession is that it operates for the public good, and not only for the benefit of members of that profession. This is a major reason for the generation of codes of ethics: to keep the profession in good repute and, specifically, to keep professionals honest and competent. All professions are now expected to establish guiding codes; however, such codes mean little unless there is some way to enforce them.

In order to ensure compliance, it is necessary to establish mechanisms to hear grievances and evaluate professional breaches. These mechanisms have the trappings of legal processes and often use legalistic language, although they may not take place in the context of a court system. Infractions which are deemed as lesser may be dealt with in other ways, but complaints are generally heard in an adversarial context which includes initial charges; an investigation; a hearing which, in effect, is a process of prosecution; and a judgement. This involves the exercise of significant power on the part of the responsible body, including ultimate decisions about a professional's career.

Society grants both status and a certain freedom of practice to members of a profession; this social contract involves an expectation that the resultant professional privilege and power will not be abused. Thus the fundamental issue at stake in professional ethics investigations is the exercise of power by the particular professional under examination. An important question here is whether such investigations use their power in a way which is in service of the client and upholds the standards of the profession. However, less attention is paid to the power wielded by regulatory bodies, and ethical issues in relation to their enforcement of standards of professional behaviour. This may be due to assumptions that that such bodies are doing a good enough job; however, this is not always the case; there are many documented examples where professionals were not treated fairly during investigations, including instances of unjust procedures and consequences (judgements) that are out of proportion.

Without systematic research, the actual extent and detail of these problems cannot be accurately assessed. However, such research is made difficult by the fact that professionals are often subject to a range of professional bodies and authorities, such as ethics and

DOI: 10.1002/ppi

professional conduct committees; professional review committees, aligned with institutions or employers, such as health care tribunals; and regulatory bodies, such as licensing boards; as well as the legal system, in the form of administrative courts, civil courts, and criminal courts – and, perhaps, as a result, there is a limited literature, let alone research, on the behaviour of these entities.

Professional regulatory bodies generally comprise peers, private investigators, and appointed lawyers. Problems that arise from such a composition include conflicts of interest, personal bias, limited knowledge of the administration of justice or the exercise of institutional power, limited understanding of ethics, and lack of skill involving investigations or the interpretation of codes.

This article examines a number of consequent deficiencies which show up in a range of procedural issues, including flaws in the investigation process, methods of prosecution and presentation of evidence, and the passing of judgement. It examines where this results in procedural fairness being compromised and the bypassing of principles of natural justice, leading to problematic processes and judgements.

LIMITATIONS: FINANCIAL AND CONFLICT OF INTERESTS

The regulation of ethical codes and licensing systems for professionals requires significant resources: time, energy, and financial expenditure (Frankel, 1989). This can be a source of problems, as resources are generally limited. Positions of authority in professional organisations are often filled by volunteers and perhaps a small staff. Membership on ethics committees and licensing boards is, commonly, on a voluntary basis.

This is one of the ethical issues that arises in relation to the operation of regulatory bodies. When people are not paid for their work, there are often other undeclared exchanges, expectations, and costs which underpin the gift of their time. They may want to limit the amount of time that deliberations take; they may want gratification from their own views being incorporated; or they may seek to influence the field in ways which suit their interests (Willmore, 2003). One of the compensations for the lack of monetary consideration can be the power that is gained by membership of a regulatory board or committee. As with all matters of the exercise of power, a lack of awareness of these dynamics can lead to its misuse (Barstow & Feldman, 2013). While some of this may be true for paid staff, the exchange of time for money is more explicit and more open to the imposition of standards. Ironically, this is one of the reasons that it is often seen as unethical to barter professional services such as psychotherapy: the boundaries are not always clear in comparison with a financial exchange (Gutheil & Gabbard, 1993).

Operating regulatory boards or committees with limited financial resources can and does result in a low quality standard of operation (Van Horne, 2004). This is a major issue when it comes to the application of due process. Problems include patchy investigations, lack of fact checking, limited times for hearings, and gaps between meetings: all of which can add to significant delays and poor decisions. When someone's career is at stake, this is clearly unacceptable. Frankel (1989) asserts that "a system of self-regulation should not be undertaken without realistic assessment of what can be achieved" (p. 115). There is, however, a tension between the requirements of legitimacy and the actual capacity to regulate properly. The very smallest professional group must have its code of ethics, its complaint process, and

DOI: 10.1002/ppi

a mechanism for processing those complaints; but, often, there are no benchmarks or performance standards in place. There are often problems bearing the costs of regulation when the sole source of fees may be from memberships, and there are other competing duties towards members.

Even in larger bodies, including state psychology licensing boards, there are inherent concerns about a range of conflicts of interest which can be seen to arise from peers sitting in judgement over each other. Such concerns tend to be overlooked or minimised, yet constitute important issues about the ethics of the oversight of ethical behaviour on the part of other professionals (Sandrick, 2003).

LIMITATIONS: ETHICAL EXPERTISE

The level of knowledge and skill held by board or committee members in regulatory positions is an important consideration. Without some kind of minimum standards of ethical and legal knowledge, members rely on life and professional experience, and a base of ethical understanding which may be limited or overly simplistic. For such bodies to function properly, those in regulatory positions need to have core knowledge in moral reasoning, ethical theory, bio-ethical issues, professional contexts, clinical standards, relevant codes, laws, and organisational guidelines (Hoffman, Tarzian, & O'Neil 2000). They should understand the major strands of approaches to ethical analysis, as well as being able to hold a critical understanding of such views (Dienhart, 1995). The education of board or committee members would need to include training in an epistemological framework to identify legitimate points of view, a methodological framework to understand how ethical problems are analysed, and a historical understanding of case law (Loewy, 1993). This is rarely the case and, practically, there can be problems getting sufficient people to volunteer for boards; in the case of hospital ethics boards, Hoffman et al. (2000) found that minimum standards were sometimes abandoned, and that boards and the organisation had low expectations of the ethical knowledge of its members.

Without a sufficiently solid ethical knowledge on the part of members of the regulatory bodies, there is a potential for the abuse of power. Given that they are examining the ethical behaviour of other professionals and are making decisions about their career, it behoves them to have sufficient ethical skill, knowledge, and awareness of their own use of power in their role position; unfortunately there are few standards in this area (Larcher, Slowther, & Watson, 2010; Loewy, 1993; West & Gibson, 1992); and Blake (1998) has pointed out that operating ethical oversight at an amateur level results in an "inept, unskilled, inefficient, and highly risky … bioethics" (p. 1).

There is discussion as to the difference between virtue- and duty-based ethics for practitioners (Doukas, 2003). In this context it may be relevant to consider what kind of character traits are necessary for a person who sits in a position of power over another professional's career. While difficult to assess or measure, there is still value in naming some of these qualities. For some, respect, kindness, and compassion are essentials (Sheehan, 1994); this contrasts with less admirable qualities which are evidenced at times in psychology ethics, licensing and related committees, such as hostility or high-handedness (Pope & Vetter, 1992).

DOI: 10.1002/ppi

Larcher et al. (2010) suggested an intake process for ethics committee members which includes assessment of ethical reasoning, abilities, interpersonal skills, knowledge of ethical theory, and personal characteristics. The latter, also known as "self management skills" (Bolles, 2012) may include honesty, courage, prudence, and integrity. The proposition is that those judging other's probity need to demonstrate a measure of self-understanding and ethical skill, rather than this being assumed simply by virtue of being a practising professional for a number of years. Larcher, Slowther, and Watson also proposed the minimum requirement of continuing education in ethics training for the duration of the post.

The role nature of membership of such bodies can obscure the personal dynamics which underlie the formal procedures. It requires some training for people to be able to distinguish their own bias, e.g. with regard to race, gender, social status, otherwise unconscious bias can influence decision making on the part of those sitting in judgement (Casey, Warren, Cheesman-II, & Elek, 2012).

LIMITATIONS: LEGAL EXPERTISE

Most grievance hearings against professionals mimic a number of aspects of a trial in the court system, requiring the exercise of what are essentially legal skills. In this context, Annas (1991) pointed out that "encouraging a group of lay people to attempt to practice law makes no more sense than encouraging a group of lawyers to attempt to perform surgery" (p. 21). As regulatory bodies exercise significant power, this can be seen as tantamount to a type of unprofessional practice. Those who play the role of investigator, prosecutor, or judge do not necessarily bring the necessary skills, nor are they given training in the exercise of those duties; there is an implicit assumption that they have sufficient knowledge of what constitutes due process (Adams, 2001; also see below).

Significant concerns have been expressed about the operation of disciplinary hearings against psychologists, such as the presumption of guilt, the use of police methods, the redundancy of local, state and national bodies, and conflicts of interest when members of regulatory boards or committees are in competition with those they are investigating (Pope & Vetter, 1992). There are salient questions regarding oversight of the excesses of power which manifest in the operation of regulatory bodies. The legal profession has the attention of the media, the scrutiny of civil rights advocates, and internal processes such as law reform commissions; there is, however, a relative dearth of these checks and balances in the field of professional regulation.

Highly provocative areas such as the investigation of allegations of sexual intimacy between therapist and client tend to produce strong personal reactions in those conducting the hearings. Without appropriate knowledge and training it is hard to maintain the type of detachment necessary to go beyond reactive bias (Dasgupta, 2009). It is a difficult task to balance the desire to protect colleagues who may be seen as innocent, and protect patients from what may be seen as the further victimisation of not being believed; great harm will be done to a practitioner if there a false accusation judged to be true, and great harm will be done to a patient whose claim is unfairly dismissed or discounted (Pope, 1990). Even seasoned prosecutors do not always handle such tasks with success, let alone untrained investigators. Confirmational bias is an established phenomenon (Nickerson, 1998) that involves the unconscious selection of cognitive processes which lead to the interpretation of evidence in favour of existing beliefs or positions. This leads to a filtering process by which new

DOI: 10.1002/ppi

information is evaluated in a way that reinforces the original position (O'Brien, 2009). Despite extensive psychological research in this area, the consequent issues of accountability in investigatory processes appear to be insufficiently addressed by regulatory bodies.

The idea of "discovering" the "truth" in a trial process is disputed by writers in the legal field, who point out that achievement of objectivity and neutrality can only ever be aspirational (Delgado, 1989), and that the story that is represented at a hearing is a construction, a "work of fiction" (White, 1985, p. 186), to be evaluated by those sitting in judgement via their own stock of stories, scripts, and schemata (Mitchell, 1999). While debate about these issues occurs within the legal profession (Coleman & Letter, 1993), members of regulatory bodies may have a less sophisticated understanding of what is being attempted in disciplinary procedures.

DUE PROCESS AND NATURAL JUSTICE

There are some universally recognised requirements in order for an accused person to receive a fair hearing (United Nations, 1976); these include the recognition of certain minimum rights, the application of due process, and adherence to principles of natural justice. What follows is a brief examination of some of the deficiencies in these areas which occur during grievance hearings against mental health professionals.

Due process

Administrative law is used to regulate business and public processes, and operates under a different set of operational principles from civil or criminal law (Gonsiorek, 1997). The reason for the limiting of due process rights is ostensibly to protect the public, holding that the rights of an accused professional are less important than the need to protect the rights of the consumer (Williams, 2001). However, when a regulatory body adopts the protection of the public as its sole mission, the subsequent investigation and prosecution process cannot be seen to be balanced or impartial. A case in point is where the measurement of the effectiveness of investigation of grievances against psychologists is solely determined by the number and success of prosecutions, rather than the quality of justice administered (Adams, 2001).

Rights

Criminal and civil law include the following rights, none of which are guaranteed under administrative law (Williams, 2001):

- Right of discovery – the accused receives notice of witnesses that will be brought forward, allowing proper preparation.
- Statute of limitations – as key witnesses and records may become unavailable over time, limits are set on claim periods.
- Enjoyment of the fruits of a successful defence – after a hearing has been conducted, the accused should be able to enjoy the fruits of a successful defence.
- Protection against "fishing expeditions" – the prosecution can only collect evidence relevant to the complaint.

DOI: 10.1002/ppi

The United Nations (1995) has defined what constitutes a fair trial in terms of the following rights:

- To be tried by a competent, independent and impartial tribunal established by law.
- To have a fair hearing.
- To be heard in person.
- To be defended by a lawyer.
- To be present at one's trial.
- Not to be compelled to testify against oneself or to confess guilt.
- For there to be a prohibition of evidence obtained through unlawful means.
- To be able to call and examine witnesses.
- To have the Right of Appeal.

Many of these basic rights are not available in "trials" of professionals for ethical misconduct (Bricklin, Bennett, & Carroll, 2003); without these in place, the likelihood of a fair hearing and process is reduced, and the consequence is that miscarriages of justice are more likely to occur. For instance, Schlafy (2002) described the case of a New York physician who lost his licence when a patient made a charge of improper behaviour in the examining room. Even though there was a chaperone present at the time, the Board claimed the chaperone was biased because she was in the employment of the doctor. As Schlafy pointed out, with regard to this and many other cases he documented: "It is … irrational that a physician enjoys greater rights in contesting a simple speeding ticket than in a disciplinary proceeding threatening his livelihood" (p. 2).

Investigations

In the USA the police give what is known as a "Miranda warning" to criminal suspects before they are interrogated in order to preserve the admissibility of their statements in subsequent proceedings. Because such warnings are not given in or before proceedings in cases subject to administrative law, investigators can – and do – draw out incriminating evidence from the accused, who may believe that explaining themselves fully will lead to an early resolution. This belief may also arise from assurances and promises provided to them by the investigators at the time, but which are not honoured at the trial (Williams, 2001). A psychologist in a stressed state may make serious mistakes, prematurely agreeing to a charge, admitting violations that did not actually occur, or undermining their own defence in a variety of ways such as revealing too much information (Thomas, 2005). Out of anxiety practitioners sometimes sabotage their cases by acting rashly or with insufficient support and preparation (Hedges, 2000). Reactions can also include writing overly long responses, trying to provide investigators with explanations, or revealing other errors that are not part of the investigation (Thatcher, 2000). Depression, a common effect of such investigations, can also produce other knock-on effects such as missing deadlines, not returning phone calls, or incomplete submissions, all of which will be held against them (Schoenfeld, Hatch, & Gonzalez, 2001).

Adams (2001) extensively documented a range of serious issues in the conduct of disciplinary investigations. Some investigations proceed without revealing to the accused what the charges actually are. The collection of depositions occurs with no moderation of a

DOI: 10.1002/ppi

judge to limit intrusive irrelevancies, while, on the other hand, there is no opportunity to cross-examine the complainant; and the accused may only learn about the facts as they are actually presented at a hearing. Enforcement officers can collect any evidence they can find, place the professional under surveillance, even using wired operatives, but if they find any exculpatory evidence they are under no obligation to mention this. Because there is no statute of limitations, a complaint may trigger an investigation which can involve a hostile examination of every aspect of a professional's practice, from its inception up to the present; and minor infractions or mistakes can result in being treated with criminal suspicion. The investigatory behaviours outlined above occur not only in high valence cases but even in comparatively less significant charges relating to administrative errors.

Investigators often receive limited training, may be careless and insufficiently thorough, and are not taught to maintain objectivity (Shapiro, Walker, Manosevitz, Peterson, & Williams, 2008). They sometimes work in a way which is intimidating, persecutory, and dismissive (Freckelton, 2007), bringing into question the ethical nature of the investigation itself.

Expert witnesses

Evidence from expert witnesses is one of the important bases on which cases are decided. They are not, however, in a neutral position, and it can be argued that their potential for objectivity is compromised when they are retained on a paid basis by regulatory bodies. Volunteer expert witnesses are not necessarily a solution either, as they may not represent the wider body of opinion or knowledge (Williams, 2001). Cases often depend on expert definitions of "standard of care" in determining negligence or wrongdoing; in an adversarial setting, each side can employ expert witnesses who will make opposite claims, highlighting the lack of agreement of the standard by which professionals should be tried (Adams, 2001).

Expert witnesses can be used strategically to support the prosecution's theory with the aim to secure a conviction, rather than to tell the truth (Giannelli & McMunigal, 2007) and, generally, there are few mechanisms in place to guard against this occurring. In fact the employment of expert witnesses is potentially fraught with conflict of interests, as in the case where an expert witness found a practitioner to be operating outside of her standard of care; the sanction imposed by the board was for her to spend four hours (at $300 per hour) *with the same expert*, for an "educational review" (Shapiro et al., 2008, p. 134).

Double or triple jeopardy

A significant proportion of cases opened by the American Psychological Association (25%) were found guilty solely on the basis of punishment elsewhere (Grenier & Golub, 2009). Thus an ethics committee finding can trigger a licensing hearing, and possibly also a civil case.

A case in point was a psychologist who was subject to a barrage of allegations from a patient diagnosed with borderline personality disorder. The state psychological association investigation involved a six-month process which concluded in a requirement for one year of supervision. After this was completed the psychologist received a positive report. However, the state licensing board then commenced an action on the basis of the fact of the first action, going through the same charges, and resulting in a requirement to take an ethics course and resit the licensing exam. The psychologist fulfilled all the requirements.

DOI: 10.1002/ppi

However, after this was complete, the ethics committee of the national association opened an investigation, again solely on the basis of the original matter. One year later, they recommended expulsion, which she appealed, and then lost. The entire process took nine years and completely drained her finances; she left the field (Adams, 2001).

Laws against double jeopardy exist in the legal system for important reasons and are part of the safeguards against the abuse of process; they represent a containment of the power of the State. For these to be absent in administrative law and disciplinary hearings raises the same concerns which led to the original establishment of the double jeopardy laws (Sim, 2001).

Timeliness

One of the consistent concerns about the operation of regulatory bodies is the time taken to process complaints (McCabe, 1998). This can be onerous for both notifier and the professional concerned (Freckelton, 2007). One of the conditions of justice is the right to be tried "without undue delay", or "within a reasonable time" (United Nations, 2003). The degree of complexity of the cases does not always warrant the amount of time taken; it is more often related to limited resources. This is not a legitimate excuse, as it is a universal statute that "the difficult economic situation" of an entity is not an excuse for non-compliance with the right to a timely trial (United Nations, 1995, p. 267). When a case continues over a period of several years the distress involved for both sides is unduly drawn out, and this can be seen as a form of secondary harm (Freckelton, 2007).

The excessive time taken can create an undue negative impact on practitioners and their careers, which is of particular concern when they may subsequently be found innocent; for instance, the UK's Health Professions Council took more than two years on average to process cases, of which 23% were subsequently determined to be unfounded (Samuels, 2014).

Burden of proof

Of the rights which are not currently recognised or enacted in administrative law, the most significant is the presumption of innocence, a bedrock of the notion of due process in civil and criminal law (Quintard-Morenas, 2010). The reason for removing this fundamental right is related to the notion of *the privilege of licensure*, as a result of which civil rights are abridged (Adams, 2001).

The taxonomy of proof in the administration of justice ranges through a spectrum, starting with the minimum of *suspicion*, and proceeding through the following grades: *reason to believe*, *credible evidence*, *substantial evidence*, *preponderance of the evidence*, to *beyond reasonable doubt*, which is the most exacting (Siegel, 2012, p. 482).

Herbsleb, Sales, and Overcast (1985) argued that, as in a court of law, the burden of proof should lie with a regulatory body to produce evidence that the practitioner is no longer qualified or has engaged in unethical conduct, though this is not generally the case. There are some codes which specifically declare that professionals coming before a committee are considered innocent until proven guilty – for instance, those of the American Association for Marriage and Family Therapy (2013) – but these are the exception. Most boards use lesser thresholds such as *preponderance of the evidence*; and there is some evidence that the standard of proof chosen has a direct correlation with the nature of final decisions (Van Horne, 2004).

DOI: 10.1002/ppi

These minimal standards provide little protection from false accusations, which do occur in complaint hearings (Williams, 2001). Even if the complaint is eventually dismissed and the practitioner exonerated, they are still left with a significant financial, emotional, and professional price to pay (Woody, 1988).

In some jurisdictions there is even more at stake; the consequence for ethical violations can result in criminal sanctions including jail terms, simply on the preponderance of the evidence. In such hearings, where there is conflicting evidence, credibility assessment is generally not admitted; boards are allowed to rely on their own expertise rather than having to call in experts, and the degree of their evaluative power makes their findings virtually unreviewable (Jorgenson, Randles, & Strasburger, 1991).

In many hearings there is limited (or even no) allowance for robust cross-examination, presentation of counter proof or other measures which are considered basic in the criminal justice system for ensuring the quality of evidence (Giannelli & McMunigal, 2007). This increases the likelihood of miscarriages of justice.

Problems with the application of administrative law

A variety of procedural elements that are basic to criminal trials are not necessarily present in administrative hearings. For instance, inflammatory and prejudicial language is allowed, as are allegations about prior complaints, even if unsubstantiated (Shapiro et al., 2008). A board member can act firstly as investigator, gathering evidence, interviewing witnesses, and then in the next turn pronounce judgement (Herbsleb et al., 1985). There is no system of checks and balances in this process, leading to questions of bias (Welch, 2001). Board members do not always declare conflicts of interests (Shaw, 2011), and even when these are evident there is no right to be tried through other means such as a jury option (Adams, 2001).

Without adequate notice of intended actions against a practitioner, including specified grounds for the action, and the nature of the unfavourable evidence, it can be difficult to prepare fully for a hearing. During a hearing, without the right to cross-examine key witnesses, it can be difficult to challenge or disprove false or distorted evidence (Schlafy, 2002).

When members of regulatory boards are political appointees, impartiality becomes less likely. This is further exacerbated in jurisdictions where the board meets in secret, hearing a summary of the prosecution case but not the defence case (Adams, 2001), or searches records in order to generate new complaints based on their findings, thereby increasing the danger of a witch hunt occurring (Chauvin & Remley, 1996).

Because agencies identify themselves as existing for the protection of the public, complainants can register their grievance and see the full resources of the regulatory body brought to bear in the prosecution process, while the defendant must bear all costs themselves, and there is no system of access to a public defender.

The measure described as "the standards of one's peers" is often used as a reference point in trials. This, however, begs the question of which standards are being evaluated; some of the categories used have been challenged as secondary to the question of the capacity to practise. For instance, a majority of medical board actions are character related, rather than centring directly around the question of competency (Sawicki, 2010). Some of the arguments used in these cases can easily be shown as specious, e.g. predictive projection of future possible

DOI: 10.1002/ppi

harm on the basis of imputed character features; yet in the hands of a disciplinary body, they become a substantive basis for prosecution and negative findings (Sawicki, 2010).

Another common term used in the prosecution of professionals is "a reasonable standard of care". There is, however, a skew in the determination of this standard as it is based on "hindsight bias": after the fact of an outcome, the contributing steps become apparent, though they were less clear at the time (Shapiro et al., 2008).

Some regulatory entities give themselves powers that are beyond the scope of normal criminal investigations; a case in point is under the New Zealand *Health Practitioner Competence Assurance Act 2003*, which allows for the ability to search premises solely based on *the perception* that a practitioner *may intend to so something* which contravenes the Act. The same Act acknowledges natural justice, but then allows as evidence "any statement, document, information, or matter, whether or not it would be admissible in a court of law", thereby allowing hearsay to be accepted as evidence (Section 72(1)). Such powers can be subject to abuse, reduce the likelihood of a fair hearing, and contribute to a climate of fear for practitioners.

Appeals

The capacity to appeal is an important part of the provision of justice (Haraway, 2005). This is an uneven matter in professional hearings, and varies in terms of organisation, jurisdiction, state, country, and profession. Small organisations do not always have proper appeal channels. Some US state licensing board decisions have been appealed in an administrative court, won, and yet the board would not accept the decision (Peterson, 2001). In other instances, courts simply rubber stamp decisions made by licensing boards on the basis that the professionals sitting on the case knew best (Thomas, 2005). The assumption is that the appellant has benefited from full due process, when that is often not the case (Schlafy, 2002).

This highlights the situation whereby the problems arising from the decision-making processes of regulatory bodies are wider than simply intra-organisational issues. The larger system of which they are a part must also be held accountable for minimum standards of fair and just treatment. However, just as there is little oversight for the regulatory bodies regarding the issues raised in this paper, there is even less for the larger system dynamics where regulatory bodies interact with each other.

SERIOUS CONSEQUENCES

The case of John Dicke illustrates the serious consequences of the highly problematic behaviour of licensing boards (see Dicke, 2008).

In December 2001, the Colorado Licensed Psychologists Examiners Board ("the Board") issued a stipulation and order temporarily barring Dicke from using certain disputed practices in treating children. At stake was a treatment method Dicke had developed when working with highly traumatised children who had been subject to severe sexual abuse, as part of which he used an anatomically correct model of a penis. In doing so, children who had previously been unable to speak about the abuse, were able to begin to communicate about their trauma. Where no one else had previously been able to work with these cases, his diagnosis and treatment were effective. However the father of one of the children, who

DOI: 10.1002/ppi

himself was a perpetrator, filed a case against Dicke, as did the Department of Social Services, thus initiating a criminal investigation. While the criminal investigation was halted, the Board, after a summary investigation, revoked Dicke's licence, the administrative director stating that, although this method may be the standard of care in the future, he considered it tantamount to child abuse. Meanwhile, the Department returned the abused child to his father's care.

During the investigation, a psychiatrist expert witness testified that Dicke was a criminal who should be in jail. The Board was composed primarily of political appointees, most of whom were lay people. They did not make an attempt to understand the methodology, nor the results of the treatment. Even after Dicke had won the case, and the court ruled that the Board's decision was an abuse of discretion, and a manifestly excessive use of its power, the Colorado Board of Psychologists refused to reinstate him to his previous position as director of a child treatment centre. In all, John Dicke spent seven years and US $600,000 to get the revocation of his psychology license overturned.

While there are numerous details of this case which are troubling and can be critiqued, the systemic issue is that there seems to be no feedback mechanism whereby anything will change. The next psychologist under suspicion is likely to receive the same poor process. Neither the state board, nor the national board, nor other state boards are likely to learn anything from what went wrong here. Without such learning processes, or any real oversight, the poor use of power is likely to continue.

EMOTIONAL AND PERSONAL COSTS

Although complaint hearings are likely to be stressful for both parties, the possible outcomes have a very different trajectory. The hoped-for outcome by the complainant is for their case to be vindicated and some kind of consequence imposed for the practitioner; there may also be a possible financial gain.

Going through the hearing can be difficult for the complainant in a number of ways, as they bring their voice against a professional who has role and social power. They may experience exposure through the process, be required to justify their claims, and find themselves delving into painful feelings. The risk is that there is no finding against the professional, in which case they may be left with their own disappointment and unfinished business.

For the practitioner, the picture is fraught in every respect. The best that can happen is exoneration; and even with that, there may still be a great deal of negative fallout. Worst-case outcomes may include loss of licence, public shaming, and a range of other major impacts on their life and work. The impartial view is that this is simply the cost of regulation, that it produces a social good, and that individuals must bear these costs (even if found innocent in the end) for the sake of the standing of the profession and the protection of the public.

However, in the context of the health care field, such detachment seems at odds with a valuing of people, and a concern for any unnecessary imposition of suffering. In fact, it is a primary premise of ethical codes and regulatory bodies that the duty of the practitioner involves a commitment to reducing suffering; this is the very responsibility which is generally at the heart of what is being tested in complaints. So it would seem reasonable that these same values would apply to the governing institutions, and specifically their regulatory bodies, in

DOI: 10.1002/ppi

terms of concern about the suffering that occurs as a by-product of the complaints process (Freckelton, 2007).

In fact, both practitioners and notifiers often suffer, experience themselves as powerless in the process, and generally find little lasting benefit from the ordeal of any trial (Freckelton, 2007). The effect on practitioners of disciplinary hearing processes is well documented and can include loss of self-confidence, isolation, shock, anger, terror, disbelief, guilt, shame, anxiety, anguish, somatic symptoms, and physical illness (Celenza & Gabbard, 2003; Freckelton, 2007; Nash, Tennant, & Walton, 2004); high incidences of depression (Montgomery, Cupit, & Wimberley, 1999); and suicide (Peterson, 2001). Even if exonerated the experience can leave lasting scars, both personally and professionally (Williams, 2000). Health care delivery is also impacted because sued practitioners are likely to stop seeing high-risk clients, practise defensively, or retire early (Burkle, 2011).

The experience of being accused is personally and professionally devastating (Sommers-Flanagan & Sommers-Flanagan, 2007). The web of supportive relationships that professionals have is impacted; the identity that comes with professional practice is undermined; and the degree of stress often takes practitioners to the limits of their capacity to cope. Under these difficult circumstances there is no professional ritual to support healing processes or develop a shared meaning (Neimeyer, Prigerson, & Davies, 2002). Even in cases where the outcome is exoneration, the fact of having been accused results in a "spoiled identity" (Goffman, 1986), with consequent shunning by the professional community (Adams, 2001).

The costs in time and money can be significant and draining (Schoenfeld et al., 2001). A case requires extensive preparation, and where this stretches on for years it can be a large drain on time and emotional energy. The average financial costs for a psychologist to come before a licensing board are (currently) US $10,000 for legal fees and US $18,500 for personal therapy, but many cases costs blow out to US $100,000 or even more (Saeman, 1997; Montgomery et al., 1999). In addition, the result may be a fine, payment for extra treatment for the complainant, and there are often circumstances where insurance may not cover all of the damages awarded (Peterson, 2001). If the finding is against the practitioner the result is generally a loss of job, income, and earning potential. Even if the case turns out in their favour, they may still have lost their job through the process (Thomas, 2005).

A compounding factor to this stress is the response of colleagues, which is often to shun the person (Adams, 2001). When a professional's reputation is at risk they may withdraw from social or professional contact, further isolating themselves; often they are instructed by legal counsel to talk to no one at all about the matter (Belk, 2013). This, in turn, can put undue pressure on existing family and friends – often more than the system can cope with. Further pressure and exposure arise if reports are published in the media, and especially if the reporting is not accurate or balanced (Thomas, 2005). Clients, not bound to confidentiality, may discuss the case publicly with the consequence that rumours may spread, and this can be especially significant in small communities; at the same time, the professional is effectively gagged and cannot respond or quell distorted rumours (Helbok, 2003).

Clinical work can be adversely affected, producing over-vigilance, anxiety in relation to clients with similar characteristics or issues, premature termination, under- or over-playing

DOI: 10.1002/ppi

pathology, or being too accommodating. In turn, this can lead to mistrust on the part of patients or, at times, a response of sympathy. These effects obviously compound any problems the professional is experiencing (Montgomery et al., 1999).

Malpractice cases usually take several years to get to court, during which time the professional has been isolated, alienated, and investigated. However, any show of hostility on the stand may negatively influence juries in their decision.

The sum of these effects alone should be enough to make us step back and reconsider the current approaches to regulatory investigations. A blithe response may be to say that all traumatic experiences can be a source of learning, but this ignores the duty of care that institutions have towards members, going beyond the cold "letter of the law", and attending to the impact of the process (Freckelton & List, 2004).

A sanctioned professional needs to be respectfully heard, both personally and professionally; while this can occur through personal therapy, it can be argued that it is not solely a private issue. Such individuals need support, not scorn from their profession (Chauvin & Remley, 1996); it would seem ironic that the philosophy of the "helping professions" would not extend to help or compassion for those members who may have erred. The resultant learning can benefit not only the individual practitioner but also the community of professionals: "their stories may be our guide and lifeline at some point in our own professional career" (Warren, 2013 p. 14).

CONCLUSION

The enforcement of profession ethics has been oriented around the protection of the client, and the demonstration of this to society at large. However, the practitioner has not always received fair treatment in the process. Getting the balance right requires a range of factors to be in place.

On an organisational level this includes: feedback channels, regular reviews of the process, and mechanisms for reform. Organisations must be held accountable; however, attitudes need also to change. There are many instances where boards have been found to have acted wrongly by superior courts, but with little real impact on how they continue to operate. This suggests that there need to be interventions which bring about change in the culture of such organisations.

On a structural level, this involves increased attention to ensuring that due process and natural justice are served; this also requires a willingness to address areas where they are not sufficiently present. To the degree that investigations mimic legal processes, there must be a commitment to minimum standards of procedural quality, including also the reduction of processing time frames. All of this may necessitate increased resources, or exploring alternatives to the adversarial system.

On a professional/educational level, members of regulatory bodies need to have sufficient training and knowledge of the field they are regulating, and sufficient knowledge of ethical theories and their application. They also need training in the issues related to the wielding of power, and some degree of awareness of where and how this can be distorted.

It is time that the high ethical standards that individual practitioners are being asked to conform to are also applied to the bodies that oversee the regulation of those practitioners.

DOI: 10.1002/ppi

REFERENCES

Adams, J. M. (2001). *On your side: Protecting your mental health practice from litigation*. East Hampton, NY: Mimesis Books.

Annas, G. J. (1991). Ethics committees: From ethical comfort to ethical cover. *The Hastings Center Report*, *21*(3), 18–21.

Association for Marriage and Family Therapy. (2013). Code of ethics. Retrieved 16 August, 2013, from http://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

Barstow, C., & Feldman, R. R. (2013). *Living in the power zone*. Boulder, CO: Many Realms.

Belk, D. (2013). The true cost of healthcare: Medical malpractice: Myths and realities. Retrieved 20 August, 2013, from http://truecostofhealthcare.org/malpractice

Blake, D. (1998). Introduction. *Vital Signs*, *75*, 1–2.

Bolles, R. N. (2012). *What color is your parachute?* Berkeley, CA: Ten Speed Press.

Bricklin, P., Bennett, B., & Carroll, W. (2003). Understanding licensing board disciplinary procedures. Retrieved, 12 September, 2014 from http://www.apait.org/apait/resources/articles/disciplinary_complaint.pdf

Burkle, C. M. (2011). Medical malpractice: Can we rescue a decaying system? *Mayo Clinic Proceedings*, *86*(4), 326–332. doi:10.4065/mcp.2010.0834

Casey, P. M., Warren, R. K., Cheesman II, F. L., & Elek, J. K. (2012). Helping courts address implicit bias. Retrieved 12 September, 2014 from http://www.ncsc.org/~/media/Files/PDF/Topics/Gender%20and%20Racial%20Fairness/IB_Strategies_033012.ashx

Celenza, A., & Gabbard, G. O. (2003). Analysts who commit sexual boundary violations: A lost cause? *Journal of the American Psychoanalytic Association*, *51*(2), 617–636.

Chauvin, J. C., & Remley, T. P. (1996). Responding to allegations of unethical conduct. *Journal of Counseling and Development*, *74*(6), 563–568.

Coleman, J. L., & Letter, B. (1993). Determinacy, objectivity, and authority. *University of Pennsylvania Law Review*, *142*, 549–2183.

Dasgupta, N. (2009). Mechanisms underlying the malleability of implicit prejudice and stereotypes: The role of automaticity and cognitive control. In T. Nelson (Ed.), *Handbook of prejudice, stereotyping, and discrimination* (pp. 267–284). New York, NY: Psychology Press.

Delgado, R. (1989). Storytelling for oppositionists and others: A plea for narrative. *Michigan Law Review*, *87*, 2411–2441.

Dicke, J. (2008). Licensing board continues to withhold reinstatement. *The National Psychologist*, *17*(6), 14.

Dienhart, J. (1995). Rationality, ethical codes, and an egalitarian justification of ethical expertise: "Implications for professions and organizations". *Business Ethics Quarterly*, *5*(3), 419–450.

Doukas, D. J. (2003). Where is the virtue in professionalism? *Cambridge Quarterly of Healthcare Ethics*, *12*(2), 147–154. doi:10.1017/S0963180103122037

Frankel, M. S. (1989). Professional codes: Why, how, and with what impact? *Journal of Business Ethics*, *8*(2/3), 109–115. doi:10.1007/BF00382575

Freckelton, I. (2007). Disciplinary investigations and hearings: A therapeutic jurisprudence perspective. Paper presented at the 3rd International Conference of Therapeutic Jurisprudence. http://www.aija.org.au/TherapJurisp06/Monograph%20Papers/10%20Freckelton.pdf

Freckelton, I., & List, D. (2004). The transformation of regulation of psychologists by therapeutic jurisprudence. *Psychiatry, Psychology and Law*, *11*(2), 296–307. doi:10.1375/pplt.2004.11.2.296

Giannelli, P. C., & McMunigal, K. C. (2007). Prosecutors, ethics, and expert witnesses. (Symposium: Ethics and Evidence). *Fordham Law Review*, *76*(3), 1493–1537.

Goffman, E. (1986). *Stigma: Notes on the management of spoiled identity.* New York, NY: Touchstone.

Gonsiorek, J. C. (1997). Suggested remediations to "remediation". *Professional Psychology: Research and Practice*, *28*(3), 300–303. doi:10.1037/0735-7028.28.3.300

Grenier, J. R., & Golub, M. (2009). American Psychological Association and state ethics committees. In S. F. Bucky, J. E. Callan, & G. Stricker (Eds), *Ethical and legal issues for mental health professionals in forensic settings* (pp. 189–206). New York, NY: Routledge.

DOI: 10.1002/ppi

Gutheil, T. G., & Gabbard, G. O. (1993). The concept of boundaries in clinical practice: Theoretical and risk-management dimensions. *American Journal of Psychiatry*, *150*, 188–196.

Haraway, W. M. (2005). Employee grievance programs: Understanding the nexus between workplace justice, organizational legitimacy and successful organizations. *Public Personnel Management*, *34*(4), 329, 329–342.

Hedges, L. E. (2000). *Facing the challenge of liability in psychotherapy: Practicing defensively*. Northvale, MI: Jason Aronson.

Helbok, C. M. (2003). The practice of psychology in rural communities: Potential ethical dilemmas. *Ethics and Behavior*, *13*(4), 367–384. doi:10.1207/S15327019EB1304_5

Herbsleb, J. D., Sales, B. D., & Overcast, T. D. (1985). Challenging licensure and certification. *American Psychologist*, *40*(11), 1165–1178. doi:10.1037/0003-066X.40.11.1165

Hoffman, D., Tarzian, A., & O'Neil, J. A. (2000). Are ethics committee members competent to consult? *Journal of Law, Medicine and Ethics*, *28*, 30–40.

Siegel, L. J. (2012). *Introduction to criminal justice*. Belmont, CA: Wadsworth.

Jorgenson, L., Randles, R., & Strasburger, L. (1991). The furor over psychotherapist–patient sexual contact: New solutions to an old problem. *William and Mary Law Review*, *32*(3), 645–732.

Larcher, V., Slowther, A.-M.., & Watson, A. R. (2010). Core competencies for clinical ethics committees. *Clinical Medicine*, *10*(1), 30–30. doi:10.7861/clinmedicine.10-1-30

Loewy, E. H. (1993). An inquiry into ethics committees' understanding: How does one educate the educators? *Cambridge Quarterly of Healthcare Ethics*, *2*, 551–555.

McCabe, D. (1998). Due process in faculty grievance procedures. *Journal of Business Ethics*, *17*, 1653–1662.

Mitchell, J. B. (1999). Narrative and client-centred representation: What is a true believer to do when his two favourite theories collide? *Clinical Law Review*, *6*, 85–126.

Montgomery, L. M., Cupit, B. E., & Wimberley, T. K. (1999). Complaints, malpractice, and risk management: Professional issues and personal experiences. *Professional Psychology: Research and Practice*, *30*(4), 402–410. doi:10.1037/0735-7028.30.4.402

Nash, L., Tennant, C., & Walton, M. (2004). The psychological impact of complaints and negligence suits on doctors. *Australasian Psychiatry*, *12*, 278–281.

Neimeyer, R. A., Prigerson, H. G., & Davies, B. (2002). Mourning and meaning. *American Behavioral Scientist*, *46*, 235–251.

Nevis, S., Backman, S., & Nevis, E. (2003). Connecting strategic and intimate interactions: The need for balance. *Gestalt Review*, *7*(2), 134–146.

Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, *2*(2), 175–220.

O'Brien, B. (2009). A recipe for bias: An empirical look at the interplay between institutional incentives and bounded rationality in prosecutorial decision making. *Missouri Law Review*, *74*, 999–1191.

Peterson, M. B. (2001). Recognizing concerns about how some licensing boards are treating psychologists. *Professional Psychology: Research and Practice*, *32*(4), 339–340. doi:10.1037/0735-7028.32.4.339

Pope, K. S. (1990). Therapist–patient sex as sex abuse. *Professional Psychology: Research and Practice*, *21*(4), 227–239. doi:10.1037/0735-7028.21.4.227

Pope, K. S., & Vetter, V. A. (1992). Ethical dilemmas encountered by members of the American Psychological Association: A national survey. *American Psychologist*, *47*(3), 397–411. doi:10.1037/0003-066X.47.3.397

Quintard-Morenas, F. (2010). The presumption of innocence in the French and Anglo-American legal traditions. *American Journal of Comparative Law*, *58*, 107–123.

Saeman, H. (1997). Dispute with California board has cost psychologist $400,000. *National Psychologist*, *6*(3), 24.

Samuels, A. (2014). *The United Kingdom Council for Psychotherapy's critique of HPC's Fitness to Practice system*. London: The United Kingdom Council for Psychotherapy.

Sandrick, K. (2003). Avoiding conflict of interest. How hospital boards can withstand close scrutiny. *Hospitals and Health Networks*, *77*(11), 74–78.

DOI: 10.1002/ppi

Sawicki, N. N. (2010). Character, competence, and the principles of medical discipline. *Journal of Health Care Law and Policy*, *13*(2), 285–323.

Schoenfeld, L. S., Hatch, J. P., & Gonzalez, J. M. (2001). Responses of psychologists to complaints filed against them with a state licensing board. *Professional Psychology: Research and Practice*, *32*(5), 491–495. doi:10.1037/0735-7028.32.5.491

Schlafy, A. (2002). Unfair Disciplinary Proceedings by Boards, in New York State Assembly. *Committees on Health, Higher Education, and Codes*. NY: Association of American Physicians and Surgeons.

Shapiro, D., Walker, L., Manosevitz, M., Peterson, M., & Williams, M. H. (2008). *Surviving a licensing board complaint. What to do, what not to do*. Phoenix, AZ: Zeig, Tucker & Thiesen.

Shaw, S. (2011). Whence, why, how and whither "responsible authorities"? Professional registration boards and councils. In K. Tudor (Ed.), *The turning tide pluralism and partnership in psychotherapy in Aotearoa New Zealand* (pp. 96–105). Auckland, Aotearoa New Zealand: LC Publications.

Sheehan, M. N. (1994). Why doctors hate medical ethics. *Cambridge Quarterly of Healthcare Ethics*, *3*, 289–295.

Sim, D. J. S. (2001). Double jeopardy and abuse of process in professional disciplinary proceedings. *Singapore Journal of Legal Studies*, *2001*, 130–160.

Sommers-Flanagan, R. S., & Sommers-Flanagan, J. S. (2007). *Becoming an ethical helping professional: Cultural and philosophical foundations*. Hoboken, NJ: Wiley.

Thatcher, P. A. (2000). Defending against complaints by state licensing boards. In L. E. Hedges (Ed.), *Facing the challenge of liability in psychotherapy: Practicing defensively* (pp. 201–266). Northvale, MI: Jason Aronson.

Thomas, J. T. (2005). Licensing board complaints: minimizing the impact on the psychologist's defense and clinical practice. *Professional Psychology: Research and Practice*, *36*(4), 426–433. doi:10.1037/0735-7028.36.4.426

United Nations. (2003). *Human rights in the administration of justice: A manual on human rights for judges, prosecutors and lawyers*. Geneva, Switzerland: United Nations.

United Nations. (1976). International Cove-nant on Civil and Political Rights. In U. Nations (Ed.), New York: United Nations.

United Nations. (1995). Communication. In B. Lubuto, V. Zambia, U. Nations (Eds.), New York. p.p. 14, para. 7.3.

Van Horne, B. A. (2004). Psychology licensing board disciplinary actions: The realities. *Professional Psychology: Research and Practice*, *35*(2), 170–178. doi:10.1037/0735-7028.35.2.170

Warren, J. (2013). Falling from grace: Understanding the impact of ethical complaints and sanctions on the professional counselor. Retrieved, 8/4/14 from http://www.wyocare.org/wyocare_static/images/ethics_sanctioned_professional_ethicsfinalforjournalsubmission.pdf

Welch, B. L. (2001). Caution State licensing board ahead. Insight: Safeguarding Psychologists Against Liability. Edition 1, American Professional Agency, Simsbury. pp. 1–6.

West, M. B., & Gibson, J. M. (1992). Facilitating medical ethics case review: What ethics committees can learn from mediation and facilitation techniques. *Cambridge Quarterly of Healthcare Ethics*, *1*, 63–74.

White, J. B. (1985). *Heracles' bow: Essays on the rhetoric and poetics of the law*. Madison, WI: University of Wisconsin Press.

Williams, M. H. (2000). Victimized by "victims": A taxonomy of antecedents of false complaints against psychotherapists. *Professional Psychology: Research and Practice*, *31*(1), 75–81. doi:10.1037/0735-7028.31.1.75

Williams, M. H. (2001). The question of psychologists' maltreatment by state licensing boards: Overcoming denial and seeking remedies. *Professional Psychology: Research and Practice*, *32*(4), 341–344. doi:10.1037/0735-7028.32.4.341

Willmore, J. (2003). *Screening and selecting volunteers: Powerful ambassadors or massive headaches?* Retrieved 13 September, 2014 from http://www.asaecenter.org/Resources/EUArticle.cfm?ItemNumber=11761

Woody, R. H. (1988). *Protecting your mental health practice: How to minimize legal and financial risk*. San Francisco, CA: Jossey-Bass.

DOI: 10.1002/ppi

Steve Vinay Gunther is an international Gestalt trainer, teaching in Asia (Japan, China, and Korea), Mexico, the USA, and Europe. He founded the Northern Rivers Gestalt Institute, a four-year postgraduate training programme, in Lismore, Australia, and, for two decades, was actively involved in the development of Gestalt therapy in Australia. He has a private practice which encompasses Gestalt, family therapy, and career decision coaching. He has been running Family Constellation workshops in Australia, the USA and Japan since 2000, and has applied the work to Aboriginal groups. He is author of *Understanding the Woman in your Life* (Finch, 2005), a book of advice for men about relationships with women. He has practised and studied meditation, spirituality and psychotherapy over a forty-year period, and has brought these topics together in an integrative meta model, facilitating workshops on the topic of personal growth and spiritual growth. With his wife, Sutara Ling, he has pioneered an arena of relational psychology termed The Unvirtues. He is currently Director of an MA in spiritual psychology at Ryokan College, Los Angeles. He is enrolled in a doctoral programme in social ecology, researching the topic of the interpersonal psychology of power.

Psychotherapy and Politics International. 12(2), 111–128. (2014)
DOI: 10.1002/ppi