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Ethics Codes

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A code of ethics is usually established by a professional order, as a way to protect the public and reputation of the professionals and their fields. To this end, there are various codes within the medical and mental health fields. The American Counseling Association Code of Ethics, the National Association of Social Workers Code of Ethics, and the American Medical Association Code of Medical Ethics are a few examples. For the purposes of this entry, the focus is on the American Psychological Association's (APA) *Ethical Principles of Psychologists and Code of Conduct* (referred to as the Ethics Code). This document is a series of guidelines, both suggested and specific, to which all psychologists in the United States are expected to adhere, and it is intended to serve as the foundation of psychologists' clinical work and professional behavior.

History

Initially, the need to create a document that outlined ethical standards for the psychology profession arose in the post–World War II era, due to the new demands posed by wars. Edward Tolman, who put together the APA Committee on Ethical Standards for Psychologists in 1947, started the preparation for the first edition, published in 1953. This committee was tasked with creating a document that described a code of ethics at a time when psychologists started to work with soldiers returning from war with serious posttraumatic conditions that affected both their families and their communities. The intent of this set of standards was to help psychologists deal systematically with the serious ethical and moral issues they had begun to encounter.

The APA Committee on Ethical Standards for Psychologists gathered reports of “critical incidents” that demonstrated morally and ethically difficult situations with clients, research assistants, research participants, and students. When the document was ready for publication, the Ethics Code was 170 pages long and included examples and case studies of various scenarios.

Until the 1992 version, the APA Ethical Standards of Psychologists favored the strategy of laying out aspirational principles. Aspirational principles are broadly worded ideals that do not define what one should do in a particular situation, or what would be right or wrong behaviors. By 1980, with an increase in legal cases in which psychologists were involved, the idea of changing the approach of the document from aspirational principles to enforceable standards started to gain traction. The idea was to create a set of standards that specifically describes behaviors required and prescribed by the profession to serve as a basis for adjudicating grievances. The ethical principles and the code of conduct document has maintained this change in tone and mission since 1992. The 2002 version of the Ethics Code, which was adopted in June 2003, is a 16-page document with clear behavioral distinctions and rational principles that represent a type of legalistic legacy. In 2010, an amendment was made to the Ethics Code, and this amended version is the principal ethics document guiding psychologists today.

Structure of the APA Ethics Code

Following an introduction and explanation of applicability, the Ethics Code is divided into three main sections: (1) Preamble and General Principles, (2) Standards, and (3) Amendments.

General Principles

This section consists of five aspirational guidelines (Principles A through E). These unenforceable principles are meant to inspire psychologists to uphold the profession's highest ethical ideals.

- A. *Beneficence and Nonmaleficence*: This general principle emphasizes that psychologists should try to provide benefit and avoid causing harm in their work with humans and animals.

- B. *Fidelity and Responsibility*: This principle exhorts psychologists to develop relationships based on trust and to act in the best interests of colleagues. They must maintain professional conduct, accept responsibility for their behavior, and, when possible, provide pro bono services in their communities.
- C. *Integrity*: Here, psychologists are encouraged to be accurate, clear, and honest in their professional work. This includes keeping promises and not plagiarizing.
- D. *Justice*: Providing equal access to service and being aware of personal biases that might limit this access are the key points of this principle.
- E. *Respect for People's Rights and Dignity*: Psychologists are reminded to respect others' right to self-determination and to protect those with impaired ability to make autonomous decisions.

Ethical Standards

The Ethical Standards make up the bulk of the Ethics Code. Divided into 10 sections with 15 subsections, these are the enforceable elements of the code.

1. Resolving Ethical Issues

Section 1 addresses violations of the Ethics Code or conflicts that may arise between the Ethics Code and legal/organizational demands. The standards are generally in line with national and state laws and organizational regulations, but if there is a conflict between law and the Ethics Code, psychologists are exhorted to follow the stricter Ethics Code. Ethics violations are addressed informally before a formal complaint is filed with the Ethics Board. Noncompliance with the Ethics Board is considered a violation in and of itself, as is discrimination against someone who has been the subject of an ethics complaint.

2. Competence

Psychologists are bound to act within the scope of their competence, practicing only in areas in which they have received adequate training and supervision. An exception to this rule is made for providing services in emergencies, at which time psychologists may provide mental health services until the emergency resolves or a more appropriate provider is available. When a psychologist's work is compromised due to personal circumstances, he or she must refrain from professional activities until a resolution of such issues has been reached.

3. Human Relations

This section addresses the imbalance of power inherent in a therapeutic relationship. Psychologists must clearly define the nature, objectives, and scope of professional services, especially when offered through organizations. When hired by third parties, psychologists clearly define their roles and delineate who is the client. Clients' understanding of the relationship must be obtained through written informed consent and, when individuals are legally incapable of giving informed consent, in the form of verbal assent. Discrimination, sexual harassment, exploitative relationships, and working with people against whom a psychologist has personal biases (e.g., due to sexual orientation) are forbidden. Multiple relationships (i.e., being in a professional and other role with a person) are warned against when they could affect objectivity, competence, or effectiveness.

For example, a psychologist might exert undue influence when counseling his or her child's schoolteacher. Similarly, psychologists are told not to work in situations in which their objectivity could be compromised. Psychologists should make provisions to ensure continuity of client service should they become unavailable due to circumstances such as retirement, illness, or death.

4. Privacy and Confidentiality

Generally speaking, everything psychologists do with their clients is confidential, and measures must be taken to ensure this confidentiality in oral, written, and electronic mediums. Clients need to be made aware of the limits of this confidentiality and provide consent when their information is used for didactic purposes. If a psychologist consults about a case, he or she should take reasonable steps to protect the client's identity. Clients' information may be disclosed only by permission or when required by law.

5. Advertising and Public Statements

Psychologists represent themselves accurately in all settings, including advertising, directories, applications for licensing/credentials, legal proceedings, and all publications. Neither they nor anyone representing them may misrepresent their degrees, credentials, levels of expertise, research, fees, or associations. If a psychologist is presenting a workshop, he or she must accurately describe the offerings and the intended audience. Media statements must be commensurate with the psychologist's level of expertise. Psychologists may not solicit testimonials of business from clients or other people who might be subject to undue influence.

6. Record Keeping and Fees

Psychologists must keep accurate records of client contact to ensure continuity of services from one provider to the next, to document research procedures, to ensure any institutional requirements are upheld, and to ensure accurate billing; maintaining the confidentiality of these records is paramount. Fees are to be stated clearly as early as possible in the professional relationship, and any issues with the fees need to be discussed. When insurance companies or other third parties are billed, psychologists must accurately report fees, services provided, and client diagnoses. Psychologists may use collection agencies, but clients should be given the opportunity to rectify their accounts before such services are engaged. Records may not be withheld in emergency circumstances due to nonpayment of fees. Fees must be based on actual services provided, not referrals. Bartering (trading goods or services for psychological care) is allowed only when the relationship does not have the potential to be exploitative. For example, trading psychotherapy for babysitting services would be contraindicated, whereas a service with a fixed market value, such as a one-time car repair, might be acceptable.

7. Education and Training

When psychologists design education and training programs, they must do their best to accurately describe the program's intended audience, educational objective, stipends, benefits, and requirements. Course syllabi must be accurate, and course material must provide appropriate knowledge and experience. Should mandatory individual or group therapy be part of a training program, students may choose a therapist unaffiliated

with the program. Programs cannot require the disclosure of personal information such as prior psychological treatment unless this has been explicitly stated in the admissions materials and/or it is needed to evaluate level of current impairment. Feedback based on actual performance must be given to students and supervisees in a regular and timely manner. Sexual relationships between psychologists and students/supervisees is never appropriate.

8. Research and Publication

When psychologists conduct research, they must get relevant institutional approval. Psychologists must inform all research participants of the purpose, scope, and risks of the research and obtain participants' informed consent, especially when recording voices and images. Under certain circumstances, such as when the research involves noninvasive study of normal behaviors (naturalistic observations) or anonymous questionnaires, informed consent may not be necessary. Psychologists must seek to avoid deception in research and, if unavoidable, debrief participants as soon as feasible. Research animals are to be treated humanely and are to be appropriately anesthetized to minimize any necessary pain. Psychologists must ensure that they accurately report data, do not fabricate results, and avoid plagiarism by presenting and taking responsibility solely for their own work. In publications, credit is to be based on actual contribution, not professional status, and previously published data may not be presented as new. Should another researcher wish to replicate a study, psychologists may not withhold data on which their conclusions are based.

9. Assessments

Assessments used to provide opinions of individuals' psychological characteristics must be current, valid, reliable, and properly applied by qualified professionals. If trainees administer assessments, they must be adequately supervised, with the supervisor retaining responsibility for scoring and interpreting the results. Written consent and/or verbal assent, including an explanation of the assessment measures, purpose of testing, fees, and any limits of confidentiality (e.g., results have been requested by and will be shared with a third party), must be obtained. Psychologists should explain results of assessments to the testee or the testee's representative unless this is contraindicated (e.g., in forensic evaluations). In certain circumstances, raw test data may be withheld to protect a client from harm or misuse of the information. When releasing test results, psychologists must maintain the security of the test materials in accordance with law and the Ethics Code.

10. Therapy

Client welfare is always paramount in a therapeutic relationship. As early as possible, psychologists must obtain informed consent, ensuring that clients understand the nature and course of therapy, risks (if any), fees, involvement of third parties as applicable, and the limits of confidentiality. Clients may ask questions and get suitable answers. Trainees should make their status known to clients and give clients the name of their supervisor, with whom legal responsibility rests. Informed consent with couples, families, and groups must additionally clarify who are the clients, what services will be provided, and additional limits of confidentiality. Should a psychologist be asked to perform a conflicting role (e.g., testifying in a divorce proceeding), he or she should take reasonable steps to modify or withdraw from one of the roles. Psychologists carefully consider risks to client welfare when deciding whether to do therapy with someone already being seen by another therapist. Psychologists are prohibited from all sexual behaviors with clients or their relatives, guardians, or significant

others and are forbidden from accepting former sexual partners as clients. At least 2 years must pass after therapy has ended before psychologists can begin a sexual relationship with a former client; even then, psychologists must be able to prove that the relationship does not exploit or adversely influence the former client in any way. A psychologist should terminate therapy when he or she is endangered by a client, or the client is no longer benefitting from the relationship. When appropriate, psychologists provide pretermination counseling and/or relevant referrals.

2010 Amendments

In February 2010, APA's Council of Representatives voted to amend the association's Code of Ethics to make clear that its standards can never be interpreted to justify or defend violating human rights.

Application of Ethics Code in Ethical Decision Making

Ethical decision making and application of the Ethics Code are rarely straightforward. A well-balanced ethical decision needs to consider four factors. First and foremost, knowledge and understanding of the essence of the professional Ethics Code are imperative. Another factor is knowing and following the federal and state laws pertaining to the dilemma at hand. Third, policies and procedures of the organizations in which psychologists work are always relevant and important in the decision-making process. Finally, knowledge of the Ethics Code alone does not create ethical behavior; a psychologist's individual characteristics, such as values, personal and professional background, and individual moral code must also be taken into account.

Numerous ethical decision-making models have been created, each with a slightly different emphasis on various aspects of the decision-making process. Most models include the following steps:

- Identifying ethical aspects of the problem and clarifying the dilemmas that pose the problem to be solved by the decision
- Identifying relevant ethical and other standards (e.g., applicable laws, policies, and procedures of organizations)
- Determining relevant facts and collecting additional information as needed
- Identifying options and selecting an action plan (i.e., the ethical decision)
- Taking action and evaluating results

The ethical decision-making models that provide a logical and reasoned process assume a rational, conscious, quasi-legal reasoning process, in accordance with the style with which the Ethics Code and the laws are written. If followed, these models reduce the risk of oversight, creating a structured process whereby the decision makers focus on all the relevant and critical aspects of the situation, prior to making decisions.

Ethical knowledge does not invariably produce ethical behavior. Reported decisions and behaviors tend to be affected by a large array of factors (e.g., personal and interpersonal influences) apart from codified rules. Numerous studies are examining how biases and heuristics influence the perceptive and thought processes, and some decision-making models attempt to take into account these factors. In essence, decision makers can optimize their ethical reasoning by identifying and challenging personal factors that play into their decision-making process, in addition to obtaining sound working knowledge of the Ethics Code and the laws influencing professional judgment and behavior.

See also [Assent](#); [Assessment](#); [Confidentiality](#); [Duty to Warn](#); [Emergency Treatment](#); [Law and Mental Health: Overview](#); [Legal Rights of Mental Health Patients](#); [Malpractice](#); [Mental Health Care in the U.S. Justice System](#); [Negligence](#); [Private Practice](#); [Professional and Ethical Issues: Overview](#); [Sexual Harassment](#); [Subpoenas and Court Orders](#); [Termination of Treatment](#)

- codes of ethics
- ethics
- coding
- psychologists
- ethical decision making
- informed consent
- clients

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Further Readings

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