



5
EDITION

DECODING THE ETHICS CODE

A Practical Guide for Psychologists

Celia B. Fisher



Decoding the Ethics Code

Fifth Edition

To my husband Gary, who lovingly supported my ethical quests; my children Brian and Erica, who taught me how to combine responsibility with care; and to the memory of my parents, Helen and Norman Burg, who taught me by example the importance of moral values.

Sara Miller McCune founded SAGE Publishing in 1965 to support the dissemination of usable knowledge and educate a global community. SAGE publishes more than 1000 journals and over 600 new books each year, spanning a wide range of subject areas. Our growing selection of library products includes archives, data, case studies and video. SAGE remains majority owned by our founder and after her lifetime will become owned by a charitable trust that secures the company's continued independence.

Los Angeles | London | New Delhi | Singapore | Washington DC | Melbourne

Decoding the Ethics Code

A Practical Guide for Psychologists

Fifth Edition

Celia B. Fisher

*Center for Ethics Education,
Fordham University*



Los Angeles | London | New Delhi
Singapore | Washington DC | Melbourne



FOR INFORMATION:

SAGE Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

SAGE Publications Ltd.
1 Oliver's Yard
55 City Road
London EC1Y 1SP
United Kingdom

SAGE Publications India Pvt. Ltd.
B 1/I 1 Mohan Cooperative Industrial Area
Mathura Road, New Delhi 110 044
India

SAGE Publications Asia-Pacific Pte. Ltd.
18 Cross Street #10-10/11/12
China Square Central
Singapore 048423

Acquisitions Editor: Jessica Miller
Product Associate: Ivey Mellem
Production Editor: Astha Jaiswal
Copy Editor: Pam Schroeder
Typesetter: C&M Digital (P) Ltd.
Cover Designer: Candice Harman
Marketing Manager: Victoria Velasquez

Copyright © 2023 by Celia B. Fisher

All rights reserved. Except as permitted by U.S. copyright law, no part of this work may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without permission in writing from the publisher.

All third-party trademarks referenced or depicted herein are included solely for the purpose of illustration and are the property of their respective owners. Reference to these trademarks in no way indicates any relationship with, or endorsement by, the trademark owner.

Printed in the United States of America

ISBN: 9781544362717

This book is printed on acid-free paper.

22 23 24 25 26 10 9 8 7 6 5 4 3 2 1

BRIEF CONTENTS

Preface	xxiii
Acknowledgments	xxix
About the Author	xxxi
PART I • INTRODUCTION AND BACKGROUND	1
CHAPTER 1 • A Code of Ethics for Psychology: How Did We Get Here?	2
CHAPTER 2 • The Ethics Code Introduction and Preamble, and Relationship to Enforcement and Law: How Is the Ethics Code Applied?	13
CHAPTER 3 • General Principles, Ethical Commitment, and Virtues in Psychology	34
CHAPTER 4 • Ethical Theories and Ethical Decision-Making	55
PART II • ENFORCEABLE STANDARDS	79
CHAPTER 5 • Standards for Resolving Ethical Issues	80
CHAPTER 6 • Standards on Competence	109
CHAPTER 7 • Standards on Human Relations	152
CHAPTER 8 • Standards on Privacy and Confidentiality	214
CHAPTER 9 • Standards on Advertising and Other Public Statements	255
CHAPTER 10 • Standards on Record Keeping and Fees	278
CHAPTER 11 • Standards on Education and Training	317
CHAPTER 12 • Standards on Research and Publication	345
CHAPTER 13 • Standards on Assessment	417
CHAPTER 14 • Standards on Therapy	469
References	515
Index	567

DETAILED CONTENTS

Preface	xxiii
Acknowledgments	xxix
About the Author	xxx

PART I • INTRODUCTION AND BACKGROUND **1**

CHAPTER 1 • A Code of Ethics for Psychology: How Did We Get Here? **2**

Beginnings	2
The Purpose of an Ethics Code	3
Aspirational Principles and Enforceable Standards	4
The 2010 and 2017 Amendments: The Controversy Over Psychologists' Involvement in Inhumane Military Interrogations	5
Format and Distinctive Features of the APA Ethics Code	7
Why Does the Ethics Code Separate General Principles From Enforceable Standards?	7
General and Area-Specific Standards	7
Are Standards Relevant to Teaching, Research, Assessment, and Therapy Restricted to Their Specific Sections in the Code?	7
Where Are Standards That Apply to Activities in Forensic Psychology?	7
Where Are Standards That Apply to Work With and Within Organizations?	8
Where Are Standards That Apply to Psychologists' Involvement With Regulations and Public and Private Health Insurance Agencies and Companies?	8
Where Are Standards That Apply to Psychologists' Responsibilities Under the Affordable Care Act (ACA) and Their Involvement in Integrated Care Settings?	9
Are the Standards Relevant to Psychologists Working in the Military, Law Enforcement, and Correctional Facilities?	9
Is Sufficient Attention Given to Responsibilities of Administrators of Psychology Programs and Psychology Faculty?	9
Does the Ethics Code Specifically Address Internet and Other Electronically Mediated Research and Services?	10
Informed Consent for Research, Assessment, and Therapy	10
Are There Ethical Standards Specific to Issues of Individual and Cultural Diversity?	11
What Is the Distinction Between the APA Ethics Code and Specific APA Guidelines?	11

Under the Ethics Code, Are Psychologists Obligated to Report Ethics Code Violations of Others?	12
The Ethics Code as a Living Document	12

CHAPTER 2 • The Ethics Code Introduction and Preamble, and Relationship to Enforcement and Law: How Is the Ethics Code Applied? 13

Understanding the Introduction and Applicability Section and the Preamble	13
To Whom Does the Ethics Code Apply?	13
To What Does the Ethics Code Apply?	13
► NEED TO KNOW: Is There a Distinction Between Personal and Private Political Acts?	15
What Is the Relevance of Specific Language Used in the Ethics Code?	16
Due Notice	16
Applicability Across Diverse Roles and Contexts	17
► NEED TO KNOW: The Use of Modifiers	17
What Is “Reasonable”?	18
“Client/Patient” and “Organizational Client”	19
How Is the Ethics Code Related to APA Ethics Enforcement?	19
Ethics Complaints	20
► NEED TO KNOW: Outsourcing Adjudication of Ethics Complaints	20
Sanctions	21
Notification	21
Show Cause Procedure	21
How Is the Ethics Code Related to Sanctions by Other Bodies?	22
The Association of State and Provincial Psychology Boards Code of Conduct (ASPPB, 2018)	22
► NEED TO KNOW: What to Do When You Receive an Ethics Complaint	23
How Is the APA Ethics Code Related to Law?	24
Civil Litigation	24
Compliance With Law	24
Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority	25
The Relationship Between the Ethics Code and Risk Management	25
A Word About HIPAA	27
Protected Health Information (PHI) and Covered Entities	27
Definition of Electronic Media	28
► NEED TO KNOW: The COVID-19 Notification of Telehealth Enforcement Discretion	28
HIPAA Protections and Requirements	29
What Do Covered Entities Need to Do to Comply With HIPAA?	29
Notice of Privacy Practices	30
Right to an Accounting of Disclosures	30
Authorization to Release Information	30
Minimum Necessary	30
Privacy Officer	31

Are Researchers Affected by HIPAA?	31
Are Industrial-Organizational or Consulting Psychologists Affected by HIPAA?	31
The Patient Protection and Affordable Care Act (ACA)	32
Interprofessional Organizations	32

CHAPTER 3 • General Principles, Ethical Commitment, and Virtues in Psychology **34**

General Principles	34
Principle A: Beneficence and Nonmaleficence	35
■ NEED TO KNOW: The COVID-19 Pandemic Challenges to Beneficence and Nonmaleficence in Behavioral and Health Science Research	36
Principle B: Fidelity and Responsibility	36
■ NEED TO KNOW: Fidelity and Responsibility During COVID-19 and Future Emergencies	38
Principle C: Integrity	38
■ NEED TO KNOW: Deception in Psychotherapy	39
Principle D: Justice	40
Distributive Justice	40
Procedural Justice	40
Interactional Justice	41
■ NEED TO KNOW: Social Justice and Relational Power Dynamics	41
Principle E: Respect for People's Rights and Dignity	42
Informed Consent	42
Respecting Diversity	43
■ NEED TO KNOW: Giving Voice to the Lived Experience of Individuals With Mental Disorders	43
Privacy and Confidentiality	43
Assessment	44
■ NEED TO KNOW: Ethical Principles and Client-Generated Prejudicial Comments	44
Ethical Commitment and Virtues in Psychology	45
Focal Virtues for Psychology	45
Openness to the Other	46
The Virtue of Self-Care	47
Practicing Self-Care	48
■ NEED TO KNOW: Radical Healing for Black, Indigenous, and People of Color Psychologists	49
Misapplication of Virtues	49
■ NEED TO KNOW: Virtue-Based Treatments in Psychotherapy	50
Virtues, Moral Principles, and Ethical Awareness	50
■ NEED TO KNOW: Professionalism as a Value System for Health Service Psychology	51
Can Virtues Be Taught?	52
Chapter Cases and Ethics Discussion Questions	52

CHAPTER 4 • Ethical Theories and Ethical Decision-Making **55**

Ethical Competence	55
Ethical Awareness and Thoughtful Reflection	56

NEED TO KNOW: Culture and Moral Distress	56
Deception Research: A Case Example for the Application of Different Ethical Theories to Ethical Decision-Making	57
Deception Research: A Case Example for the Application of Different Ethical Theories	57
CASE EXAMPLE: The “Gaffe” Study	58
Deontology or Kantian Ethics	59
Utilitarianism or Consequentialism	59
Communitarianism	60
Relational Ethics	61
Social Justice Ethics	62
NEED TO KNOW: Social Justice Action	64
Ethical Universalism, Ethical Relativism, and Multicultural Ethics	64
Ethical Competence	66
NEED TO KNOW: “Why Good Students Go Bad”	67
Steps in Ethical Decision-Making	68
Identification of the Ethical Problem	69
Ethical Principles, Standards, and Guidelines	69
Laws, Regulations, and Policies	70
Stakeholder Perspectives	71
Considering Alternatives and Developing and Implementing a Plan	72
Monitoring and Evaluating Ethics Decisions	72
Ethical Decision-Making: A Case Example for Steps in Ethical Decision-Making	73
A Case Example of Ethical Decision-Making	73
Doing Good Well	76
Chapter Cases and Ethics Discussion Questions	77

PART II • ENFORCEABLE STANDARDS 79

CHAPTER 5 • Standards for Resolving Ethical Issues 80

1. Resolving Ethical Issues	80
1.01 Misuse of Psychologists’ Work	81
NEED TO KNOW: Reasonable Expectations for Awareness of Misuse	82
1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority	83
NEED TO KNOW: Clinical Independence Among Health Professionals Working in Prisons, Jails, and Detention Settings When a Conflict Cannot Be Resolved	84
NEED TO KNOW: APA Calls for Halt to Sharing Immigrant Youth’s Confidential Psychotherapy Notes With ICE	85
Psychology and Human Rights	86
NEED TO KNOW: The 2015 Independent Review Relating to APA Ethics Guidelines, Security Interrogations, and Torture	86
Psychology and International Declarations on Human Rights	87
NEED TO KNOW: Women and Human Rights	88
1.03 Conflicts Between Ethics and Organizational Demands	88
NEED TO KNOW: Implications of the Sarbanes-Oxley Act for Consulting Psychologists	90

Human Rights and Organizational Consulting	92
NEED TO KNOW: Resolving Ethical Conflicts Through Organizational Advocacy	93
Commercially Funded Research	93
NEED TO KNOW: Conflict Between Ethics and Research Sponsor Demands	94
1.04 Informal Resolution of Ethical Violations	95
Informal Resolutions in Interprofessional Settings	96
Implications of HIPAA	96
When an Informal Resolution Is Not Feasible	97
Peer Review	97
1.05 Reporting Ethical Violations	98
NEED TO KNOW: Consultation on Misconduct	99
1.06 Cooperating With Ethics Committees	99
1.07 Improper Complaints	100
1.08 Unfair Discrimination Against Complainants and Respondents	101
Hot Topic: Human Rights and Psychologists' Involvement in Intellectual Disability Assessments Related to Death Penalty Cases	103
Chapter Cases and Ethics Discussion Questions	106

CHAPTER 6 • Standards on Competence **109**

2. Competence	109
2.01 Boundaries of Competence	110
DIGITAL ETHICS: Competence in Basic Knowledge of Electronic Modalities	111
Certifications and Professional and Scientific Guidelines	112
Specialty Competencies and Certification	112
Example of ABPP Requirements: Competencies for Advanced Certification in the Specialty of Clinical Psychology	113
Competent Implementation of Established Scientific and Professional Knowledge	113
Competence and Individual and Group Differences	114
Familiarity With Professional and Scientific Knowledge	115
NEED TO KNOW: Guidelines for Psychological Practice With Girls and Women and With Boys and Men	116
Appropriate Skills	116
NEED TO KNOW: Self-Reflection in Addressing Personal Biases and the Prejudices of Those With Whom Psychologists Work	117
Knowing When to Refrain and Refer	118
NEED TO KNOW: Guidelines for Psychological Practice With Transgender and Gender-Non-Binary People (TGNB)	119
Expanding the Scope of Competencies	120
NEED TO KNOW: Competency Considerations for Working With Arab Americans	121
Providing Services Not Otherwise Available	122
NEED TO KNOW: Providing Psychological Services to Unaccompanied Immigrant Children	122
Emerging Areas	124
DIGITAL ETHICS: Competence in the Use of Telepsychology	126

Assuming Forensic Roles	126
NEED TO KNOW: Expert and Fact Witnesses	127
Familiarity With Law, Regulations, and Governing Authorities	127
Distinguishing Forensic From Clinical Assessments	128
NEED TO KNOW: Treatment of Alleged Child Victims	129
Evolving Law and School Psychologists	130
2.02 Providing Services in Emergencies	130
Emergency Care and Suicidality	131
NEED TO KNOW: Provision of Emergency Services to Forensic Examinees	132
Emergencies and Public Health Ethics	132
2.03 Maintaining Competence	132
Competencies for Collaborative Group Practices and Primary and Integrated Care Settings	134
Consulting and Professional Competencies for Collaborative Care in Global Health	134
2.04 Bases for Scientific and Professional Judgments	135
Evidence-Based Practice	136
NEED TO KNOW: Evidence-Based Care in Interprofessional Health-Care Settings	136
Practice Concerns Related to Evidence-Based Practice	137
NEED TO KNOW: Evaluating the Cultural Validity of Evidence-Based Treatments (EVTs)	137
2.05 Delegation of Work to Others	138
Implications of HIPAA	139
Use of Interpreters	139
Reasonable Steps	140
2.06 Personal Problems and Conflicts	141
Strategies for Preventing Work-Related Stress Involving High-Risk Clients/Patients	142
Appropriate Measures to Address Personal Problems	142
Stressors in Graduate and Postdoctoral Training	143
NEED TO KNOW: Stressors Among Black, Indigenous, and Graduate and Postdoctoral Trainees of Color	144
Hot Topic: Multicultural Ethical Competence	145
Chapter Cases and Ethics Discussion Questions	149

CHAPTER 7 • Standards on Human Relations **152**

3. Human Relations	152
3.01 Unfair Discrimination	153
Refusing or Referring Clients/Patients Based on Religious Beliefs	155
NEED TO KNOW: Can Religious Beliefs Exempt Students From Supervised Treatment of Specific Clients/Patients?	155
Discrimination Proscribed by Law	156
NEED TO KNOW: Definition of Disability Under the American With Disabilities Act	157
DIGITAL ETHICS: Use of Internet Searches for Evaluation of Student Applicants	157
3.02 Sexual Harassment	157
A Hostile Workplace or Educational Environment	158

3.03 Other Harassment	159
► NEED TO KNOW: Gender and Sexual Orientation Harassment	160
3.04 Avoiding Harm	160
Steps for Avoiding Harm	161
► DIGITAL ETHICS: Avoiding Harm in Telepsychology Services	162
Is Use of Aversion Therapies Unethical?	163
► NEED TO KNOW: Ethical Challenges and Recommendations for Exposure Therapy	164
Standard 3.04a and Violation of Other Standards	165
Psychotherapy and Counseling Harms	166
► NEED TO KNOW: When HMOs Refuse to Extend Coverage	166
► NEED TO KNOW: How to Detect Harm in Psychotherapy and Counseling	167
Conversion Therapy Involving Sexual- and Gender-Minority (SGM) Children and Adolescents	168
Research Risks	168
► NEED TO KNOW: Minimal Risk Research	169
Clinical Equipoise and Evaluating Risk in Randomized Clinical Trials	169
Prohibition Against Torture	170
3.05 Multiple Relationships	171
Not All Multiple Relationships Are Unethical	171
► NEED TO KNOW: Ethical “Hot Spots” of Combined Therapy	173
Judging the Ethicality of Multiple Roles	173
Personal-Professional Boundary Crossings Involving Clients/ Patients, Students, Research Participants, and Subordinates	176
Self-Disclosure	176
► DIGITAL ETHICS: Professional Boundaries and Self-Disclosure Over the Internet	179
Relationships With Others	179
Unavoidable Multiple Relationships	181
► NEED TO KNOW: Navigating Multiple Relationships in Shared Communities	181
Navigating Multiple Relationships in Embedded Communities	182
Correctional and Military Psychologists	183
Unforeseen Multiple Relationships	184
When Multiple Roles Are Unavoidable	185
3.06 Conflict of Interest	186
Conflicts of Interest in Forensic Practice	188
Federal, Institutional, and Organizational Policies on Conflicts of Interest	189
3.07 Third-Party Requests for Services	190
Legal Representatives Seeking to Retain a Forensic Psychologist	192
Implications of HIPAA	192
Occupationally Mandated Psychological Evaluations	192
3.08 Exploitative Relationships	193
Recruitment for Research Participation Involving Institutionalized Populations	194
3.09 Cooperation With Other Professionals	194
Implications of HIPAA	195
Essential Skills for Interprofessional Models of Primary Care	195
► NEED TO KNOW: Dismantling Racism	196

3.10 Informed Consent	197
► DIGITAL ETHICS: Consent via Electronic Transmission	198
Persons Legally Incapable of Consent	198
► NEED TO KNOW: Ethically Appropriate Child and Adolescent Assent Procedures for Medical and Mental Health Research	199
► NEED TO KNOW: Re-Consent for Use of Stored Data When Minor Participants Reach Adulthood	201
Court-Ordered or Mandated Services	202
► NEED TO KNOW: Working With Involuntary Clients	203
Documentation of Informed Consent	204
3.11 Psychological Services Delivered to or Through Organizations	204
When Information Is Precluded by Law	206
3.12 Interruption of Psychological Services	207
Hot Topic: Goodness-of-Fit Ethics for Informed Consent to Research and Treatment Involving Adults With Impaired Decisional Capacity	208
Consent and Empowerment	211
Chapter Cases and Ethics Discussion Questions	212
CHAPTER 8 • Standards on Privacy and Confidentiality	214
4. Privacy and Confidentiality	214
4.01 Maintaining Confidentiality	215
Assessment and Psychotherapy Records	215
Use of the Internet and Other Electronic Media	216
► DIGITAL ETHICS: Cybersecurity Is a Two-Way Street	217
Audio, Video, or Digital Recordings of Voices or Images	217
Research	218
► DIGITAL ETHICS: Mobile Technology in Research With Marginalized Groups	219
The Certificate of Confidentiality	219
Research Conducted in Small or Unique Cultural Communities	219
Implications of HIPAA for Practice and Research	221
Notice of Privacy Practices	221
Privacy Officer	221
Small Group Practices	222
Research Creating, Using, or Disclosing PHI	222
Implications of FERPA for Psychologists Working in Schools, Colleges, and Universities	222
4.02 Discussing the Limits of Confidentiality	223
Children and Persons Legally Incapable of Consent	224
► NEED TO KNOW: Sharing Immigrant Youths' Confidential Psychotherapy Notes	225
Third-Party Payors	225
Military	225
Implications of HIPAA	226
Protecting Confidentiality for Adolescents and Young Adults	226
Insured as Dependents	226
Timing of Confidentiality Discussions	227
► DIGITAL ETHICS: Should Psychologists Search the Internet for Information on Clients/Patients, Students, Employees, and Others With Whom They Work?	228

Discussing Limits of Confidentiality for Electronic Transmission of Information	228
■ DIGITAL ETHICS: Videoconferencing in Telepsychology	229
4.03 Recording	230
4.04 Minimizing Intrusions on Privacy	231
Implications of HIPAA (Standard 4.04a)	231
Appropriate Discussion of Confidential Information	232
4.05 Disclosures	233
■ NEED TO KNOW: Sexual Abuse Disclosed by Adults With Intellectual Disabilities	233
Implications of HIPAA	234
Declining Requests	235
Disclosure of Confidential Information Without Consent	235
■ NEED TO KNOW: Are Therapists Required to Report Abuse Already Under Investigation?	236
■ NEED TO KNOW: Assessing Duty-to-Warn Obligations in Research	238
Non-Intervention Research Involving Dangerous and Illegal Behaviors	238
Disclosures Permitted by Law	241
■ NEED TO KNOW: Suicide Helpline Assessment and Disclosure Policies	242
Disclosure of Client/Patient Possession of Firearms	244
■ NEED TO KNOW: Disclosure in Response to Nonsuicidal Self-Injury in Adolescents and Young Adults	244
4.06 Consultations	245
■ DIGITAL ETHICS: Consultation Over the Internet	246
4.07 Use of Confidential Information for Didactic or Other Purposes	247
Informed Consent to Publication or Presentation of Identifying Material	248
Disguising Information	248
Hot Topic: Confidentiality and Involvement of Parents in Mental Health Services for Children and Adolescents	249
Chapter Cases and Ethics Discussion Questions	253
CHAPTER 9 • Standards on Advertising and Other Public Statements	255
5. Advertising and Other Public Statements	255
5.01 Avoidance of False or Deceptive Statements	256
Definition of Public Statements	257
Prohibitions Against Specific False Statements	258
■ NEED TO KNOW: Avoiding Over-Hyped and Over-Promoted Statements Describing Psychotherapies	260
Statements Regarding Credentials	262
5.02 Statements by Others	263
Compensation for Publicity	263
Paid Advertisements	264
5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs	264
Industry-Sponsored Workshops	265

5.04 Media Presentations	265
Competence and Bases for Judgments	266
Otherwise Consistent With the Ethics Code	266
Do Not Indicate a Professional Relationship Has Been Established	267
■ NEED TO KNOW: Working With the Media	268
5.05 Testimonials	268
■ DIGITAL ETHICS: Online Customer Reviews	269
5.06 In-Person Solicitation	270
■ NEED TO KNOW: HIPAA Marketing Prohibitions	270
Permitted Behaviors	270
Disaster and Community Outreach	271
Hot Topic: Avoiding False and Deceptive Statements in Scientific and Clinical Expert Testimony	271
Chapter Cases and Ethics Discussion Questions	275
CHAPTER 10 • Standards on Record Keeping and Fees	278
6. Record Keeping and Fees	278
6.01 Documentation of Professional and Scientific Work and Maintenance of Records	279
Records for Mental Health Services	280
■ NEED TO KNOW: Unexpected Contacts With Clients/Patients	281
■ DIGITAL ETHICS: HIPAA Regulations on Email and Texting With Clients/Patients and Other Professionals	283
■ DIGITAL ETHICS: Electronic Health Records (EHR) in Interprofessional Organizations	284
Record Keeping in Organizational Settings	286
Educational Records	286
■ NEED TO KNOW: Avoiding Conversion of Treatment Records to Educational Records	287
Integration of Health and Counseling Services on College Campuses	287
Forensic Records	288
Documentation of Scientific Work and Maintenance of Records	288
6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work	289
Implications of HIPAA	290
■ DIGITAL ETHICS: Deleting Electronic PHI	290
Avoiding Inclusion of Personal Identifiers	291
■ NEED TO KNOW: Psychologists Working in Group Practice, Integrated Care, and College Counseling Settings	292
Disposing of Cookies and Malware	292
■ DIGITAL ETHICS: Record Keeping Using Cloud Storage	293
Psychologists Working With or in Organizations	293
■ DIGITAL ETHICS: HIPAA and Internet-Based Document Sharing	294
Advance Planning	294
6.03 Withholding Records for Nonpayment	295
Emergency Treatment	296
Control and Requests	296
Regulatory and Legal Caveats	296

6.04 Fees and Financial Arrangements	296
Specifying Compensation	297
Sliding Scale Fees	297
Overpayments	298
► DIGITAL ETHICS: Fees for Telehealth Services	299
Billing Arrangements	299
Timing	300
Contingent Fees	300
Fees Consistent With Law	301
► NEED TO KNOW: Implications of the ACA for Psychologists in Primary Care Settings	302
Medicare and Physician Quality Reporting Systems (PQRS)	302
Misrepresentation of Fees	302
Limitations on Services	303
Use of Collection Agencies	305
6.05 Barter With Clients/Patients	306
6.06 Accuracy in Reports to Payors and Funding Sources	308
Research and Industrial-Organizational and Forensic Services	308
Therapy	308
6.07 Referrals and Fees	309
Referrals	309
► NEED TO KNOW: Fees and Group Practice	310
Prohibition Against Fee Splitting	310
Other Permissible Payments	311
Hot Topic: Managing the Ethics of Managed Care	311
Chapter Cases and Ethics Discussion Questions	315
CHAPTER 11 • Standards on Education and Training	317
7. Education and Training	317
7.01 Design of Education and Training Programs	318
► NEED TO KNOW: Competency Benchmarks in Professional Psychology	319
► NEED TO KNOW: Guidelines for the Undergraduate Psychology Major	320
Interprofessional Training for Practice and Research in Primary Care	320
► DIGITAL ETHICS: Online Distance Education	321
7.02 Descriptions of Education and Training Programs	322
► NEED TO KNOW: Training Experiences for Bilingual Trainees	323
7.03 Accuracy in Teaching	324
Modifying Course Content or Requirements	324
Presentation of Material	325
7.04 Student Disclosure of Personal Information	325
Clear Identification of Requirements	326
Interference With Academic Performance or Self-Harm or Other Harm	326
► NEED TO KNOW: Supervision of Trainees With Disabilities	327
► DIGITAL ETHICS: Disclosure of Student Personal Information Through Social Media	327
7.05 Mandatory Individual or Group Therapy	328
► NEED TO KNOW: Ethical Criteria for Mandatory Personal Psychotherapy (MPP)	328

Postdoctoral Training	329
Prohibitions Against Faculty Providing Therapy to Students	329
7.06 Assessing Student and Supervisee Performance	330
Group Supervision	331
Military Supervision	331
► DIGITAL ETHICS: Use of Technology for Supervision	332
Student Evaluations	332
Identifying Appropriate Training Outcomes	332
► NEED TO KNOW: Addressing Racism in Training and Supervision	333
7.07 Sexual Relationships With Students and Supervisees	334
Hot Topic: Ethical Supervision of Trainees in Professional Psychology Programs	335
Chapter Cases and Ethics Discussion Questions	342
CHAPTER 12 • Standards on Research and Publication	345
8. Research and Publication	345
8.01 Institutional Approval	346
► NEED TO KNOW: Changes to Federal Regulations	347
Four Requirements of Standard 8.01	348
► NEED TO KNOW: Submitting Successful IRB Proposals	348
Implications of HIPAA	349
► NEED TO KNOW: Engagement of Communities in Research	350
8.02 Informed Consent to Research	351
Ensuring Consent Is Informed, Rational, and Voluntary	351
Describing the Nature of Participation	352
► NEED TO KNOW: Informed Consent Changes to the Common Rule	352
Compensation	353
The Right to Decline or Withdraw Participation	353
► NEED TO KNOW: Permitted Research Involving Prisoners	354
Confidentiality	354
► DIGITAL ETHICS: Confidentiality and Informed Consent for Research Drawing From Social Media Platforms	355
The Certificate of Confidentiality	356
► NEED TO KNOW: Legal Challenges to the CoC	357
Adults With Questionable Capacity to Consent	357
► NEED TO KNOW: NIH Points to Consider for Research Involving Adults With Cognitive Impairments	358
Parental Permission and Child Assent to Pediatric Clinical Trials	359
► DIGITAL ETHICS: Verification of Identity for Internet Research Involving Hard-to-Reach Populations	360
Informed Consent Involving U.S. American Indian and Alaskan Native Tribes	360
International Research	361
Informed Consent for Qualitative Research	362
Implications of HIPAA	362
Authorization and Revocation of the Use of PHI for Research Purposes	362
Health Records Research	363
Implications of Protection of Pupil Rights Amendment for U.S. Department of Education–Funded Research	363

Informed Consent for Intervention Research	363
► NEED TO KNOW: Explanation About Control Groups and Methods of Assignment to Treatment Conditions	364
Addressing the “Therapeutic Misconception”	365
The Right to Refuse Participation Without Penalty	367
Costs and Compensation	367
8.03 Informed Consent for Recording Voices and Images in Research	367
Exceptions	368
► NEED TO KNOW: Consent to Digital Archives	369
8.04 Client/Patient, Student, and Subordinate Research Participants	369
Conducting Quality Improvement or Comparative Effectiveness Research in Health-Care Settings	370
8.05 Dispensing With Informed Consent for Research	372
Research Conducted in Schools	373
Anonymous Survey Research	374
Naturalistic and Archival Research	375
Naturalistic Observation on the Internet	375
► DIGITAL ETHICS: Determining Public Versus Private Information	375
Unique or Small Communities	376
Psychobiographical Research	377
Studies of Job or Organization Effectiveness	377
Where Otherwise Permitted by Law or Federal or Institutional Regulations	378
Dispensing With Guardian Permission	378
Prohibition Against “Passive” Consent	379
HIPAA Requirements for Use of PHI for Research Without Client/Patient Authorization	379
8.06 Offering Inducements for Research Participation	380
Justice and Fairness	381
► NEED TO KNOW: When Are Research Inducements Coercive?	382
► DIGITAL ETHICS: Should Compensation Ever Be Withheld?	383
Professional Services as Inducement	384
8.07 Deception in Research	384
The “Consent Paradox”	385
Scientific and Social Justification	385
Prohibitions Against Deception Research	386
Data Withdrawal	387
8.08 Debriefing	387
► DIGITAL ETHICS: Debriefing for Online Studies	388
Implications of HIPAA	388
Delaying or Withholding Debriefing	389
Minimizing Harm	389
► NEED TO KNOW: Return of Research Results Involving Predictive Genetic Testing	390
8.09 Humane Care and Use of Animals in Research	391
Responsibility	393
Supervision	393
Minimize Discomfort	394
Minimizing Harm	394

Surgical Procedures	395
Terminating the Life of an Animal	395
8.10 Reporting Research Results	396
■ NEED TO KNOW: Publication of Articles Resulting From NIH-Funded Research	396
Selecting and Reporting Data Analysis	397
New Guidelines for Journal Publication of Quantitative (JARS-Quant) and Qualitative Research (JARS-Qual)	397
Correcting Errors	398
Citizen Science	399
Program Evaluation, Policy Studies, and Accountability	399
8.11 Plagiarism	400
8.12 Publication Credit	402
Authorship and Relative Contributions	402
Student Authorship	403
8.13 Duplicate Publication of Data	404
The NIH Public Access Policy	405
8.14 Sharing Research Data for Verification	405
■ NEED TO KNOW: Confidentiality Protections for Data Sharing	406
Implications of HIPAA	407
Use of Shared Data	407
8.15 Reviewers	408
Hot Topic: Protecting Participant Rights and Welfare in Suicide Intervention Research	408
Chapter Cases and Ethics Discussion Questions	415
CHAPTER 13 • Standards on Assessment	417
9. Assessment	417
9.01 Bases for Assessments	418
Information Recipient	418
■ NEED TO KNOW: Assessment in Child Protection Matters	419
Setting	419
Types of Assessment	419
■ DIGITAL ETHICS: Use of Mobile Phones for Treatment Adherence Monitoring	421
The Role of and Ethical Challenges for Psychologists in Physician-Assisted Suicide	421
Opinions Restricted to Individuals Who the Psychologist Has Examined	423
When a Personal Examination Is Not Possible	424
Record Reviews	425
Review of Data From Surreptitious Investigative Recording	426
9.02 Use of Assessments	426
■ NEED TO KNOW: Assessment of Unaccompanied Immigrant Children	427
■ DIGITAL ETHICS: Internet-Mediated Assessments	428
Modifications for Individuals With Disabilities	429
■ NEED TO KNOW: Assessment of Dementia	429
Presence of Third Parties to Assessments	430
Population Validity	430
Selection of “Culture-Free” Tests	432

Testee Language Preference and Competence	433
When English or Other Language Proficiency Is Essential	434
9.03 Informed Consent in Assessments	434
Core Elements of Informed Consent in Assessment	435
Implications of HIPAA for Confidentiality-Relevant Information	436
Dispensing With Informed Consent	436
Persons With Questionable Capacity to Consent and Mandated Assessments	437
► NEED TO KNOW: Informed Consent for Forensic Assessments Requested by an Examinee's Attorney	437
Mandated Assessments	438
Informed Consent for the Assessment of Malingering	438
Use of an Interpreter	439
9.04 Release of Test Data	440
Definition of Test Data	440
The Affirmative Duty to Provide Test Data to Clients/Patients and Others Identified in a Client's/Patient's Release	440
► DIGITAL ETHICS: Client/Patient Requests for Electronic Records	441
Withholding Test Data	442
► NEED TO KNOW: Access to Forensic Records	442
Implications of HIPAA	442
Organizations, Courts, and Government Agencies	444
Release Required by Law	445
Implications of HIPAA	445
9.05 Test Construction	445
Psychometric Procedures	446
Recommendations for Use	448
Test Revisions	448
9.06 Interpreting Assessment Results	449
The Purpose of the Test	449
► NEED TO KNOW: Sexual- and Gender-Minority (SGM) Parents and Determination of Child Custody	451
9.07 Assessment by Unqualified Persons	452
Psychological Assessments Conducted by Trainees	453
9.08 Obsolete Tests and Outdated Test Results	454
Use of Obsolete Tests	455
9.09 Test Scoring and Interpretation Services	456
Evidence of Test Service Validity	456
Implications of HIPAA	457
Responsibility for Application, Interpretation, and Use	457
► DIGITAL ETHICS: Security and Interpretation of Online Employment Testing	458
9.10 Explaining Assessment Results	458
Employees and Trainees	459
Use of Automated Scoring Services	459
Exceptions: Forensic Assessment	460
9.11 Maintaining Test Security	460
Definition of Test Materials and Test Security	460
Laws Governing Release of Records	461

Hot Topic: The Use of Assessments in Expert Testimony:	
Implications of Case Law and the Federal Rules of Evidence	462
Chapter Cases and Ethics Discussion Questions	466

CHAPTER 14 • Standards on Therapy 469

10. Therapy	469
10.01 Informed Consent to Therapy	470
As Early as Feasible	471
Nature of the Therapy	471
► NEED TO KNOW: Informed Consent Involving Sexual- and Gender-Minority (SGM) Asylum Seekers (SGMAS)	472
Anticipated Course of the Therapy	473
► NEED TO KNOW: Informed Consent With Suicidal Patients	473
Fees	474
Involvement of Third Parties	475
Confidentiality	475
Implications of HIPAA	476
► DIGITAL ETHICS: Setting an Internet Search and Social Media Policy During Informed Consent	477
Informed Consent Involving Children and Adolescent Clients/Patients	477
When Guardian Consent Is Required by Law	477
When Guardian Consent Is Not Permitted or Required by Law	478
► DIGITAL ETHICS: Child Assent and Parental Permission for Online Therapies	479
Consent for New Psychotherapy Techniques	479
► NEED TO KNOW: Informed Consent for Weight Loss Treatment	480
Telepsychology	481
► DIGITAL ETHICS: Discussion of Confidentiality Risks in Telepsychology	482
► DIGITAL ETHICS: Assisting Clients as They Consider Questions Important to Informed Consent to Telehealth Services	482
► DIGITAL ETHICS: State Laws Regulating Use of Telehealth Services	483
► NEED TO KNOW: Expanded Informed Consent for Psychologists With Prescriptive Authority	485
When the Therapist Is a Trainee	485
10.02 Therapy Involving Couples or Families	486
Clarifying the Psychologist's Role and Goals of Therapy	488
Confidentiality	489
► DIGITAL ETHICS: Telepsychology Involving Family Members	489
Conflicting Roles	489
10.03 Group Therapy	490
► DIGITAL ETHICS: Setting Internet Use Policies for Group Therapy	491
Confidentiality	491
Clients/Patients in Concurrent Single and Group Therapy	492
10.04 Providing Therapy to Those Served by Others	492
10.05 Sexual Intimacies With Current Therapy Clients/Patients	494
10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients	494

10.07 Therapy With Former Sexual Partners	495
10.08 Sexual Intimacies With Former Therapy Clients/Patients	496
Two-Year Moratorium	496
Specific Prohibitions Against Sexual Intimacies With Former Clients/Patients	497
10.09 Interruption of Therapy	498
10.10 Terminating Therapy	500
Services Are No Longer Needed	500
The Client/Patient Is Not Likely to Benefit	501
► DIGITAL ETHICS: Technology as an Actor in eHealth	502
The Client/Patient Is Being Harmed by Continued Service	502
► NEED TO KNOW: Abandonment Considerations	503
► DIGITAL ETHICS: Terminating Telepsychology Services	504
Termination in Response to Personal Danger	504
► NEED TO KNOW: Reducing Risk and Managing Client Harassment, Threats, and Stalking	504
Pretermination Counseling	505
Hot Topic: Ethical Issues for the Integration of Religion, Faith, and Spirituality in Therapy	506
Chapter Cases and Ethics Discussion Questions	513
References	515
Index	567

PREFACE

Welcome to the fifth edition of *Decoding the Ethics Code: A Practical Guide for Psychologists*. This edition retains and expands upon the critical content of the previous editions to help readers apply the Ethics Code to contemporary social issues in the conduct of responsible psychological science and practice. The interval between this and the first edition has demonstrated the durability of the current American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct first published in 2002 and amended in 2010 and 2017 (APA, 2002, 2010a, 2017a). Over that period, the field continues to witness new insights into how the Ethics Code can be applied to ethical decision-making in response to emerging moral debates.

For this edition, all chapters have been revised to ensure that they reflect the most current status of scientific and professional theory, practices, and debate across all facets of ethical decision-making. The wisdom of the more recent articles and chapters, incorporated into this fifth edition, sheds new light on the application and continued relevance and vitality of the Ethics Code to moral discourse and practical challenges characterizing the dynamic and thriving discipline of psychology.

PSYCHOLOGY'S RESPONSE TO THE RACIAL JUSTICE MOVEMENT, THE IMMIGRATION CRISES, AND THE COVID-19 PANDEMIC

The racial justice movement and the COVID-19 pandemic have raised new challenges for the responsible conduct of psychological science and practice. One motivation for the fifth edition was to respond to the urgent need to assist psychologists in applying the Ethics Code in ways that meet the moral demands of current and future social justice obligations and health crises. Throughout the book there are new sections on ethical actions for addressing racism, including new sections on applying the social justice and liberation psychology moral frameworks to ethical decision-making; addressing personal biases and the prejudices of those with whom psychologists work; healing and self-care for Black, Indigenous, and People of Color psychologists, students, and trainees; and dismantling racism in interprofessional health-care settings. In addition, throughout the book there are sections describing applications of the Ethics Code to providing services and protecting the confidentiality of unaccompanied immigrant children, informed consent for services involving sexual and gender minority asylum seekers, and maintaining clinical independence when working in prisons, jails, and detention settings.

This fifth edition also includes discussion of how the COVID-19 pandemic has significantly affected psychologists' work, including ways in which psychologists can live up to the values of fidelity and responsibility during the current and

future health crises, and self-care strategies for addressing personal pandemic-related stress and the stress experienced by students and by treatment and research staff. Readers will also find sections on ethical issues involving the pandemic-related rapid switch to online research, teaching, supervision, and telepsychology in response to stay-at-home laws, and the closure of offices and universities limiting in-person contact.

OTHER ADDITIONS AND NEW FEATURES

A second motivation for producing a fifth edition was to incorporate the wealth of knowledge generated by more than 300 publications written on the relevance of the APA Ethics Code for research and practice over the past several years. New topics addressed in this edition include the continued expansion of web-based and telehealth services into all aspects of psychological practice and research; expanded practice and interprofessional competencies required by changes in public and private health insurance; advances in evidence-based practices for diverse populations; human rights considerations raised anew by the globalization of psychology; and new APA guidelines expanding the multicultural competencies required to provide adequate services for and to protect the rights and welfare of lower-income and economically marginalized persons, sexual and gender minorities, members of culturally diverse populations, and boys and men and girls and women.

A third motivation for this edition was to respond to requests from students and early career professionals to emphasize specific applications of Ethics Code standards that might be of immediate import to the unfamiliar professional and scientific challenges they were or would soon be confronting in internships, post-doctoral research fellowships, consulting and industrial–organizational positions, and teaching. This edition includes expanded and updated “Need to Know” sections and new “Digital Ethics” sections integrated throughout the chapters to help alert students and early-career psychologists to specific strategies for applying the Ethics Code to traditional and new arenas of ethical science and practice.

A fourth motivation for writing a fifth edition was to expand into a new chapter an updated ethical decision-making model based on current advances in the field. New cases introduced at the beginning and the end of Chapters 5–14 provide readers with opportunities to apply the model, described in Chapter 4, to pressing ethical questions and case analyses.

THE GOALS OF THIS BOOK

The primary purpose of this book is to provide graduate students, early-career and seasoned psychologists, consumers of psychological services, and professionals in related scientific and professional disciplines with a practical guide to the meaning and applicability of the APA’s Ethical Principles of Psychologists and Code of Conduct. The book seeks to place into practical perspective the format, choice of wording, aspirational principles, and enforceable standards of the code. It provides in-depth discussions of the rationale behind and application of each ethical standard to the broad spectrum of scientific, teaching, and professional roles and activities of psychologists. It gives clear examples of behaviors that would be in compliance with or in violation of enforceable standards.

The fifth edition of *Decoding the Ethics Code: A Practical Guide for Psychologists* is also intended to assist psychologists in effectively using the Ethics Code's principles and standards to conduct their work activities in ethically responsible ways, to avoid ethical violations, and to preserve and protect the fundamental rights and welfare of those with whom they work. By incorporating the most recent scholarship on ethical issues in psychology and by addressing topical issues in the field, this fifth edition continues the vision of the earlier editions in providing psychologists with the information and decision-making skills they need to apply the Ethics Code to the constantly changing scientific, professional, and legal realities of the discipline.

HOW TO USE THIS BOOK

This book was written to provide an in-depth, yet easily accessible, guide to applying the Ethical Principles of Psychologists and Code of Conduct (APA, 2017a) to psychologists' everyday ethical decision-making. The book has several features designed to provide easy reference to a wide range of information and practical guidance on each component of the APA Ethics Code.

HOW THE BOOK IS ORGANIZED

The APA Ethics Code consists of the Introduction and Applicability section, the Preamble, 5 General Principles, and 10 specific sections putting forth enforceable standards for ethical conduct. Although the chapters of this book are organized around the format of the Ethics Code, the book does not have to be read from cover to cover. Each chapter and the discussion of each standard are designed to stand on their own. Cross-references to other parts of the code are provided when they are helpful to ethical decision-making. The book is organized around 14 chapters.

Chapter 1. A Code of Ethics for Psychology: How Did We Get Here?

Chapter 1 presents an introduction to the history, goals, controversies, major advances, and revision strategies associated with the APA Ethics Code since its inception over half a century ago. It contains specific examples of the innovations and challenges characterizing the process of creating the current Ethics Code, including the 2010 and 2017 amendments to the Code that increased psychologists' obligation to protect human rights. It familiarizes readers with the value of the Ethics Code to the profession and the public. This chapter also explains the format and distinctive features of the Code and where to find Ethics Code Standards that apply to different activities in which psychologists are engaged.

Chapter 2. The Ethics Code Introduction and Preamble, and Relationship to Enforcement and Law: How is the Ethics Code Applied?

Chapter 2 provides a guide to the practical meaning of the Ethics Code's Introduction and Applicability section and Preamble. It includes discussion of to

whom and what activities the Ethics Code applies; the rationale and meaning of the language used in the Ethics Code; the relationship among the Ethics Code, APA guidelines, and the rules and procedures for enforcement of the code; the relevance of the Ethics Code to sanctions applied by other professional bodies and state licensure boards as well as to litigation; a new section on the relationship between the Ethics Code and risk management strategies; and an introduction to the Health Insurance Portability and Accountability Act (HIPAA) and the Patient Protection and Affordable Care Act (ACA) that is continued throughout the book.

Chapter 3. General Principles, Ethical Commitment, and Virtues in Psychology

The tumultuous societal changes that have taken place over the past few years have underscored the need for moral self-reflection and renewed commitment to the ethical principles and ethical decision-making approaches essential to the responsible conduct of psychological science and practice. To meet this need, Chapter 3 includes expanded discussion on the application of the Ethics Code principles and focal virtues to issues including distinctive aspects of distributive, procedural, and social justice; respect for diverse populations, including the lived experiences of individuals with mental disorders; addressing relational power dynamics; acquiring the necessary self-awareness to identify the need for and engage in practicing self-care; and virtue-based treatments and the challenges associated with the misapplication of virtues to rationalize ethically compromised decisions.

Chapter 4. Ethical Theories and Ethical Decision-Making

The Ethical Principles provide critical guidance for ethical decision-making, but there is no set formula for resolving the complex ethical challenges psychologists will confront over the course of their careers. Chapter 4 discusses the moral frameworks and ethical decision-making strategies that can help psychologists prepare for, identify, and resolve ethical challenges as they continuously emerge and evolve in the dynamic discipline of psychology. Ethical decision-making must begin with an awareness of the ethical issues at play. This chapter begins with an expanded introduction to how different ethical theories can illuminate the conflicting moral obligations that arise in the type of ethical dilemmas that continuously emerge in psychological science and practice. In response to evolving values in the field, the chapter includes new sections on social justice, liberation, and multicultural ethics. The chapter concludes with a discussion and example of the application of an ethical decision-making model to identify, seek appropriate information, deliberate, and resolve ethical dilemmas in ways that merit the trust of those with whom we work.

Chapters 5 to 14: Enforceable Standards

Chapters 5 to 14 provide in-depth explanations and practical examples of how to apply the 151 enforceable standards. The chapter titles correspond to the titles of the 10 sections on enforceable standards in the Ethics Code: (1) Resolving Ethical Issues, (2) Competence, (3) Human Relations, (4) Privacy and Confidentiality, (5) Advertising and Other Public Statements, (6) Record Keeping and Fees, (7) Education and Training, (8) Research and Publication, (9) Assessment, and (10) Therapy. Each chapter begins with an illustrative case example and a summary of key points that will be addressed and ends with six cases and discussion questions.

Most of the enforceable standards in the Ethics Code were written broadly so they would apply to psychologists in varied roles and work contexts. As much as possible, this book attempts to explain the overriding purpose of each standard, help readers understand the implications of critical terminology, provide examples of the range of psychological activities to which the standard applies, and offer suggestions for ethical dos and don'ts.

Chapter Cases and Discussion Questions

Ethical decision-making in psychology requires a commitment to do what is right; an awareness of Ethics Code principles and standards, relevant laws, and institutional policies; and the flexibility and sensitivity to the context, role responsibilities, and stakeholder expectations unique to each work endeavor. New to this fifth edition is the inclusion of 82 cases and discussion questions, including six cases at the end of each Chapter 3–14, and a case introducing each of the 10 chapters describing the Ethics Code enforceable standards. These are designed to assist the reader in applying ethical issues, standards, and guidelines specific to each chapter to real-world ethical dilemmas. As the chapters progress, these cases also encourage ethical analysis that integrates multiple standards described across the chapters and sensitivity to context and relational responsibilities, analysis, and sensitivity that lead to the responsible conduct of psychological research and practice.

Hot Topics

This edition updates the popular Hot Topic sections at the end of Chapters 5–14, which provide in-depth analysis of current areas of ethical concern in the science and practice of psychology:

- Human Rights and Psychologists' Involvement in Intellectual Disability Assessments Related to Death Penalty Cases: Chapter 5
- Multicultural Ethical Competence: Chapter 6
- Goodness-of-Fit Ethics for Informed Consent to Research and Treatment Involving Adults With Impaired Decisional Capacity: Chapter 7
- Confidentiality and Involvement of Parents in Mental Health Services for Children and Adolescents: Chapter 8
- Avoiding False and Deceptive Statements in Scientific and Clinical Expert Testimony: Chapter 9
- Managing the Ethics of Managed Care: Chapter 10
- Ethical Supervision of Trainees in Professional Psychology Programs: Chapter 11
- Protecting Participant Rights and Welfare in Suicide Intervention Research: Chapter 12
- The Use of Assessments in Expert Testimony: Implications of Case Law and the Federal Rules of Evidence: Chapter 13
- Ethical Issues for the Integration of Religion, Faith, and Spirituality in Therapy: Chapter 14

Digital Ethics

This edition expands upon the popular brief sections describing ethical practices and decision-making strategies for activities that involve telecommunication technologies, which are continuously evolving. These technologies include synchronous (in real time) and asynchronous (communication outside of real time) web-based research and services, telephone and video conferencing, email and text messaging, online chat rooms and bulletin boards, social media, and mobile applications. In this volume, digital ethics are applied to the use of these technologies in psychotherapy, health promotion, team-based services, assessment, research, education, supervision, advertising and marketing, individual and organizational consultation, record keeping, and billing.

Need-to-Know Topics

Chapters also contain brief sections highlighting critical information and strategies for applying the Ethics Code to traditional and new arenas of psychological science and practice that often require immediate ethical attention.

New Formatting for Digital Access

In response to the continued increase in online and mobile forms for scholarly and educational resources, the new edition has been updated in content and design to ensure that it is accessible for all learners in a digital environment. For example, the Xs and check marks in earlier editions identifying examples of ethical and unethical behavior have been replaced with sections labelled “Ethics Dos” and “Ethics Don’ts.” In the previous edition, icons were used to identify sections of the text applicable to different work roles (e.g., forensic psychology), applicable laws (e.g., HIPAA), and populations (e.g., low-income and economically marginalized populations). This was not accessible for all learners as some moved to the digital version of the fourth edition. To help readers quickly navigate the Ethics Code for direct application to work roles, settings, and populations that do not have special sections in the code, this new edition replaces the pictorial icons used in prior editions with a more detailed subject index.

ACKNOWLEDGMENTS

The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct is the product of an extraordinary process of revisions built on APA's 70-year tradition of applying a group dynamics approach to create a living code of conduct with which psychologists can identify and that they can use in their everyday professional and scientific decisions (Hobbs, 1948). I was privileged to chair the APA Ethics Code Task Force (ECTF) responsible for developing, implementing, and completing in 2002 (APA, 2002) the revision that, with the addition of language on human rights amended in 2010 and 2017, is today's current code (APA, 2010a, 2017a). The ECTF mission was to create a process and product that reflected the values of the discipline and that would assist APA members in meeting ethical challenges in the new millennium.

The ECTF was composed of remarkable individuals representing the public and the diverse constituencies within APA. Each member was committed to developing an ethics code that would reflect the ideals and merit the trust of psychologists and consumers. Over its 5-year journey, the ECTF continuously sought member input on the revision process through critical incident surveys; calls for member comments; and open meetings encouraging lively exchange among the ECTF, APA members, and observers from APA constituencies. ECTF members brought to the revision process their professional, ethical, and scientific expertise. But perhaps more important, they demonstrated a special ability to listen to member concerns and a unique willingness to challenge their own ethical preconceptions. I greatly benefited from the wisdom and friendship of the following ECTF members: Peter Appleby, Bruce Bennett, Laura Brown, Linda F. Campbell, Nabil El-Ghoroury, Dennis J. Grill, Jessica Henderson Daniel, Samuel J. Knapp, Gerald P. Koocher, Marcia Moody, Peter E. Nathan, Thomas D. Oakland, Mary H. Quigley, Julia M. Ramos-Grenier, Abigail Sivan, Steven N. Sparta, Elizabeth Swenson, Melba J. T. Vasquez, and Brian Wilcox.

The ECTF had a dedicated and talented APA staff navigating the revision process through what often felt like a voyage through the Scylla and Charybdis of seven Ethics Code drafts. Stan Jones as director of the Ethics Office and later ECTF consultant was a treasure trove of knowledge about the history of past APA ethics codes and ethics adjudication. In the middle of the revision process, Steve Behnke dived into the role of director of the Ethics Office with a perfect combination of scholarly expertise, administrative acumen, and personal warmth.

Debbie Felder, revision coordinator, was ECTF's gatekeeper, librarian, scribe, grammarian, minutes keeper, and schedule maker, and she performed many other essential roles with a competence and commitment remarkable to find in a single individual. Nathalie Gilfoyle, APA general counsel, continuously helped clarify the legal parameters and challenges of the ECTF's work, nurturing the construction of standards sensitive to but not dictated by law. Along with Lindsay Childress Beatty, then deputy general counsel, Nathalie made sure that the ECTF was up-to-date on continuously evolving federal regulations.

As chair of the ECTF, I also benefited from the support and guidance of the APA board of directors, committee chairs, and division representatives. I am particularly grateful to Charles Brewer, Pat Bricklin, Jean Carter, Stuart Cooper, Pat DeLeon, Mike Honaker, Norine Johnson, Deirdre Knapp, Ron Levant, Russ Newman, Katherine Nordal, Ruth Paige, Stuart Pizer, Norma Simon, and Phil Zimbardo and to the more than 1,300 APA members who shared their kudos and concerns with the task force.

This fifth edition of *Decoding the Ethics Code: A Practical Guide for Psychologists* has also benefited from the wisdom of many. Adam L. Fried, program director of clinical psychology at Midwestern University, has been a wonderful friend and a rich resource of knowledge and advice for each edition of this book. I would also like to record my indebtedness to Lori Merone for her editorial assistance as well as Elise Bragard, Virginia Bush, and the many Fordham University graduate students who provided valuable feedback on each edition and continue to teach me about new and emerging ethical arenas. I am fortunate to have had the guidance and support of Sage associate director Reid Hester; acquisitions editor Lara Parra; editorial assistant Morgan Shannon; eLearning editor Lucy Berbeo, and copy editor Pam Schroeder; as well as the assistance of project editor Astha Jaiswal and copy editors Paula Fleming and Doug McNair of Fleming Editorial Services; production assistant Ivey Mellem; and Jessica Miller. My husband, Gary, has for each edition served as a wonderful editor, dramatically reducing the number of paragraph-length sentences. I am also grateful to my daughter Erica for providing the title for this book and to both my children, Brian and Erica, and my son-in-law, Steven Battle, for their love and support.

PUBLISHER'S ACKNOWLEDGMENTS

Sage wishes to acknowledge the valuable contributions of the following reviewers.

Jeffrey S. Ashby, Georgia State University

Linda L. Bacheller, Barry University

Tom J. Brian, The University of Tulsa

Agatha E. Carroo, North Carolina Central University

Lisa DeMarni Cromer, The University of Tulsa

Ida Dickie, Spalding University

Richard P. Halgin, University of Massachusetts Amherst

Tamara Coder Mikinski, University of Kansas

Thomas Plante, Santa Clara University and Stanford University
School of Medicine

Linda Carter Sobell, Nova Southeastern University

ABOUT THE AUTHOR

Celia B. Fisher, PhD, director of the Fordham University Center for Ethics Education and professor of psychology, holds the Marie Ward Doty University Chair in Ethics and directs the NIDA-funded HIV/Drug Abuse Prevention Research Ethics Institute. Dr. Fisher served as a member of the American Psychological Association's (APA's) Ethic Committee and later chaired the APA Ethics Code Task Force responsible for the 2002 revision of the APA Ethical Principles of Psychologists and Code of Conduct that, with the addition of language on human rights amended in 2010 and 2017, is today's current code. She has also chaired the Ethics Code Revision Task Forces for the American Public Health Association and for the Society for Research in Child Development (SRCD). In addition, Dr. Fisher has served as chair of the Environmental Protection Agency's Human Subjects Research Board, the New York State Board for Licensure in Psychology, the National Task Force on Applied Developmental Science, and the SRCD Common Rule Task Force charged with representing the voice of developmental scientists during the revision of federal regulations governing the protection of human participants in research. Dr. Fisher has also contributed to the Institute of Medicine (IOM) Committee on Clinical Research Involving Children, the IOM Committee on Ethical Review and Oversight Issues in Research Involving Standard of Care Interventions, the National Academies' Committee on Revisions to the Common Rule for the Protection of Human Subjects in Research in the Behavioral and Social Sciences, and the Department of Health and Human Services Secretary's Advisory Committee on Human Research Protections (SACHRP), for which she cochaired the SACHRP Subcommittee on Research Involving Children. She served on the APA/SAMSHA Consensus Panel on Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth, the Data Safety Monitoring Boards for the National Institute of Mental Health (NIMH) and for the National Institute for Drug Abuse (NIDA), and the External Advisory Board for the NIH Adolescent Brain and Cognitive Development Study. She also served as the founding director of the Fordham University Doctoral Program in Applied Developmental Psychology and as cofounding editor of the journal *Applied Developmental Science*. Dr. Fisher is the recipient of the 2010 Lifetime Achievement Award for Excellence in Human Research Protection and a Fellow of the American Association for the Advancement of Science.

Dr. Fisher has written commissioned papers on research ethics involving vulnerable populations for President Clinton's National Bioethics Advisory Commission; for NIMH on points for consideration in the ethical conduct of suicide research and research involving children and adolescents; and for the National Institute on Drug Abuse (NIDA) on HIV education, treatment, and referrals for research participants. She cochaired the national conference on Research Ethics for Mental Health Science Involving Ethnic Minority Children and Youth (*American Psychologist*, December 2002), cosponsored by the APA and NIMH, and the first National Conference on Graduate Education in Applied Developmental Science (*Journal of Applied Developmental Psychology*, 1993).

Dr. Fisher has coedited eight books and authored more than 300 scholarly chapters and empirical articles on professional and research ethics, with special emphasis on the rights of racial/ethnic minorities, sexual- and gender-minority youth, children and adults with impaired decision-making, and socially marginalized populations within and outside the United States. With support from the National Institute for Child Health and Human Development (NICHD), she has studied how to assess and enhance the abilities of adults with developmental disabilities to consent to research and developed research ethics-training modules for American Indian and Native Alaskan community-engaged researchers. With funding from the National Science Foundation (NSF) and the National Institutes of Health (NIH), she developed widely used research ethics instructional materials for undergraduates, graduate students, senior scientists, and institutional review boards. With support from the NSF, NIDA, and the National Center for Research Resources (NCRR), she has partnered with culturally diverse community members and frontline researchers conducting community-based research to understand their perspectives on the ethics of adolescent risk research and research involving adults involved in street drug use and related HIV risk. With support from the National Institute of Neurological Disorders and Stroke (NINDS) and the Office of Research Integrity, she has developed and validated measures assessing mentoring behaviors and departmental climates nurturing the responsible conduct of research in psychology graduate programs. Her research on intervention programs to reduce college students' drinking behaviors has been supported by the Department of Education and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), and a recent grant from the National Institute for Minority Health Disparities grant examined ethical issues in HIV research involving sexual and gender-minority youth. In response to the COVID-19 pandemic, Dr. Fisher conducted a large national study on the effects of coronavirus victimization distress and coronavirus racial bias on the mental health of AIAN, Asian, Black, and Latinx young adults.

INTRODUCTION AND BACKGROUND

A CODE OF ETHICS FOR PSYCHOLOGY

How Did We Get Here?

In a field so complex, where individual and social values are yet but ill defined, the desire to play fairly must be given direction and consistency by some rules of the game. These rules should do much more than help the unethical psychologist keep out of trouble; they should be of palpable aid to the ethical psychologist in making daily decisions.

—Hobbs (1948, p. 81)

BEGINNINGS

The American Psychological Association (APA) has had more than six decades of experience constructing and revising an ethics code that strives to reflect both the aspirations and practical aspects of ethical decisions made by members of the profession. The creation and each subsequent revision of the APA Ethics Code has been driven by the desire for standards that would encourage the highest endeavors of psychologists, ensure public welfare, promote sound relationships with allied professions, and further the professional standing of the discipline (Hobbs, 1948).

Discussions within APA regarding the need for an ethics code in psychology arose in response to an increase in professional activity and public visibility of its members before and after World War II. During this period, the societal value of the still young discipline of psychology was evidenced as psychologists developed group tests to help the armed services quickly determine the draft eligibility of young men in wartime and provided mental health services to hospitalized soldiers when they returned home. In 1947, the first APA Committee on Ethical Standards for Psychologists was appointed. The committee, chaired by Edward Tolman, wanted to create a code of ethics for psychologists that would be more than a document with an imposing title (Hobbs, 1948). The members were committed to producing professional standards that would provide psychologists with a set of values and practical techniques for identifying and resolving moral problems.

To achieve these goals, a second committee chaired by Nicholas Hobbs decided to draw on the knowledge of the field to create a process of developing a code that would “be effective in modifying human behavior” (Hobbs, 1948, p. 82). According to Hobbs, “This is an old and familiar task to psychologists, their very stock in trade, in fact. The only difference here is that human behavior means specifically the behavior of psychologists” (p. 82). Drawing on the knowledge of

group processes during that period, the committee conceived the task of developing ethical standards as one of group dynamics (Hobbs, 1948). The process chosen was the critical incident method (Flanagan, 1954), a technique that involved asking the members of the APA to describe a situation they knew of firsthand, in which a psychologist made a decision having ethical implications, and to indicate the ethical issues involved.

After reviewing more than 1,000 such incidents submitted by APA members, the committee identified major ethical themes emerging from the incidents that focused on psychologists' relationships with and responsibilities to others, including patients, students, research participants, and other professionals. Many of the incidents reflected the political climate of the postwar period, including confrontations between academic freedom and McCarthyism and dilemmas faced by psychologists working in industry who were asked to design tests for the purpose of maintaining racial segregation in the workforce. As different segments of the code were created, drafts were submitted to the membership for critique and revision. A final draft was adopted by the APA in 1952 and published in 1953.

The Purpose of an Ethics Code

At the time of the adoption of the first Ethics Code, continual review and revision based on the experience and perspectives of members was seen as integral to maintaining the value of the Code for both the profession and the public (Adkins, 1952). Each revision of the Ethics Code has been driven by the evolving roles and responsibilities of psychologists within a constantly changing sociocultural, economic, political, and legal landscape. As a result, the Ethics Code of the APA has undergone 12 revisions since 1953, guided by the following objectives.

Establishing the Integrity of a Profession

One purpose of an ethics code is to help establish and maintain the viability of a profession. An ethics code reflects a collective decision that a profession is better off when ethical standards are not based solely on individual assessments of what is or what is not morally acceptable. Adoption of a set of core values that reflect consensus among members of a discipline distinguishes psychology as a "community of common purpose" and enhances public confidence in individuals who have been trained to meet the profession's ethical standards (Callahan, 1982; Frankel, 1996; Seitz & O'Neill, 1996). Acceptance of an identified set of core values by individual psychologists across the broad spectrum of psychological activities also helps protect the integrity of the profession by focusing the attention of individual psychologists on their responsibilities and duties to others and setting the expectation that all members of the profession have a stake in behaving by the rules.

A core value of the discipline of psychology, as articulated in the Preamble of the current Ethics Code, is the welfare and protection of the individuals and groups with whom psychologists work.

Education and Professional Socialization

A second purpose of an ethics code is its professional socialization function. A document reflecting the profession's values and standards provides a guide to what psychologists should reasonably expect of themselves and one another.

A code can be conceived as an enabling document that acts as a support and guide to individual psychologists in their efforts to resolve ethical dilemmas (Frankel, 1996; Sinclair et al., 1987). A code of ethics also serves to deter psychologists from engaging in unethical conduct before a problem develops by specifically proscribing what the profession has identified as unethical behaviors (Fisher & Younggren, 1997). In addition, it assists faculty and supervisors in communicating the values of the profession to graduate students and to new PhDs with limited professional experience.

Public Trust

A third purpose of an ethics code is to gain public trust by demonstrating that psychologists are members of a responsible and substantial profession with high standards. A code can serve a public relations value by being seen as a contract with society to act in consumers' best interest. A professional ethics code also provides standards against which the public can hold psychologists accountable. It thus offers a means by which members of the public can draw on norms prescribed by the profession itself to evaluate the conduct of scientists, educators, consultants, and practitioners with whom they interact.

Enforcement Value

A profession that demonstrates it can monitor itself is less vulnerable to external regulation. Therefore, a fourth purpose of an ethics code is to provide a clear statement of the types of behaviors considered ethical violations to guide psychologists in avoiding such behaviors, to assist consumers in making ethical complaints, and to ensure that such complaints can be adjudicated clearly and fairly by the APA and other organizations (Fisher & Younggren, 1997). The APA Ethics Code also serves as a guide for licensing boards, courts, and other institutions for the evaluation of the responsible conduct of psychology and is thus a means of avoiding capricious standards set by nonpsychologists. In addition, the Ethics Code can help psychologists defend their decisions to courts, institutions, or government agencies that would encourage them to go against the values of the profession.

Aspirational Principles and Enforceable Standards

At its heart, an ethics code should reflect the moral principles underlying the values of the profession. For most professions, ethical behaviors are generally those that fulfill the fundamental moral obligations to do good, to do no harm, to respect others, and to treat all individuals honestly and fairly. For some, statements of general principles are sufficient to guide the ethical behavior of persons devoted to the ideals of their profession. For others, however, statements describing specific types of behaviors that meet these ideals are necessary to maximize the code's utility and to provide a means of evaluating its efficacy (Schur, 1982).

The form in which an ethics code is written will determine whether it is an aspirational or enforceable document. Although all codes should have a foundation in moral principles, the document can take one of three forms. An aspirational code is composed of statements of broadly worded ideals and principles that do not attempt to define with any precision right and wrong behaviors. An educational code combines ethical principles with more explicit interpretations that can help individual professionals make informed decisions in morally ambiguous

contexts. An enforceable code includes a set of standards that specifically describe behaviors required and proscribed by the profession and is designed to serve as a basis for adjudicating grievances (Frankel, 1996).

The original APA Ethics Code, and the seven revisions that followed up to 1990, gradually combined statements of aspirational principles with general guidelines and enforceable standards for ethical behavior. During this period, the increasingly legalistic reaction of consumers and psychologists involved in charges of ethical violations raised concerns about the fairness of subjective interpretations of such broadly worded principles and standards. Moreover, a rise in the number of appeals to decisions made by the APA Ethics Committee and regulatory bodies (e.g., state licensing boards) that relied on the APA Ethics Code for their disciplinary procedures suggested that adjudicatory decisions based on the existing format would be increasingly difficult to enforce and thus a disservice to the APA membership (Bersoff, 1994). Accordingly, to strengthen both the enforceability and credibility of APA ethical guidelines, the 1992 Ethics Code represented a radical change from its predecessors in both structure and content. For the first time, clear distinctions were made between aspirational principles that articulated foundational values of the discipline and specific decision rules; the latter were articulated in 180 distinct ethical standards that would be subject to enforcement by the APA, other organizations, and licensing boards that adopted them (Canter et al., 1994).

With the exceptions described in the next section of this chapter, the aspirational principles and standards in the current Ethics Code (APA, 2017a) were approved in 2002 (APA, 2002a). Over the 5-year revision process to develop the Code, the Ethics Code Task Force (ECTF), chaired by Celia B. Fisher, drew on the transparent and inclusive process pioneered for the 1953 code. The task force conducted a critical incident member survey and received continuous input from observers representing a broad spectrum of scientific and professional APA divisions, through open member forums at APA annual meetings, and via calls for comments from APA members and other stakeholders (see Fisher, 2003a for a more detailed summary of this process). Major trends influencing the revisions at that time included: (a) the growth of health maintenance organizations (HMOs) and their increased influence on the provision of health services; (b) the advent of Internet-mediated research and practice and the use of other electronic media; (c) greater sensitivity to the needs of culturally and linguistically diverse populations in research and practice; (d) increasing participation of psychologists in the legal system; (e) the sea change from paternalistic to autonomy-based public attitudes toward access to health records; (f) evolving federal regulations affecting industries, organizations, the health care field, research practices, and educational institutions; and (g) recognition of the continually evolving legal landscape of ethics adjudication and federal regulation of science and health practices.

THE 2010 AND 2017 AMENDMENTS: THE CONTROVERSY OVER PSYCHOLOGISTS' INVOLVEMENT IN INHUMANE MILITARY INTERROGATIONS

Over the past several decades, APA has issued statements against psychologists' involvement in torture (e.g., American Psychiatric Association & APA, 1985; APA

Council of Representatives, 1986). However, concern heightened over the adequacy of these statements as information surfaced regarding the activities of 2 psychologists' post-9/11 participation in inhumane military interrogations during the "war on terror" (Lewis, 2004). To address these concerns, the APA convened the Presidential Task Force on Ethics and National Security (APA Presidential Task Force, 2005), and this was followed by a resolution of the APA Council of Representatives (2006). Although both the report and the resolution prohibited participation of members in torture and other cruel, inhumane, and degrading treatment or punishment, the resolution made the controversial claim that the participation of psychologists as consultants to interrogation and information-gathering processes for national security-related purposes was consistent with the APA Ethics Code.

As more information came to light from the congressional investigation into the alleged role of the psychologists in developing harsh interrogation programs for the Central Intelligence Agency (CIA; Risen, 2014; Steele & Morlin, 2007), many APA members questioned whether a consultative role can be morally distinguished from involvement in torture if the tactic is used in the psychologist's presence or with the psychologist's awareness, or is based on techniques the psychologist has developed for the purpose of interrogation. While there was little disagreement that military psychologists were highly qualified to assess detainees' mental health during or following inhumane interrogations, once the George W. Bush administration had determined that such interrogations were lawful, some APA members forcefully argued that any psychological activity conducted in a setting in which prisoners were subjected to harsh interrogation or not afforded basic human rights—such as the right to an attorney, to habeas corpus, and to refuse to self-incriminate—should be ethically prohibited irrespective of whether it was considered lawful (APA, 2015a; Olson et al., 2008).

As detailed more fully in Chapter 5 of this volume and in the investigative report commissioned by APA (APA, 2015a), this controversy extended to the wording of APA Ethics Code Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and Standard 1.03, Conflicts Between Ethics and Organizational Demands. These standards permitted psychologists to follow the law or organizational policy, if the psychologist raised and made attempts to resolve the ethical conflict. Some argued that the language in these standards could be interpreted as permitting psychologists to follow laws permitting torture and other violations of human rights if conflicts between the Ethics Code and these laws (or similar organizational policies) could not be resolved. On June 1, 2010, the APA voted to amend the language of these two standards to make clear that when there is a conflict between ethics and law or between ethics and organizational demands, psychologists are prohibited from engaging in activities that would justify or defend violating human rights (APA, 2010a). In 2016, the APA Council of Representatives approved a third amendment, effective January, 2017, which added to Standard 3.04, Avoiding Harm, 3.04(b) that specifically prohibits psychologists from participating in, facilitating, assisting or otherwise engaging in torture, "defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a" (APA, 2017a, p. 6).

In 2018 the APA appointed members to a new Ethics Code Task Force, to begin the process of evaluating the current Ethics Code and recommending revisions as appropriate. As described by then APA President Jessica Henderson

Daniel, “Consistent with APA’s mission to act in the public interest” the revision will be based on “clear values and ethical decision-making . . . creating a code that is transformational and that remains a leading practical resource regarding ethics for psychological science, education and practice while retaining those aspects of our Ethics Code that serve the public and our discipline well” (Mills, 2018).

FORMAT AND DISTINCTIVE FEATURES OF THE APA ETHICS CODE

Why Does the Ethics Code Separate General Principles From Enforceable Standards?

The General Principles provide a conceptual framework that expresses the aspirational values of the common community of psychologists and the behavioral rules articulated in the standards flow from these principles. They impart core moral values reflecting the highest ideals of the profession: promoting the welfare and protecting the rights of others, doing no harm, and acting faithfully and responsibly with integrity and fairness. The principles themselves are not enforceable but represent the ideals shaping the standards, which are enforceable.

The 152 standards differ from the principles in that, because they are cast in behaviorally specific language, they can be enforced by the APA Ethics Committee and other state or professional organizations that adopt the Code. The explicit statements of ethical conduct in these standards provide APA members with sufficient due notice of the behaviors required and prohibited by the APA, support members’ ability to defend their ethical actions, and increase the APA’s success in sustaining decisions by the APA Ethics Committee in court, thus strengthening both the enforceability and credibility of APA’s ethical oversight procedures.

General and Area-Specific Standards

The Ethics Code includes six general standard sections that apply to all psychological activities: (1) Resolving Ethical Issues, (2) Competence, (3) Human Relations, (4) Privacy and Confidentiality, (5) Advertising and Other Public Statements, and (6) Record Keeping and Fees. These standards are worded broadly to apply to the full spectrum of scientific and professional work performed by psychologists. There are four additional sections reflecting specialized activities of psychologists: (1) Education and Training, (2) Research and Publication, (3) Assessment, and (4) Therapy.

Are Standards Relevant to Teaching, Research, Assessment, and Therapy Restricted to Their Specific Sections in the Code?

No! Standards within the first six general sections apply to *all* psychological activities.

Where Are Standards That Apply to Activities in Forensic Psychology?

Forensic psychologists engage in a wide range of activities, including assessment, treatment, teaching, research, consultation, and public statements. In these

activities, they must conform to the relevant general and area-specific standard sections throughout the Ethics Code. Forensic or court-related work activities are explicitly mentioned in Standards 2.01f, Boundaries of Competence; 3.05c, Multiple Relationships; 3.10c, Informed Consent; 9.01a, Bases for Assessments; 9.03c, Informed Consent in Assessments; 9.04b, Release of Test Data; 9.10, Explaining Assessment Results; 9.11, Maintaining Test Security; and 10.02b, Therapy Involving Couples or Families.

Sections throughout this book are meant to assist in identifying standards applicable to forensic work. Hot Topics at the end of Chapters 9 and 13 provide in-depth analysis of the relevance of Ethics Code standards to testimony given by psychologists in legal settings. The Hot Topic at the end of Chapter 5 provides readers with an opportunity to examine the relevance of the human rights language in Standard 1.02, Conflicts Between Ethics and Law, Regulations, and Other Governing Legal Authority, to forensic assessment of intellectual disability in death penalty cases.

Where Are Standards That Apply to Work With and Within Organizations?

As with other areas of specialization, the broadly worded enforceable standards are relevant to and should be carefully read by consulting, organizational, and industrial psychologists. Psychologists working in industry, consulting, or delivering services to other organizations should refer to Standard 3.11, Psychological Services Delivered To or Through Organizations. This standard lists the information that must be provided to organizational clients beforehand and, when appropriate, to those directly affected by the organizational services psychologists provide (e.g., employees). Other standards that explicitly refer to work for or within organizations include Standards 1.03, Conflicts Between Ethics and Organizational Demands; 3.07, Third-Party Requests for Services; 5.01, Avoidance of False or Deceptive Statements; 8.05, Dispensing With Informed Consent for Research; and 9.03, Informed Consent in Assessments.

Where Are Standards That Apply to Psychologists' Involvement With Regulations and Public and Private Health Insurance Agencies and Companies?

Psychologists' ethical obligations as they relate to regulations, and public and private agencies and companies involved in healthcare coverage in the United States are addressed in standards throughout the Ethics Code. For example, the implications of health coverage are discussed under standards on record keeping and fees in Chapter 10 of this book, followed by a Hot Topic devoted to the application of the Ethics Code to billing and contractual arrangements with health management organizations, "Managing the Ethics of Managed Care." Involvement with health insurance companies is also relevant to standards on privacy and confidentiality (Standards 1.03, Conflicts Between Ethics and Organizational Demands; 3.07, Third-Party Requests for Services) and standards on informed consent (Standards 3.10, Informed Consent; 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy).

Where Are Standards That Apply to Psychologists' Responsibilities Under the Affordable Care Act (ACA) and Their Involvement in Integrated Care Settings?

Psychologists' responsibilities under the ACA and ethical challenges emerging in the new interprofessional patient-centered medical care facilities are covered by multiple standards in the Ethics Code. The competencies required for psychologists' involvement in interprofessional group practices, primary and integrated care settings, and other health care and research opportunities provided by the ACA are discussed in Chapter 6 of this book under Standards 2.03, Maintaining Competence and 2.04, Bases for Scientific and Professional Judgments. Working in interprofessional environments is also relevant to Standard 3.09, Cooperation With Other Professionals (Chapter 7), Standard 4.02, Discussing the Limits of Confidentiality (Chapter 8), Standards 6.01, Documentation of Professional and Scientific Work and Maintenance of Records, and 6.04, Fees and Financial Arrangements (Chapter 10). Also pertaining to these professional obligations are requirements for preparing students for practice and research in primary care settings (Standard 7.01, Design of Education and Training Programs, Chapter 11) and for conducting quality improvement research in health care settings (Standard 8.04, Client/Patient, Student, and Subordinate Research Participants, Chapter 12).

Are the Standards Relevant to Psychologists Working in the Military, Law Enforcement, and Correctional Facilities?

Military and correctional psychologists engage in a range of psychological activities, including treatment, assessment, research, and consultation, and their work is addressed in relevant standards across the Ethics Code. As detailed in this chapter and in Chapter 5, military and correctional contexts often raise unique ethical challenges when the requirements of the Ethics Code are in conflict with laws and organizational policies (Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority; 1.03, Conflicts Between Ethics and Organizational Demands). The balancing of dual roles as officer and psychologist (Standard, 3.05, Multiple Relationships) is discussed in Chapter 7 and related issues regarding confidentiality (Standards 4.01, Maintaining Confidentiality; 4.02, Discussing the Limits of Confidentiality) in Chapter 8. The broadly worded enforceable standards are relevant to and should be carefully read by psychologists in the military and other areas of public service.

Is Sufficient Attention Given to Responsibilities of Administrators of Psychology Programs and Psychology Faculty?

The Ethics Code devotes a separate section to standards designed to highlight responsibilities of university administrators and faculty and to strengthen protections for students. Relevant standards include 7.01, Design of Education and Training Programs; 7.02, Descriptions of Education and Training Programs; 7.04, Student Disclosure of Personal Information; 7.06, Assessing Student and Supervisee Performance; 7.05a and b, Mandatory Individual or Group Therapy;

7.07, Sexual Relationships With Students and Supervisees; 8.04, Client/Patient, Student, and Subordinate Research Participants; and 8.12c, Publication Credit. The relevance of enforceable standards to supervision and training is also covered in Hot Topic “Ethical Supervision of Trainees” in Chapter 11.

Does the Ethics Code Specifically Address Internet and Other Electronically Mediated Research and Services?

The past three decades have witnessed an expansion and evolution in psychology’s use of the Internet, mobile phones, and other electronic media for behavioral telehealth, psychological assessment, consulting, video conferencing, public statements, and research. Throughout each section of the Code, the broadly worded enforceable standards are applicable to these activities and do not require specific reference to the medium in which research or services are conducted. Use of the Internet and other electronically mediated forms relevant to research or services is explicitly mentioned in four standards: 3.10a, Informed Consent; 4.02c, Discussing the Limits of Confidentiality; 5.01a, Avoidance of False or Deceptive Statements; and 5.04, Media Presentations. In addition, throughout this volume, applications of standards to electronic media appear in “Digital Ethics” features.

Informed Consent for Research, Assessment, and Therapy

Informed consent is seen by many as the primary means of ensuring the rights and welfare of those with whom psychologists work. Informed consent is designed to ensure that research participants and clients/patients are provided with sufficient information to rationally and voluntarily decide whether they wish to participate in research or to receive psychological services. The general standard on informed consent provides direction on the nature of information that must be included in all informed consent procedures and steps that must be taken to protect the rights of children and adults with cognitive impairments who are legally unable to provide consent (Standard 3.10, Informed Consent). The Hot Topic in Chapter 7 of this book examines specific applications of informed consent standards to adults with impaired decisional capacity. Additional standards lay out information required for basic and intervention research; psychological assessments relevant to mental health, forensic, and employment contexts; and individual and multiperson therapies, as well as additional consent safeguards for therapies for which generally recognized techniques and procedures have not been established (Standards 8.02, Informed Consent to Research; 8.03, Informed Consent for Recording Voices and Images in Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy; 10.02, Therapy Involving Couples or Families; 10.03, Group Therapy).

Dispensing With Informed Consent

In some instances, informed consent is not necessary or is unfeasible as a means to protect the rights and welfare of those with whom psychologists work. The Ethics Code provides specific descriptions of situations in which the requirement for informed consent may be waived and the additional steps needed to ensure individuals are treated with respect and concern for their welfare. These

standards reflect enhanced sensitivity to naturalistic, neuropsychological, forensic, school, and industrial–organizational contexts in which psychologists provide services, conduct research, or administer assessments, including anonymous research surveys, assessments to determine decisional capacity, emergency treatment, and assessment or treatment mandated by law (Standards 3.10a, Informed Consent; 8.05, Dispensing With Informed Consent for Research; 9.03a, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy).

Are There Ethical Standards Specific to Issues of Individual and Cultural Diversity?

Principal D, Justice, and Principal E, Respect for People’s Rights and Dignity, are reflected in enforceable standards designed to ensure the fair treatment of all individuals and groups regardless of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Psychologists must obtain the necessary competencies to work effectively with diverse populations and are prohibited from engaging in unfair discrimination or harassment based on any of these characteristics (Standards 2.01b, Competence; 3.01, Unfair Discrimination; 3.02, Sexual Harassment; 3.03, Other Harassment). They must provide informed consent information and administer assessments appropriate to an individual’s language competence and use assessment techniques whose validity and reliability have been established with members of the population tested (Standards 3.10, Informed Consent; 9.02, Use of Assessments). These issues are also covered in the Hot Topics “Multicultural Ethical Competence” (Chapter 6) and “Ethical Issues for the Integration of Religion and Spirituality in Therapy” (Chapter 14); the discussion of discrimination based on a practitioner’s religious beliefs (Standard 3.01, Unfair Discrimination, Chapter 7); and a summary of guidelines prohibiting the use of “conversion therapy” for gay, lesbian, bisexual, and transgender persons (Standard 2.04, Bases for Scientific and Professional Judgments, Chapter 6).

What Is the Distinction Between the APA Ethics Code and Specific APA Guidelines?

The Introduction and Applicability section of the Ethics Code recommends that members refer to guidelines adopted or endorsed by scientific and professional psychological organizations as materials that may be useful in applying the Ethics Code to everyday activities. Specific APA guidelines to which psychologists may refer are not listed in the current Code. The reason for this decision is that APA guidelines are frequently revised or become outdated and, in some instances, older guidelines are inconsistent with standards in the current Ethics Code and prevailing psychological science and practice. Professional and scientific guidelines are essential to ethical practice. As indicated earlier, the language of the Ethics Code is intentionally broad to be as applicable as possible to the wide range of activities that psychologists perform. Guidelines help psychologists place the standards in the context of their field of expertise. Guidelines will be cited throughout this book to illustrate best ethical practices in a given area. Continuously updated links to APA guidelines are provided at <https://www.apa.org/about/policy/approved-guidelines>.

Under the Ethics Code, Are Psychologists Obligated to Report Ethics Code Violations of Others?

When psychologists learn about a potential violation by another psychologist, they must attempt to resolve it informally by bringing it to the attention of the other psychologist if a resolution appears appropriate and the confidentiality rights of a research participant, client/patient, organizational client, or others are not violated (Standard 1.04, Informal Resolution of Ethical Violations). However, Standard 1.05, Reporting Ethical Violations, requires psychologists to formally report an ethical violation if it has or is likely to result in substantial harm, informal resolution is not appropriate, and the reporting would not violate confidentiality rights. This standard does not apply to psychologists retained to review another psychologist's ethical conduct.

The integrity of the APA adjudication of ethics complaints is jeopardized when psychologists make “frivolous” complaints, and Standard 1.07, Improper Complaints, prohibits filing an ethics complaint with reckless disregard for or willful ignorance of facts that would disprove the allegation. The Ethics Code also prohibits psychologists from penalizing persons based solely on their having made or been the subject of an ethics complaint (Standard 1.08, Unfair Discrimination Against Complainants and Respondents). This standard is often relevant to situations that arise in whistle-blowing, discrimination, and sexual harassment cases.

The Ethics Code as a Living Document

During the past 2 decades, the field has witnessed new insights into how the current Ethics Code can be applied to ethical decision making in the science and practice of psychology and faced new challenges for its application to emerging moral debates. Throughout this edition of *Decoding the Ethics Code*, new sections address how aspirational principles, standards, and ethical decision-making can be applied to individual and group injustices illuminated through the national growth of the racial justice movement and increased sensitivity to how the COVID-19 pandemic has exacerbated historic and contemporary health inequities.

THE ETHICS CODE INTRODUCTION AND PREAMBLE, AND RELATIONSHIP TO ENFORCEMENT AND LAW

How Is the Ethics Code Applied?

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior.

—Ethical Principles of Psychologists
and Code of Conduct (APA, 2017a)

The APA Ethical Principles of Psychologists and Code of Conduct (APA, 2017a) begins with the Introduction and Applicability section followed by the Preamble and a set of five General Principles that reflect the underlying values and ideals of the discipline. The remainder of the code is composed of 151 enforceable standards that describe required, prohibited, and permitted behaviors. This chapter highlights the implications for ethical conduct and enforcement of the Ethics Code Introduction and Applicability section and the Preamble.

UNDERSTANDING THE INTRODUCTION AND APPLICABILITY SECTION AND THE PREAMBLE

To Whom Does the Ethics Code Apply?

Membership in the APA commits members and student affiliates to comply with the standards of the Ethics Code. Many psychology programs adopt the Ethics Code into their faculty and student policies, and throughout the United States portions of the Ethics Code are integrated into state laws, rules, and regulations governing the licensed practice of psychology.

To What Does the Ethics Code Apply?

The answer to this question is all activities, all persons, all settings, and all communication contexts that are conducted, encountered, or used in one's role as a psychologist.

- *Activities* include, but are not limited to, clinical, counseling, and school practice; research; teaching and supervision; public service and policy development; program design, implementation, and evaluation; construction, administration, and interpretation of assessment instruments; organizational consulting; forensic activities; and administration.
- *Persons* include individual clients/patients, research participants, and students; children and adults of all ages; individuals with or without mental disorders; individuals with disabilities; persons of diverse cultural and language backgrounds and different sexual orientations; individuals within families, groups, and organizations; medical and social service providers; attorneys; and other professionals.
- *Settings* include military bases, schools, research laboratories, universities, private or group practice offices, business organizations, hospitals, integrated care systems and patient-centered medical homes, managed care companies, the courts, private and public social services programs, government agencies, and public spaces where research or intervention is carried out.
- *Communication contexts* include research, consultation, and the delivery of services in person or via post, telephone, fax, internet, mobile phone, television, radio, and other electronic transmissions.

Psychologists should be aware that the Introduction and Applicability section clearly states that lack of awareness or misunderstanding of any part of the Ethics Code is not itself a defense to a charge of unethical conduct.

Professional Versus Personal Activities

The Ethics Code applies only to psychologists' activities that are part of their scientific, educational, professional, or consulting roles. The Code does not apply to the purely private conduct of psychologists, although the APA may take action against a member after their conviction for a felony, whether or not it directly resulted from activities performed in the member's role as a psychologist.

In some situations, distinctions between professional and personal activities may appear ambiguous. For example, if psychology professors have personal web pages that includes racist comments, will these comments be relevant to their professional role if some of their students have access to this page? If a counseling psychologist criticizes the professionalism of a school psychologist during a parent meeting at their children's school, will other parents perceive their statements as at least partially professional? Pipes et al. (2005) suggested the following criteria to help psychologists determine when their personal actions overlap their role as a psychologist and thus are subject to the Ethics Code:

- Is the behavior linked to a role played by psychologists?
- Does the behavior, on its face, seem at least partially professional?
- Is there a high probability that those with whom the psychologist works will be affected?
- Does the action threaten the professional credibility of the psychologist or the discipline of psychology?

Professional Versus Personal Values

Actions that are contrary to the Ethics Code principles and standards can arise when psychologists apply values that may be virtuous in personal relationships to professional contexts in which the same values may be harmful (Knapp et al., 2013). For example, the personal values of family caring and connectedness may lead a clinical child psychologist to believe it ethically appropriate to agree to a request from their brother to help set up a behavioral management program for his daughter (the psychologist's niece) who has been diagnosed with pervasive developmental disorder. An understanding of professional values would alert the psychologist to the potential harm of adding a professional relationship to their close personal relationship with their brother and his family and lead to the more ethical decision to provide an appropriate referral (Principle B, Fidelity and Responsibility; Standard 3.04, Avoiding Harm; Standard 3.05, Multiple Relationships).

At the same time, displacing a set of personal values with mechanical and narrow interpretations of specific ethical standards and laws can lead to thoughtless or unethical responses in the context of the complex moral issues encountered by psychologists across the full spectrum of role responsibilities. For example, a research psychologist specializing in ethnographic studies of youth gangs who has just learned from a participant about the planned murder of another youth might apply a strict interpretation of Standard 4.01, Maintaining Confidentiality, to dictate a decision not to alert the youth or law enforcement rather than the more nuanced moral evaluation called for by Principle A, Beneficence and Nonmaleficence and Standard 4.05, Disclosures.

To best ensure psychologists appropriately balance professional and personal values, Handlesman and colleagues (Anderson & Handelsman, 2010, 2013; Handelsman et al., 2005) recommended that training in the discipline of psychology must help students integrate new professional and scientific values with their preexisting moral values in ways that promote the adoption and internalization of the unique ethical responsibilities and social roles expected of psychologists. This issue is further addressed in the discussion of aspirational principles and the treatment of virtues in Chapter 3.

NEED TO KNOW

Is there a Distinction Between Personal and Private Political Acts?

The Introduction and Applicability section of the Ethics Code clearly states that requirements apply only to psychologists' activities that are part of their scientific, educational, professional, or consulting roles and not to the purely

private conduct of psychologists. However, the extent to which political advocacy is a personal or professional activity continues to be debated. For example, as described in greater detail in Chapter 3, the General Principles call for

(Continued)

(Continued)

psychologists to be alert to and guard against political factors that might lead to misuse of their influence (Principle A, Beneficence and Nonmaleficence), to be aware of their professional and scientific responsibilities to society (Principle B, Fidelity and Responsibility), and to take precautions to ensure their actions do not lead to unjust practices (Principles D, Justice, and E, Respect for People's Rights and Dignity).

In addition to lobbying for support of its members' professional and scientific activities, APA has organized support for criminal justice reform, women's reproductive rights, the rights of sexual and gender minorities, antiracist and other social justice reforms. As a result, some have argued that political actions taken by psychologists, regardless of their personal or public nature, and including political actions supporting

or criticizing policies or political parties, are bound by the Ethics Code General Principles (Allen & Dodd, 2018). At the same time, support of political action can lead to a conflict between psychologists' obligation to protect the welfare and respect the autonomy rights of those with whom they work. For example, advocacy for laws that support mandatory wearing of masks to protect public health during disease or other pandemics can lead to legal sanctions against those who choose not to or are unable to comply with the law. Thus, some have argued that political activity in support of laws aimed at promoting social justice and health equity may nonetheless limit the voluntary decisions of and lead to unequal outcomes for individuals or organization that psychologists serve and thus may not be "purely private conduct" (Allen & Dodd, 2018, p. 44).

WHAT IS THE RELEVANCE OF SPECIFIC LANGUAGE USED IN THE ETHICS CODE?

To fulfill the Ethics Code's professional, educational, public, and enforcement goals, the language of the Ethics Code needs (a) to have the clarity necessary to provide adequate notice of behaviors that would be considered code violations, (b) to be applicable across many multifaceted roles and responsibilities of psychologists, and (c) to enhance and not impede good scientific and professional practice. The language of the Ethics Code must be specific enough to provide guidance yet general enough to allow for critical thinking and professional judgment.

This section includes some general guidance for interpreting the language of the Ethics Code. The implications of specific terminology for specific standards are addressed in greater detail in relevant chapters.

Due Notice

Adjudicatory decisions based on an ethics code remain vulnerable to overturn on appeal if defendants can argue they had no forewarning that specific behaviors were ethical violations (Bersoff, 1994). For example, language in enforceable standards requiring psychologists to be "alert to," "to guard against," or "to respect" certain factors is problematic because the behaviors expected by these terms remain undefined and are thus vulnerable to subjective interpretation by psychologists, consumers, and ethics committees. Accordingly, the language of the enforceable standards in the Ethics Code was crafted to describe the behaviors that are required and those that are proscribed in a manner that readers would reasonably understand.

Applicability Across Diverse Roles and Contexts

Psychologists teach, conduct research, provide therapy, administer and interpret psychological tests, consult to business, provide legal testimony, evaluate school programs, serve in public service sectors and the military, and take on a multitude of scientific and professional roles. An enforceable ethics code for psychologists must therefore be worded broadly enough to ensure that (a) standards apply across a broad range of activities in which psychologists are engaged; (b) role-specific standards are clearly presented as such; and (c) standards do not compromise scientific, practice, or consulting activities through inattention to or inconsistencies with the constantly changing realities of professional and legal responsibilities.

This requirement, viewed alongside the need for language providing due notice, means that some standards reflecting generally accepted ethical values in one work area were not included in the current Ethics Code because they could not be worded in such a way as to prevent undue burden on psychologists working in another area. For example, the Ethics Code Task Force (ECTF) struggled with appropriate wording for a general “honesty” standard within the Human Relations section that would reflect the aspirational principle of integrity (Fisher, 2003a). However, such a general standard was abandoned because it risked prohibiting practices, such as paradoxical therapy and deception research, debates about which have not yet been settled. The principle of integrity is reflected in more circumscribed standards, including Standards 5.01, Avoidance of False or Deceptive Statements; 5.02, Statements by Others; 6.06, Accuracy in Reports to Payors and Funding Sources; and 8.10, Reporting Research Results. For additional discussion of this issue, readers may wish to refer to the Hot Topic “Avoiding False and Deceptive Statements in Scientific and Clinical Expert Testimony” (Chapter 9).

NEED TO KNOW

The Use of Modifiers

A modifier is a word or phrase that qualifies the meaning of an ethical rule. Modifiers in the Ethics Code include terms such as *appropriate*, *potentially*, *to the extent feasible*, and *attempt to*. An explanation of the use of modifiers is provided in the Introduction and Applicability section of the Code. The use of modifiers is necessary in standards that are written broadly to allow for professional judgment across a wide range of psychological activities and contexts. For example, the term *feasible* in a standard permits psychologists to evaluate whether factors within the

specific context in which they are working justify delaying or not implementing behaviors required by a particular standard. Modifiers are also used to eliminate injustice or inequality that would occur without the modifier. For example, a modifier such as *appropriate* signals that the behaviors required to comply with a standard can vary with the psychological characteristics of the persons involved, psychologists’ roles, or specific situational demands. A modifier such as the term *relevant* is used in standards to guard against language that would create a rigid rule that

(Continued)

(Continued)

would be quickly outdated. Below are three examples of the use of modifiers:

- Standard 10.01a, Informed Consent to Therapy, requires psychologists to obtain informed consent from clients/patients as early as is feasible in the therapeutic relationship. The phrase *as early as is feasible* provides decisional latitude when fully informed consent during an initial therapy session may not be possible or clinically appropriate. A client/patient may be experiencing acute distress that requires immediate psychological intervention and for which informed consent procedures may be clinically contraindicated. As another example, psychologists may need to wait for feedback from a client's/patient's health insurer before consent discussions regarding fees can be completed.
- Standard 3.10b, Informed Consent, requires that for persons who are legally incapable of giving informed consent, psychologists "provide an appropriate explanation." The term *appropriate* indicates that the nature of the explanation will vary depending on, among other factors, the person's developmental level, cognitive capacities, mental status, and language preferences and proficiencies.
- Under Standard 2.01c, Boundaries of Competence, psychologists planning to engage in activities new to them must undertake relevant education, training, supervised experience, consultation, or study. By including the term *relevant*, this standard can continue to be applied to new roles, new techniques, and new technologies as they emerge over time.

What Is "Reasonable"?

In the Introduction and Applicability section, the term *reasonable* is defined as the "prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time." The use of this term serves two functions. It prohibits psychologists from exercising idiosyncratic ethical judgments inconsistent with the prevailing values and behaviors of members of the profession. In doing so, it provides other psychologists and recipients of psychological services, students, and research participants a professional standard against which to judge psychologists' ethical behaviors. At the same time, by requiring that criteria for compliance or violation of an ethical standard be judged against the prevailing practices of peers, the use of the term *reasonable* guards against unrealistic or unfair expectations of responsible conduct. The wording enables psychologists to launch a legitimate defense of their actions based on current best practices in the field and documentation of efforts to resolve problems in an ethical manner. The examples that follow illustrate these two applications of the term *reasonable*:

- Standard 4.07, Use of Confidential Information for Didactic or Other Purposes, prohibits psychologists from disclosing in public statements confidential and personally identifiable information about those with whom they work unless they have taken "reasonable steps to

disguise the person or organization.” The term *reasonable* recognizes that despite steps to protect confidentiality that would be considered ethically acceptable by other psychologists (i.e., the use of pseudonyms; disguising gender, ethnicity, age, setting, and business products), persons to whom the statements refer may recognize (or erroneously attribute the description to) themselves, or others may be privy to information not under the psychologist’s control that leads to identification.

- Standard 2.05, Delegation of Work to Others, requires that psychologists who delegate work to employees, supervisees, research or teaching assistants, interpreters, or others “take reasonable steps to authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided.” In this case, a psychologist who asked a secretary who spoke the same language as a client/patient to serve as an interpreter during an assessment would not have taken steps considered *reasonable* in the prevailing view of the profession. In contrast, a psychologist who hired an interpreter based on an impressive set of credentials in mental health evaluation would not be in violation if the interpreter had fabricated the credentials.

“Client/Patient” and “Organizational Client”

Throughout the Ethics Code, the combined term *client/patient* refers to individual persons to whom a psychologist is providing treatment, intervention, or assessment services. The term *organizational clients, organizations, or clients* refers to organizations, representatives of organizations, or other individuals for whom the psychologist is providing consultation, organization or personnel evaluations, test development, research, forensic expertise, or other services that do not involve a treatment, intervention, or diagnostic professional relationship with the person to whom services are provided. For example, a bank hired a psychologist to provide counseling services to employees who had experienced trauma during a recent robbery. In this context, the bank was the psychologist’s “client” or “organizational client,” and the employees who sought the psychologist’s counseling services were the clients/patients. To further illustrate this distinction, readers can compare the use of the term *client* in Standard 3.11, Psychological Services Delivered To or Through Organizations, with the use of the term *client/patient* in Standard 10.01, Informed Consent to Therapy.

HOW IS THE ETHICS CODE RELATED TO APA ETHICS ENFORCEMENT?

The APA Ethics Committee investigates complaints against APA members alleging violations of the APA Ethics Code that were in effect at the time the conduct occurred. The APA Ethics Committee Rules and Procedures detail the ethics enforcement process and can be obtained online at <https://www.apa.org/ethics/committee-rules-procedures-2018.pdf> (APA 2018a). What follows is a brief summary of these rules and procedures.

Ethics Complaints

Complaints to the Ethics Committee may be brought by APA members or nonmembers or initiated by the Ethics Committee against other members (*sua sponte* complaints) within less than 3 years after alleged conduct has occurred or discovered (as long as it is filed less than 10 years after the conduct is alleged to have occurred). A complaint may be dismissed prior to review by the Ethics Committee if it does not meet jurisdictional criteria or if, on preliminary review, the Ethics Office director and the Ethics Committee chair or their designees fail to find grounds for action. If the Ethics Committee does have jurisdiction and the complaint provides grounds for action, the case is opened, violations of specific Ethical Standards are charged, and an investigation is begun. The psychologist against whom the complaint is made receives a charge letter and is given an opportunity to provide the committee with comment and materials regarding the allegations. Under no circumstances are complainants or respondents permitted to submit individually identifiable patient information (e.g., name, social security number, email address) without a valid patient authorization (see also Standard 1.05, Reporting Ethical Violations).

Failure of the respondent to cooperate with the Ethics Committee is itself an ethical violation (APA Ethics Code Standard 1.06, Cooperating With Ethics Committees; see Chapter 5). However, in response to a request by a respondent, the committee may proceed or stay the ethics process if the respondent is involved in civil or criminal litigation or disciplinary proceedings in other jurisdictions. Psychologists who do not wish to contest the allegations may submit to the APA an offer of “resignation while under investigation.”

NEED TO KNOW

Outsourcing Adjudication of Ethics Complaints

In 2018 the APA Board of Directors made changes to its adjudication program announcing that they would accept complaints against APA member psychologists only if there is no alternative forum to hear the complaint (APA Ethics Office, 2018). Specifically APA will not review a complaint if a state licensing board has jurisdiction over the psychologist's behavior, if a university has an appropriate grievance process for complaints against faculty who are psychologists, or if in matters involving complaints against a psychologist's involvement in a custody case the complaint can be filed by an attorney and submitted to a judge. The decision was made in light of the fact that unlike the aforementioned alternatives, the APA cannot revoke a psychologist's license, order a monetary award, or require a psychologist to take actions to remediate a harm. The organization does retain the ability

to expel a member found in violation of Ethical Standards from the organization.

The decision of the APA Board of Directors to accept this recommendation, without what some viewed as sufficient discussion among the organization's Council of Representatives, raised concern among some APA members. For example, on August 3, 2018, 14 former chairs of the Ethics Committee wrote an open letter to the APA Board of Directors expressing this concern. Others have argued that outsourcing ethics adjudication and enforcement to other bodies (e.g., state licensure boards, government agencies, and institutions) means that members may not be held to the Ethical Standards and policies adopted by APA and allows the APA Ethics Code standards to be replaced by Ethical Standards reflecting priorities of different governmental and organizational authorities (Pope, 2018).

Sanctions

The Ethics Committee reviews the materials and resolves to either dismiss the case or recommend one of the following actions:

- *Reprimand.* A reprimand is given when a violation was not of a kind likely to cause harm to another person or to cause substantial harm to the profession and was not otherwise of sufficient gravity as to warrant a more severe sanction.
- *Censure.* The Ethics Committee may issue a censure if the violation was of a kind likely to cause harm to another person but not likely to cause substantial harm to another person or to the profession and was not otherwise of sufficient gravity as to warrant a more severe sanction.
- *Expulsion.* A member can be expelled from the APA when the violation was of a kind likely to cause substantial harm to another person or the profession or was otherwise of sufficient gravity as to warrant such action.
- *Stipulated resignation.* Contingent on execution of an acceptable affidavit and approval by the Board of Directors, members may be offered a stipulated resignation following a committee finding that they committed a violation of the Ethics Code or failed to show good cause why they should not be expelled.

The Ethics Committee may also issue directives requiring the respondent to (a) cease and desist from an activity, (b) obtain supervision or additional training or education, (c) be evaluated for and obtain treatment if appropriate, or (d) agree to probationary monitoring.

A psychologist who has been found in violation of the Ethics Code may respond to the recommendation by requesting an independent case review or, in the case of expulsion, an in-person proceeding before a formal hearing committee.

Notification

The director of the Ethics Office informs the respondent and the complainant of the final disposition in a matter, provides to the APA membership on an annual basis the names of individuals who have been expelled and those who have resigned from membership while under investigation, and informs the APA Council of Representatives in confidence who received a stipulated resignation and who resigned from membership while under investigation. The Board of Directors or the Ethics Committee may also determine that additional notification is necessary to protect the APA or the public or to maintain APA standards. The Ethics Office director may also notify state boards, affiliated state and regional associations, the American Board of Professional Psychology (ABPP), the Association of State and Provincial Psychology Boards (ASPPB), the Council for the National Register of Health Service Providers in Psychology, and other appropriate parties. In addition, the APA may provide such information to any person who submits a request about a former member who has lost membership because of an ethical violation.

Show Cause Procedure

The Ethics Committee can also take action against a member if a criminal court, licensing board, or state psychological association has already taken adverse

action against the member. The rationale for such actions can go beyond a violation of the Ethics Code and can include conviction of a felony or revocation of state licensure.

HOW IS THE ETHICS CODE RELATED TO SANCTIONS BY OTHER BODIES?

The APA Ethics Code is widely used by other bodies regulating the ethical science and practice of psychology. It is intended to be applied by the APA Ethics Committee and by other bodies that choose to adopt specific standards. The Introduction and Applicability section states,

Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. (APA, 2017a, p. 2)

Across the country, the Ethics Code is adopted in its entirety or in part in statute by more than half the state boards responsible for licensing the practice of psychology. Insurance companies regularly require psychologists applying or reapplying for professional liability policies to reveal whether they have been the recipient of an ethics complaint or been found in ethical violation by a professional organization, state board, or state or federal agency. Many insurance companies retain the right to raise rates or cancel policies depending on the nature of the violation. In addition, the APA Ethics Committee may notify other bodies and individuals of sanctions it imposes for ethical violations. For information on the procedures for filing, investigating, and resolving ethics complaints, readers should refer to the Rules and Procedures of the APA Ethics Committee at <http://www.apa.org/ethics/code/committee.aspx>.

The Association of State and Provincial Psychology Boards Code of Conduct (ASPPB, 2018)

The ASPPB (2018) recommends to state and provincial (Canadian) licensing boards for psychology that the APA Ethics Code should be used as an aid in resolving ambiguities that may arise in interpretation of the ASPPB Code of Conduct, but the ASBPP Code prevails if there is a conflict between it and the APA or Canadian Psychology Association (CPA) ethics codes. What follow are example where the ASPPB is more specific or binding than the APA Ethics Code:

- As with APA Ethics Code standard 3.10b, Informed Consent, for minors and legally incompetent adults, the legal guardian is considered the guardian for decision-making purposes. However, the ASPPB Code includes the following specific exemption: The rights and preferences of the client/patient is prioritized for issues directly affecting their physical or emotional safety, such as sexual or other exploitative relationship, or agreed upon by the guardian prior to rendering services, for example, the right to confidentiality.