

Tarasoff Rule

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Primary Disciplinary Field(s): Law (Jurisprudence), Clinical Psychology, Professional Ethics, Mental Health Counseling

1. Core Definition and Legal Mandate

The **Tarasoff Rule** is a foundational legal doctrine within the United States that governs the ethical and legal obligations of mental health professionals--including psychiatrists, psychologists, and clinical social workers--when a client expresses a serious, credible threat of violence against an identifiable third party. Essentially, the rule creates a mandatory exception to the traditional principle of patient confidentiality. It requires the therapist to take reasonable steps to prevent harm when they determine, or reasonably should have determined, that their patient poses a serious danger of violence to another.

This mandate is often encapsulated as the "duty to protect," distinguishing it from the narrower "duty to warn." While the source content correctly identifies the requirement to warn the threatened party, subsequent legal interpretations emphasize that the professional's responsibility extends beyond mere warning to include comprehensive protective actions, such as notifying law enforcement or initiating involuntary hospitalization. The central conflict addressed by the Tarasoff Rule is the tension between maintaining patient **confidentiality**, which is crucial for effective therapeutic practice, and the paramount public interest in safety and the preservation of life.

The application of the Tarasoff Rule shifts the legal paradigm from protecting the therapeutic relationship at all costs to requiring intervention when a clear and present danger to society exists. A critical component in invoking the rule is the determination of **foreseeability**: the threat must be specific enough that a reasonable clinician could predict the potential for harm and identify the potential victim. Failure to adhere to the Tarasoff mandate exposes the mental health professional and potentially their employer (such as a clinic or university) to civil liability for negligence if the threatened violence occurs.

2. Etymology: The Case of Tarasoff v. Regents of the University of California

The Tarasoff Rule originated from the landmark 1976 California Supreme Court case, **Tarasoff v. Regents of the University of California**. The case centered around Prosenjit Poddar, a student at the University of California, Berkeley, who was receiving psychological counseling at the university health services. Poddar confided in his therapist that he intended to kill Tatiana Tarasoff, a fellow student who had rejected his romantic advances.

Poddar's therapist notified the campus police and requested Poddar's commitment, but Poddar was briefly detained and then released after appearing rational. No one, including the therapist,

took steps to warn Tatiana Tarasoff or her family of the explicit and documented threat. Shortly thereafter, Poddar carried out the threat, stabbing and killing Tarasoff. The victim's parents subsequently sued the university, the clinicians, and the police.

The initial 1974 court ruling established a narrow "duty to warn" the intended victim. However, upon rehearing in 1976, the court broadened the scope, establishing the modern "duty to protect" the intended victim. This revision acknowledged that simply warning the victim might be insufficient; a therapist must exercise reasonable care to protect the foreseeable victim through multiple possible avenues. The case definitively established that when a special relationship exists (such as that between a therapist and patient), and the patient poses a danger to others, the therapist has an affirmative obligation to act, thereby prioritizing public safety over absolute confidentiality.

3. Key Components: Duty to Warn vs. Duty to Protect

While the term "Tarasoff Rule" is often used synonymously with the "duty to warn," legal scholars and clinical practitioners generally adhere to the broader concept of the **duty to protect**, which encompasses several potential actions. The standard requires the therapist to evaluate the credibility and severity of the threat and then select the most reasonable and effective protective measure available under the circumstances.

The core components of the obligation dictate that once a therapist determines a credible threat of violence exists against an identifiable person, they must document their assessment and implement one or more of the following protective measures immediately:

Direct Warning to the Victim: Communicating the specific threat to the intended victim, if that person can be located. This is the traditional "duty to warn" component.

Notification of Law Enforcement: Informing the appropriate police agency of the threat and providing identifying information about the patient and the intended victim.

Clinical Intervention: Taking steps to hospitalize the patient voluntarily or involuntarily, thereby removing the patient's ability to act upon the threat.

Informing Reliable Third Parties: In cases where the victim cannot be reached, notifying family members or close friends of the victim who may be in a position to take protective action.

The crucial legal test is whether the therapist acted reasonably under the professional standard of care in assessing the threat and implementing protective measures. The decision to breach confidentiality is not taken lightly; it must be justified by a clear and imminent danger that outweighs the therapeutic value of secrecy.

4. Scope and Application in Clinical Practice

The application of the Tarasoff Rule necessitates specific training for mental health professionals in risk assessment. Clinicians must be able to differentiate between generalized expressions of anger or frustration and a genuine, specific plan to harm an identifiable individual. The rule does not typically apply to general threats against society (such as vague intentions to harm "people in general") or threats of self-harm, though other legal mechanisms often address suicide risk.

In clinical settings, complying with Tarasoff involves a standardized assessment process. The therapist must first conduct a thorough evaluation of the patient's history of violence, current state of mind, access to weapons, and the specificity of the threat. If the assessment confirms a serious risk, the therapist must carefully document the threat, the assessment process, the decision to breach confidentiality, and the specific protective actions taken. Detailed documentation provides the professional with the primary defense against later claims of negligence.

Furthermore, the rule extends beyond individual psychotherapists to various institutional settings, including hospitals, university counseling centers, and community clinics. Institutions must establish clear protocols and training programs to ensure that all staff members who receive a threat are aware of their legal obligations and the steps required for mandatory reporting. This institutional requirement often involves immediate consultation with a supervisor or legal counsel upon receipt of a serious threat.

5. Professional Ethics and Confidentiality Conflicts

The Tarasoff Rule fundamentally challenges the ethical principle of **confidentiality**, which is a cornerstone of professional mental health practice. Ethical codes published by organizations such as the American Psychological Association (APA) and the National Association of Social Workers (NASW) strongly mandate the protection of client information, except when doing so would result in clear danger to the client or others. The Tarasoff mandate codified this necessary exception into law.

The dilemma for the clinician is significant. Breaching confidentiality can irreparably damage the therapeutic alliance, potentially leading the client to withhold critical information in the future or terminate therapy prematurely, which could ironically increase the risk of violence. Conversely, failing to breach confidentiality when required leads to direct legal liability and potential harm to an innocent party.

To mitigate the erosion of trust, many clinicians introduce the concept of "limits to confidentiality" during the initial intake session. Clients are explicitly informed that confidentiality is not absolute and will be legally breached if they disclose intent to harm themselves or an identifiable third party. This process, known as informed consent, ethically prepares the client for the possibility of

intervention, maintaining transparency while adhering to the legal mandate.

6. State Variations and Jurisdictional Differences

Although the Tarasoff decision originated in California, it established a precedent that has been widely adopted, either through subsequent case law or state statutes, across the United States. However, the exact parameters of the "duty to protect" vary significantly from jurisdiction to jurisdiction. States differ primarily on three key factors:

Scope of the Duty: Some states adhere strictly to the original, narrower "duty to warn" (i.e., only requiring notification of the victim), while the majority have adopted the broader "duty to protect," allowing for multiple intervention strategies.

Identifiability of the Victim: Most states require that the threat be made against a **reasonably identifiable victim**. However, some state laws have expanded the duty to include threats made against identifiable property or specific institutions, such as a school or workplace.

Mandatory vs. Permissive Reporting: In some jurisdictions, the duty to protect is mandatory--the therapist must act when the threshold is met. In others, the law grants the therapist the permission (or discretion) to breach confidentiality if they believe a threat exists, but does not strictly compel them to do so.

These jurisdictional differences mean that a threat that triggers a mandatory warning in California might only permit a discretionary protective action in another state. Mental health professionals must therefore be intimately familiar with the specific laws governing their state of practice, as a failure to meet the statutory requirement is considered negligence *per se* (negligence in itself).

7. Criticisms and Limitations

Despite its intent to save lives, the Tarasoff Rule has faced sustained criticism from both the legal and mental health communities regarding its practical implementation and unintended consequences.

One major criticism centers on the inherent difficulty of **predicting dangerousness**. Critics argue that psychological science lacks the precision necessary to accurately predict which patients will actually commit violent acts. Over-reporting threats based on vague statements (false positives) leads to unnecessary breaches of confidentiality, wrongful involuntary commitments, and burdens on law enforcement, while focusing resources away from truly dangerous individuals. Conversely, under-reporting risks (false negatives) leads to tragic outcomes, reinforcing liability concerns.

A second significant limitation is the **chilling effect** on therapeutic disclosure. If patients know that their most violent thoughts or fantasies will be reported to police, they may become guarded, self-censor, and fail to disclose crucial information necessary for the therapist to conduct effective

treatment. This lack of disclosure hinders the therapeutic process designed to help the patient manage those dangerous impulses, potentially increasing the overall risk to the public. Furthermore, the rule disproportionately affects vulnerable populations who rely on the safety and anonymity of therapy.

Finally, there are logistical criticisms regarding the scope of the duty. Determining which threats are "serious" enough to warrant a breach, and the practical challenges of effectively warning a victim who may be geographically distant or difficult to locate, remain complex logistical hurdles for practitioners. These limitations necessitate continuous ethical deliberation and legal clarity regarding the boundaries of the therapist's responsibility.

Further Reading

[Tarasoff v. Regents of the University of California \(Wikipedia\)](#)

[American Psychological Association Ethical Principles of Psychologists and Code of Conduct](#)

[Tarasoff and the Duty to Warn: The Legal and Ethical Context](#)