



The Ethics Guidelines are produced by the Office of the Syndic in collaboration with the Professional Inspection Committee. These guidelines do not constitute legal opinions; each case is particular and must be analyzed in the light of the circumstances peculiar to it.

**THE NEED TO MAINTAIN  
THE RELATIONSHIP OF TRUST  
BETWEEN THE PSYCHOLOGIST  
AND HIS OR HER CLIENT IS THE  
KEY REASON FOR AVOIDING  
CONFLICT OF ROLES AND  
CONFLICT OF INTEREST WITH  
REGARD TO THE CLIENT**

# CONFLICT OF ROLES AND CONFLICT OF INTEREST (PART 1)

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## INTRODUCTION

A client who consults a psychologist has to be certain that the relationship he or she enters into with this professional will not be detrimental to him. This certainty usually comes with the establishment of a relationship of trust, which develops through the psychologist's understanding of the client's needs and the client's involvement in the process proposed by the psychologist. By explaining the envisaged intervention to the client, the psychologist helps assure him that the only interest taken into account is that of the client. The intervention proposed by the psychologist at the client's request is not necessarily pleasurable for the client; however, if he agrees to it, this means that he is thinking of his medium- and long-term interest, which he believes will be best served by engaging in the proposed process.

As encapsulated above, the issues discussed in this article are those of conflict of roles and conflict of interest. The psychologist has to understand that by providing services to a client while in a conflict of roles or conflict of interest situation, he violates the relationship of trust created by the initial agreement, or prevents this relationship from developing. Rather than serving the interest of the client, his actions serve to benefit himself; his own interest becomes the priority. The Professional Code (section 59.1) regards as a derogatory act the fact of a professional taking advantage of his professional relationship to have sexual relations or to make improper gestures or remarks of a sexual nature. This prohibition exemplifies the gravest offence that can occur when changes of role take place and when the interest of the professional becomes predominant, to the detriment of the client.

However, sometimes a psychologist misunderstands the requirements that apply in the given circumstances. He sees himself as acting in accordance with the client's request, or believes his actions to be blameless, as he deems himself to have the person's consent. He may unintentionally put himself in an apparent conflict of interest.

This article and a second one in May will examine the ethical framework surrounding these issues of conflict. It should be noted that numerous decisions by the Disciplinary Committee have led to the establishment of the applicable guideposts. The second article, which will follow closely from this one, will present scenarios showing the scope of the regulatory framework and make suggestions on how to avoid these situations or how to manage them if they occur inadvertently.

## SOME CLARIFICATIONS

The psychologist must always keep in mind that the client consults him because he is a professional recognized by his Order, and that the primary mission of the Order is to protect the public. Although a client may not feel immediate discomfort with a conflict of roles or conflict of interest on the part of the psychologist he is seeing, it is the psychologist's responsibility to be aware and to act in a such a way as to develop a healthy relationship, avoid inflaming conflict and maintain balance by defining and observing boundaries in his relationship with his client. Such are the obligations incumbent upon him.

These issues are very important and they are frequently the sources of ethical breaches by psychologists. In our attempt in this article to help prevent such breaches, we will first identify the sections of the Code of Ethics (C.E.) that relate to conflict of roles and conflict of interest. Next, we will focus our attention on the elements associated with conflict of roles.

### Ethical Requirements

The main sections of the Code dealing with conflict of roles and conflict of interest as they affect psychologists in their practice are the following six: 20, 30, 31, 32, 33 and 37. While it is true that Chapter II, Division V, entitled *Independence and Impartiality*, contains other sections covering aspects of this issue (C.E., sec. 34 and 35), that is, fees and remuneration, these sections are rarely problematic for the Order's members, as shown by the Syndic's Office's information. This may be because they apply in a specific context and their prescriptive character is clearly understood.

Another section to be noted is section 36 (C.E.), which deals with fees deriving from two sources, that is, the client and another party. This question was recently discussed in detail in *Psychologie Québec* magazine.<sup>1</sup> The gist of the discussion was as follows: Psychologists who agree to provide services to the CSST are not permitted to make arrangements with their clients for additional payment. Although such an arrangement may be acceptable from an ethical standpoint, it contravenes sections 194 and 189.5 of the *Act respecting industrial accidents and occupational diseases*. Hence, it is not possible to bill the difference between the amount the psychologist normally charges and the amount paid by the CSST. However, when the psychologist works with the SAAQ, the IVAQ or private payers, an arrangement for additional payment is not illegal, as there is no law prohibiting it. In this case, it is important to obtain the client's written consent to the arrangement and to inform the third party payer of its existence. This will ensure compliance with section 36, which is intended to prevent situations where an individual agreement with the client puts the psychologist into conflict, given the existence of another agreement with a third party.

**CERTAIN SECTIONS OF THE CODE OF ETHICS APPLY SPECIFICALLY TO CONFLICT OF ROLES OR CONFLICT OF INTEREST SITUATIONS.**

**EXCEPT IN CASES INVOLVING THE CSST, IT IS POSSIBLE TO AGREE THAT THE CLIENT WILL PAY THE DIFFERENCE BETWEEN THE USUAL HOURLY FEE AND THAT COVERED BY A THIRD PARTY PAYER. HOWEVER, THE THIRD PARTY PAYER MUST BE INFORMED OF THIS AGREEMENT.**

## ROLES AND CONFLICT OF ROLES

Psychologists may perform different types of work or provide a variety of services when they are employed by public agencies, for example, in the school or health sectors, or in youth centres. In general, their services can be categorized as therapeutic activities, expert services in specific fields, and mediation. Obviously, this categorization does not reflect all the evaluation, information, support and counselling activities performed with individuals or groups. These categories were chosen to facilitate our discussion of the problem of conflict of roles, as the psychologist assumes a different role in relation to each of these categories of service.

Although the psychologist has some flexibility as to how he chooses to conduct his intervention in any of the roles identified above, he cannot assume two of these roles successively with the same client. Likewise, he cannot maintain another type of relationship with the client, knowing that he is the client's psychologist. The rule that applies in this regard is the following: "A psychologist shall refrain from providing professional services to persons with whom he has a relationship that could adversely affect the quality of his work." (C.E., sec. 20)

For example, the delivery of psychotherapy to a client cannot be followed by an expert assessment of the same client. Reports for the IVAC on work done with a client require particular care in this regard. We cannot do indirectly what is prohibited by ethics. However, in the context of continuity from an initial role, it may be possible to supplement an intervention. In this case, the psychologist must ensure that the additional activities are logically related to the initial service. For example, when a psychologist completes an expert assessment, he can legitimately have a few meetings with the client to explain the results and prepare a referral, as this relates to the original assessment and the psychologist's responsibility, which does not end with the completion of the mandate.<sup>2</sup> However, it would not be acceptable for the psychologist to initiate long-term psychotherapy with the patient. This would constitute a new role, which is incompatible with the first one. The Disciplinary Committee<sup>3</sup> has ruled on this type of case and confirmed the derogatory character of such action.

Similarly, for the psychologist to develop a personal relationship of a friendly or amorous nature,<sup>4</sup> or an economic relationship<sup>5</sup> in the framework of business dealings where the client becomes a partner or a supplier of services,<sup>6</sup> would constitute contamination of the professional relationship and could have an adverse effect on the work done with the client.<sup>7</sup>

Although not all the above situations have been subject to specific studies on after-the-fact adverse effects experienced by clients, the Syndic's Office notes the comments of people requesting investigations on these subjects and finds that their statements tend to be resemble each other.<sup>8</sup> More specifically, a recent study,<sup>9</sup> while admittedly limited in import because of its methodology, which even its authors have criticized, shows the harmful consequences of sexual relations engaged in with clients, regardless of whether they occurred during or after therapy.

Obviously, each case is specific. But what remains important is the purpose of the act performed by the psychologist. In some cases, an act engaged in with a client is completely acceptable, as the psychologist plays his role as part of a service agreed to with the client in the client's interest. In another context, this same act may be ethically unacceptable, as it is not motivated

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primarily by the client's interest and, in the given relationship, creates a conflict of roles. Let us consider the example of treatment of agoraphobic clients. In this case, activities such as accompanying the client in public places are in keeping with the therapeutic objective. However, in a different context, such activities would constitute a conflict of roles for the psychologist.

The psychologist must ask himself whether a considered procedure complies with the scientific principles generally recognized in the profession (C.E., sec. 1). He must remember that his primary goal is to maintain the relationship of trust with the client (Ibid., sec. 10) and to avoid causing the client harm.

When evaluating his own conduct, the psychologist may experience doubts or have different thoughts on the issue, which should be shared with colleagues or, if possible, raised in a discussion forum on professional ethics. Useful information on this subject can be found on the APA website, which includes the *Ethical Principles of Psychologists and Code of Conduct*, and the Canadian Psychological Association website, which includes the *Canadian Code of Ethics for Psychologists*. The issue of conflict of roles is one on which there is wide agreement among psychologists in North America. Therefore, it is important to be familiar with this issue, so as to avoid causing detriment to one's client.

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## REFERENCES

1. Lorquet, E. (2004a), p. 9 and Lorquet, E. (2004b), p. 15.
2. Ordre des psychologues, March 27, 2002.
3. Ibid., May 26, 2004.
4. See the following recent cases: Ibid., October 16, 2002; Ibid., June 5, 2003; Ibid., June 11, 2003; Ibid., January 26, 2004; Ibid., May 21, 2004.
5. Ibid., May 27, 2002.
6. Ibid., June 22, 1999. This decision was upheld in appeal by the Professions Tribunal, no. 500-07-000272-991, March 30, 2000.
7. Nigro (2004), p. 52.
8. See also Nigro (2004), p. 62.
9. See Bélanger and Goulet (2004).

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Ordre des psychologues du Québec. *Disciplinary Decision* no. 33-03-00295, January 26, 2004.

Ordre des psychologues du Québec. *Disciplinary Decision* no. 33-03-00293, May 21, 2004.

Ordre des psychologues du Québec. *Disciplinary Decision* no. 33-01-00266, May 26, 2004.

*Professional Code*, R.S.Q., c. C-26.

**SELF-EVALUATION OF THE PSYCHOLOGIST'S CONDUCT CAN HELP IDENTIFY DIFFICULTIES IN THE RELATIONSHIP WITH A CLIENT. IT IS HELPFUL TO DISCUSS THE PROBLEM WITH OTHER MEMBERS OF THE PROFESSION OR THE SYNDIC'S OFFICE TO ENSURE THE ONGOING QUALITY OF ONE'S INTERVENTION.**

The practice of a profession is defined by two co-existing realities: one the one hand, a recognition of the professional's right to decide on the most appropriate course of action, with every decision having an underlying ethical dimension, and on the other, the existence of a regulatory mechanism aimed at ensuring the protection of the public. The ethics guidelines are intended to inform psychologists about the existing regulatory framework to help them in the process of making informed decisions.



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