Chapter 2: Ethics for Florida Psychologists

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Learning objectives

This course is designed to help you:

- Summarize the importance of professional values and ethics in psychology.
- Examine the general principles and the ethical standards of the American Psychological Association’s (APA’s) Ethical Principles of Psychologists and Code of Conduct.
- Describe potential ethical dilemmas.
- Construct methods for analyzing ethical issues.
- Identify what to do when an ethical or boundary violation occurs.
- Analyze boundary issues in psychology.
- Assess a case example of ethical standards.
- Apply ethics laws in the state of Florida.

Introduction

Psychologists often work with vulnerable individuals in sensitive situations. An important aspect of being a mental health professional, whether you conduct research or provide therapeutic services, is being aware of the ethical issues faced by all psychologists. If you provide psychological services, you are obligated to remain informed about current ethical standards or issues.

Ethics, also known as moral philosophy, is a branch of philosophy that involves systematizing, defending, and recommending concepts of right and wrong behavior. The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (known as the Ethics Code) consists of four parts:

- Introduction.
- Preamble.
- General principles (A–E).
- Specific ethical standards.

The introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The preamble and general principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the general principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action.

The ethical standards set forth enforceable rules for conduct as psychologists. Most of the ethical standards are written broadly to apply to psychologists in varied roles, although the application of an ethical standard may vary depending on the context. The ethical standards are not exhaustive. That an ethical standard does not address a given behavior specifically does not imply either ethical or unethical conduct.

This Ethics Code applies only to psychologists’ activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration.

It is important to note that the Ethics Code applies to these activities across a variety of situations and means of communication, such as in person, postal, telephone, Internet, and other electronic transmissions.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct. The current Rules and Procedures of the APA Ethics Committee describe the procedures for filing, investigating, and resolving complaints of unethical conduct.

APA may impose sanctions on its members for violations of the Ethics Code standards, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students, regardless of whether they are APA members, by bodies other than APA, including state psychological associations, other professional groups, psychology boards, and other state or federal agencies. In addition, the APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

The Ethics Code provides guidance and standards of professional conduct for psychologists that the APA and other bodies that choose to adopt them can apply to their members. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not solely determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The Ethics Code uses words such as reasonably, appropriate, and potentially, which:

- Allow professional judgment on the part of psychologists.
- Eliminate injustice or inequality that would occur without the modifier.
- Ensure applicability across the broad range of activities conducted by psychologists.
- Guard against a set of rigid rules that might be quickly outdated.

As used in the Ethics Code, the term “reasonable” means 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.

Psychologists commit themselves to increasing the scientific and professional knowledge of behavior, people’s understanding of themselves and others, and to the use of such knowledge to improve the condition of individuals, organizations, and society.

Apply ethics laws in the state of Florida.
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 develop informed judgments and choices in human behavior. In doing so, psychologists perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness.

laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. In the event that the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. Situations may arise in which psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority. In this case, psychologists must communicate their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner consistent with basic principles of human rights. The following section outlines the general principles and ethical standards of the APA Ethics Code (APA, 2003).

**GENERAL PRINCIPLES OF THE ETHICS CODE**

General principles as opposed to ethical standards are broader and are aspirational in nature. Their purpose is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General principles in contrast to ethical standards do not represent obligations and should not form the basis for imposing sanctions.

**Principle A: Beneficence and Non-maleficence**

Psychologists strive to benefit those with whom they work and do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons and the welfare of animal subjects of research. When conflicts occur among psychologists’ obligations or concerns, they are expected to attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists’ scientific and professional judgments and actions may affect the lives of others, they are alert to and should guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists are expected to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

**Principle B: Fidelity and Responsibility**

Psychologists must establish relationships of trust with the individuals they work with. They are expected to be aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists are expected to consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work.

**Principle C: Integrity**

As a concept that many people feel is synonymous with the word “ethics,” psychologists seek to promote integrity. Integrity is the accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. This principle addresses the expectation that psychologists will not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists should strive to keep their promises and avoid unwise or unclear commitments.

In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

**Principle D: Justice**

Psychologists must recognize that fairness and justice entitle all people to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services that psychologists conduct. They are to exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

**Principle E: Respect for People’s Rights and Dignity**

Psychologists should respect the dignity and worth of all people and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists must be aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making.

Psychologists should be aware of and respect cultural, individual, and role differences. These differences include those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Every psychologist must consider these factors when working with members of such groups. Psychologists must endeavor to eliminate the effect on their work of biases based on such factors and should not knowingly participate in or condone activities of others based upon such prejudices.

**History**

The APA first created a Committee on Ethical Standards for Psychologists in 1947. The first version of the Ethics Code was adopted in 1952 and published in 1953. The most recent version of the Ethical Principles and Code of Conduct was in force from 1992 to 2003. The newest amendments to these documents became effective June 1, 2010.

From its inception, the Ethics Code has provided a common set of principles and standards upon which psychologists can build their professional and scientific work. The goals of the Ethics Code are the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public on ethical standards of the discipline.

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The ethical standards of the Ethics Code provide a more detailed look at specific situations psychologists encounter. They are currently divided into 10 categories, ranging from privacy and confidentiality to research, assessment, and therapy related to their professional conduct. Each standard has additional subsections that relate to the overlying expectation.

### Ethical Standard #1: Resolving Ethical Issues

#### 1.01 Misuse of Psychologists’ Work
If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

#### 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority
If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

#### 1.03 Conflicts Between Ethics and Organizational Demands
If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

#### 1.04 Informal Resolution of Ethical Violations
When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

#### 1.05 Reporting Ethical Violations
If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

#### 1.06 Cooperating with Ethics Committees
Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

#### 1.07 Improper Complaints
Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

### Ethical Standard #2: Competence

#### 2.01 Boundaries of Competence
Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists should or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

#### 2.02 Providing Services in Emergencies
In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

#### 2.03 Maintaining Competence
Psychologists undertake ongoing efforts to develop and maintain their competence.

#### 2.04 Bases for Scientific and Professional Judgments
Psychologists’ work is based upon established scientific and professional knowledge of the discipline.
2.05 Delegation of Work to Others
Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) 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; and (3) see that such persons perform these services competently.

2.06 Personal Problems and Conflicts
Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner. When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties.

Ethical Standard #3: Human Relations

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment
Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist’s activities or roles as a psychologist and that either (1) is unwanted, is offensive or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons’ age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
A multiple relationship occurs when a psychologist is in a professional role with a person and:
- At the same time is in another role with the same person.
- At the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship.
- Promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical:
- If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
- When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur.

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to impair their objectivity, competence, or effectiveness in performing their functions as psychologists or expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.

3.09 Cooperation with Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

3.10 Informed Consent
When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.

For persons who are legally incapable of giving informed consent, psychologists must:
- Provide an appropriate explanation.
- Seek the individual’s assent.
- Consider such persons’ preferences and best interests.
- Obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual’s rights and welfare.
When psychological services are court-ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court-ordered or mandated and any limits of confidentiality before proceeding.

Psychologists are required to appropriately document written or oral consent, permission, and assent.

3.11 Psychological Services Delivered to or Through Organizations
Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate, those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services
Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist’s illness, death, unavailability, relocation, or retirement or by the client’s/patient’s relocation or financial limitations.

Ethical Standard #4: Privacy and Confidentiality

4.01 Maintaining Confidentiality
Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship.

4.02 Discussing the Limits of Confidentiality
Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with which they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities.

Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant. Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording
Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives.

4.04 Minimizing Intrusions on Privacy
Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures
Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to:
- Provide needed professional services.
- Obtain appropriate professional consultations.
- Protect the client/patient, psychologist, or others from harm.
- Obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.

4.06 Consultations
When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation.

4.07 Use of Confidential Information for Didactic or Other Purposes
Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless they take reasonable steps to disguise the person or organization, the person or organization has consented in writing, or there is legal authorization for doing so.

Ethical Standard #5: Advertising and other Public Statements

5.01 Avoidance of False or Deceptive Statements
Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive or fraudulent concerning their research, practice or other work activities, or those of persons or organizations with which they are affiliated.

Psychologists do not make false, deceptive or fraudulent statements concerning (1) their training, experience or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for or results or degree of success of their services; (7) their fees; or (8) their publications or research findings.

Psychologists claim degrees as credentials for their health services only if those degrees were either earned from a regionally accredited educational institution or were the basis for psychology licensure by the state in which they practice.
6.02 Statements by Others
Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. A paid advertisement relating to psychologists’ activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations
When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements:
- Are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice.
- Are otherwise consistent with this Ethics Code.
- Do not indicate that a professional relationship has been established with the recipient.

5.05 Testimonials
Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation
Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or providing disaster or community outreach services.

6.01 Documentation of Professional and Scientific Work and Maintenance of Records
Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law.

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
Psychologists maintain confidentiality in creating, storing, accessing, transferring and disposing of records under their control, whether these are written, automated or in any other medium.

If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists’ withdrawal from positions or practice.

6.03 Withholding Records for Nonpayment
Psychologists may not withhold records under their control that are requested and needed for a client’s/patient’s emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements
As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements. Psychology’s fee practices are consistent with law. Psychologists are expected to not misrepresent their fees. If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible.

If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment.

6.05 Barter with Clients/Patients
Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative.

6.06 Accuracy in Reports to Payors and Funding Sources
In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges or payments, and where applicable, the identity of the provider, the findings, and the diagnosis.

6.07 Referrals and Fees
When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself.
7.03 **Accuracy in Teaching**

Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. When engaged in teaching or training, psychologists present psychological information accurately.

7.04 **Student Disclosure of Personal Information**

Psychologists do not require students or supervisees to disclose personal information in courses either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 **Mandatory Individual or Group Therapy**

When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. Faculty members who are or are likely to be responsible for evaluating students’ academic performance do not themselves provide that therapy.

7.06 **Assessing Student and Supervisee Performance**

In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision. Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 **Sexual Relationships with Students and Supervisees**

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

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**Ethical Standard #8: Research and Training**

8.01 **Institutional Approval**

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 **Informed Consent to Research**

When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about:

- The purpose of the research, expected duration, and procedures.
- Their right to decline to participate and to withdraw from the research once participation has begun.
- The foreseeable consequences of declining or withdrawing.
- Reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects.
- Any prospective research benefits.
- Limits of confidentiality.
- Incentives for participation.
- Whom to contact for questions about the research and research participants’ rights. They provide opportunity for the prospective participants to ask questions and receive answers.

Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research:

- The experimental nature of the treatment.
- The services that will or will not be available to the control group(s) if appropriate.
- The means by which assignment to treatment and control groups will be made.
- Available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.
- Compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought.

8.03 **Informed Consent for Recording Voices and Images in Research**

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing.

8.04 **Client/Patient, Student, and Subordinate Research Participants**

When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation. When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 **Dispensing with Informed Consent for Research**

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants’ employability and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 **Offering Inducements for Research Participation**

Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations.

8.07 **Deception in Research**

Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques...
is justified by the study’s significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible.

Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing
Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research
Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

When it is appropriate that an animal’s life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results
Psychologists are expected to not fabricate data.

If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism
Psychologists do not present portions of another’s work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit
Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.

Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement. Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student’s doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

8.13 Duplicate Publication of Data
Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification
After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers
Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

**Ethical Standard #9: Assessment**

9.01 Bases for Assessments
Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.

Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations.

When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.
9.02 Use of Assessments
Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

Psychologists use assessment methods that are appropriate to an individual’s language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments
Psychologists obtain informed consent for assessments, evaluations or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties and limits of confidentiality, and sufficient opportunity for the client/patient to ask questions and receive answers.

Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained.

9.04 Release of Test Data
The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists’ notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law.

In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction
Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results
When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences that might affect psychologists’ judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations.

9.07 Assessment by Unqualified Persons
Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision.

9.08 Obsolete Tests and Outdated Test Results
Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose. Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services
Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability and applications of the procedures, and any special qualifications applicable to their use.

Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.

Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results
Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security
The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

Ethical Standard #10: Therapy

10.01 Informed Consent to Therapy
When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties and limits of confidentiality, and provide sufficient opportunity for the client/patient to ask questions and receive answers.

When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks...
involved, alternative treatments that may be available, and the voluntary nature of their participation.

When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families
When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist’s role and the probable uses of the services provided or the information obtained.

If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately.

10.03 Group Therapy
When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others
In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client’s/patient’s welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners
Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients
Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client’s/patient’s personal history; (5) the client’s/patient’s current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient.

10.09 Interruption of Therapy
When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.

10.10 Terminating Therapy
Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

Except where precluded by the actions of clients/patients or third-party payors, prior to termination, psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.

PSYCHOLOGISTS AND ETHICAL DILEMMAS

Psychologists deal with boundary issues every day, such as:

- “My client seems in crisis. Should I let the session run overtime?”
- “What should I say to my best friend who wants me to see his young daughter in psychotherapy?”
- “Is it a good idea for me to waive the fee for a proud client who desperately needs therapy, lost his job, and is unable to find other work?”
- “Should I attend my client’s wedding and bring a gift?”
- “My new client is known for giving great parties and has invited me. Should I go?”
- “I wonder what I should say to the tournament organizers. I really want to win but they’ve paired me with my therapy client as a doubles partner.”

Starting in the early 1980s, questions like these began to rise and held the field’s attention. The 1980s through the mid-1990s saw a virtual explosion of healthy controversy and thoughtful writings on dual relationships, bartering, nonsexual touch, meeting therapy clients outside the office for social visits, and other nonsexual boundary issues.

Should all prohibitions be abolished? Was it possible to tell which boundary crossings were therapeutically helpful, which were therapeutically contraindicated as harmful, and which might be common or even unavoidable in certain communities or cultures?

Research during the ’80s and ’90s demonstrated how theoretical orientation, size of the local community, therapist gender, client gender, profession, and other factors affected both the degree to which therapists engaged in crossing various boundaries and therapists’ beliefs about the nature and appropriateness of boundary crossings.

People differ in their ability to perceive that something they might do or are already doing could directly or indirectly affect the welfare of others. Below are a few of the most basic assumptions we make about ethical awareness and decision-making (Koocher & Keith-Spiegel, 2008; Pope & Vasquez, 2007).
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• Ethical awareness is a continuous, active process that involves constant questioning and personal responsibility. Conflicts with managed care companies, the urgency of patients’ needs, the possibility of formal complaints by patients or second-guessing by colleagues about a difficult boundary decision we make, mind-deadening routines and endless paperwork, worrying about making ends meet, fatigue, and so much else can begin to block our personal responsiveness and dull our sense of personal responsibility. They can overwhelm us, drain us, distract us, lull us into ethical sleep, and make us more vulnerable to the tendency we all share as human beings to rationalize our questionable decisions. It is crucial to practice continued alertness and mindful awareness of the ethical implications of what we choose to do and not do.

• Awareness of ethical codes and legal standards is an essential aspect of critical thinking about ethics and of making ethical decisions. Codes and standards, however, inform rather than determine our ethical decisions. They cannot substitute for thinking and feeling our way through ethical dilemmas, and cannot protect us from ethical struggles and uncertainty. Each new client, regardless of similarities to other clients, is unique. Each therapist is unique. Each situation is unique and constantly evolves. Our theoretical orientation, the nature of our community and the client’s community, our culture and the client’s culture, and many other contexts influence what we see and how we see it. Every ethical decision must consider these contexts.

• Awareness of evolving research and theory in scientific and professional literature are also important aspects of ethical competence, but the claims and conclusions emerging in the literature should not be passively accepted or reflectively applied no matter how popular, authoritative, or seemingly obvious. We must greet published claims and conclusions with active, careful, informed, persistent, and comprehensive questioning.

Many of us find it easier to question the ethics of others, especially in an area as difficult and controversial as boundaries, while putting our own beliefs, assumptions, and actions off limits. Questioning someone’s ethical decisions and behavior must be a reciprocal process: It is crucial to question our own decisions and behavior and to allow ourselves to be questioned at least as much as we question others. It is a warning signal if we spend more time pointing out the supposed negative aspects of others than we spend trying to overcome our own challenges and move into more positive perspectives and possibilities. Psychologists often encounter ethical dilemmas without clear and easy answers. This is perhaps more true for boundary decisions than for any other area.

We may confront overwhelming needs unmatched by adequate resources, conflicting responsibilities that seem impossible to reconcile, frustrating limits to our understanding and interventions, and countless other challenges as we seek to help people who come to us because they are hurting and in need, sometimes because they are desperate and have nowhere else to turn.

Suddenly we are required to make dauntingly complex decisions about boundaries “on the spot” as a reaction to a client’s or colleague’s unexpected words or behaviors. There is no legitimate way to avoid these ethical struggles. They are part of our work.

Consultation is usually helpful and sometimes crucial. Because our own issues may blind us, consulting with trusted colleagues (those not involved with the situation) can strengthen ethical decision-making (Pope & Vasquez, 2007). Colleagues may best reveal unrecognized biases and useful perspectives that we had not considered. Moreover, as we make difficult decisions under stress, we may become more concerned with how the decision affects us – this is unintentional but understandable. For example, will it place us at risk for a malpractice suit or licensing complaint? Will it alienate a referral source we depend on? Will it cause a managed care company to drop us as a provider? Consultation may help us consider the consequences of our decisions for all those affected by them.

Here are some suggestions for ways to analyze potential ethical issues when you encounter them.

• Imagine what might be the “best possible outcome” and the “worst possible outcome” from either crossing or not crossing this boundary. Does either crossing or not crossing involve significant risk of negative consequences, or any real risk of serious harm, in the short or long term? If harm is a real possibility, are there ways to address it?

• Consider the research and other published literature on this boundary crossing. If there is none, consider bringing up the topic at the next meeting of your professional association or making a professional contribution in the form of an article.

• Familiarize yourself with and take into account any guidance on this boundary crossing offered by professional guidelines, ethics codes, legislation, case law, and other resources.

• Identify at least one colleague you can trust for honest feedback on boundary crossing questions.

• Pay attention to your interior uneasy feelings, doubts, or confusion, and try to determine what is causing them, in addition to what implications, if any, they may have for your decisions.

• Describe to a new client exactly how you work and what kind of services you provide as part of your informed consent and during the initial therapy session. If the client appears to feel uncomfortable, explore further and, if warranted, refer to a colleague who may be better suited to this individual.

• Refer to a suitable colleague any client whom you feel incompetent to treat or with whom you do not feel you could work effectively. Reasons to refer range from your insufficient training and experience to personal attributes of the client that make you extremely uncomfortable in a way that prevents you from working effectively.

• Depend on the informed consent process for any planned and obvious boundary crossing, such as taking a phobic client for a walk in the local mall to window shop.

• Document in writing the reasons for any planned boundary crossing, describing exactly why, in your clinical judgment, this was (or will be) helpful to the client.

### Boundary crossings

Some boundary crossings are unexpected: Suddenly we encounter a client outside of therapy – at a friend’s dinner party or in a minor fender-bender on the street. Flustered and with no time to think, we may make a very human blunder. Other boundary crossings may be virtually inevitable or inescapable. In a small and geographically remote town, we may likely be in more than one relationship with our therapy clients, and some of these relationships may cause boundary crossings that undermine the therapy.

Still other boundary crossings – despite the best of intentions, the most careful planning, and the most skillful intervention – may go wrong: Therapy veers off course, the relationship unravels, growth and progress stall.
The signs of trouble may be sudden and unmistakable, such as when a client criticizes us for crossing a boundary or for some consequence of the crossing, abruptly terminates, or perhaps even files a formal complaint. However, signs may also be subtler, and it may be unclear whether the boundary crossing or something else is the cause. The client may begin missing sessions or not paying on time, the client-therapist rapport between us starts to erode, or there may be nothing specific we can point to, but somehow, things seem a little “off.”

Whether the signs of trouble with a boundary crossing are blatant or vague, if we start to suspect that we may have made a mistake, not handled the situation well, or need to address the effects of a boundary crossing, we each face a significant question: What do I do now?

It is important to continue to monitor the situation carefully, even though paying attention to it may be uncomfortable. It may be difficult for us as psychologists to realize we have made a mistake, perhaps a big one, and assume responsibility for our error. However, denial and avoidance are usually powerful resources for turning an emerging problem into a disaster!

Be open and non-defensive, even though this may be difficult. As we consider how our crossing a boundary with a client had negative results, we may be tempted to minimize the correlation between the boundary crossing and the negative consequences. We may be tempted to downplay or trivialize the impact. We may find ourselves wanting to attribute the negative impact not to the boundary crossing, but rather to the client’s condition, to the client faking or exaggerating, or to the client’s life circumstances.

However, personal self-reflection and self-assessment for us as psychologists are imperatives, given the situation.

Talking over the situation with an experienced colleague who can provide honest feedback and thoughtful consultation may be very helpful. Even when we are able to be honest and non-defensive with ourselves, we may find it difficult to open up to a respected colleague about our work not going well, about the possibility that we may have made a mistake that ended up hurting a client. Will our colleague think less of us? Be critical? Question our competence and judgment?

What sorts of feelings do we experience when we think of disclosing our blunders or our uncertainty over not knowing what to do? Do we feel anxious, embarrassed, ashamed, guilty, inadequate, panicked, or even afraid? Does some part of us feel like crying or running and hiding? Consultation about boundary crossings that have turned disruptive and perhaps harmful is likely to be helpful only to the extent that we can be honest with the consultant.

Listen carefully to the client. We may make all sorts of assumptions about how the client is reacting to the boundary crossing or the crossing’s negative consequence, but these may be completely incorrect. Too often, we may find ourselves starting to say something along the lines of “I know just how you feel,” or “I know you must just feel terrible.” Such statements are an example of guessing and can be leading for the client, when in fact we should be asking questions.

Try to see the matter from the client’s point of view. A client may experience a boundary crossing in a way that represents the opposite of what we intended, of what we anticipated, or of what the client anticipated. Empathizing with the client’s experience may be particularly difficult if the client is angry and accusing, has withdrawn from therapy, or has decompensated.

It is also very important to keep adequate, honest, and accurate records of this situation as it evolves. Just as we may find it difficult to disclose what happened and its implications to a respected colleague, it may be hard to make a written record of the situation, especially one that the client and others may see eventually.

Aside from our responsibility to maintain adequate clinical records, therapists often find it remarkably useful to chart the events with as much clarity and honesty as possible. It helps us make sense of the situation and find ways to respond positively and constructively.

Is apologizing appropriate?

If you believe that you made a mistake, however well intended, consider apologizing.

There appears to be widespread fear that to apologize to clients for our mistakes in handling boundaries is to take unnecessary and unwise risks by admitting guilt. Apologizing can make us feel vulnerable. What will happen now? Will the client accept our apology or will it just make things worse and enrage the individual? Will the client interpret our apology as disingenuous or inadequate? Will the client see us weak or incompetent? Will the apology plague us as admission of guilt in a formal licensing complaint or lawsuit?

If the boundary crossing was inadvertent or unintended, if we acted in what we thought was the client’s best interests, we may feel that we owe no apology. The client may be angry at us, failing to realize we have done far more good than harm, going overboard in reacting to what was a relatively minor slip on our part, not being as understanding as we’d like, or complaining in an accusatory, insistent, loud, repetitive, or whiny way.

If any of these are the case, we may not believe the client deserves an apology, and wish the client would stop discussing it and move on or drop out of therapy altogether and go bother some other practitioner.

There have been many instances when a client considered an ethics complaint but never pressed it because the psychologist apologized for the concern and made it right. Every one of us has experienced the healing power of the words, “I’m really sorry.”

Apologizing is a personal, intimate act. Deciding whether to apologize requires the same care as any clinical and ethical judgment, taking the client, the context, and the nature of the boundary crossing itself into account.

Case study

Let’s take a closer look at an example that comes from a real life situation where a few ethical standards came into play. The names of the individuals involved have been changed, though the details are factual.

A psychologist was providing research services for an organization that asked the psychologist to include interviews of employees over six months to assess perceptions of the work environment and obtain qualitative data on their overall employee satisfaction. The organization provided the psychologist with a list of employees and their contact information. As participation was completely voluntary, the psychologist sent an email to the employees listed describing the purpose of the study and requested volunteers to participate.

Because only seven employees responded with interest in participating, the sample was small but also served as a fair random sample. This group of individuals was to meet one-on-one with the psychologist in short, monthly interviews and responses would be analyzed during the six-month process.

At the first employee session, an employee informed the psychologist that they knew each other. While the psychologist could not recall ever...
seeing or interacting with this person, the employee described how 
his sister went to high school with the psychologist and that they had 
been in similar circles of friends. The psychologist recognized that the 
employee’s sister was still a close friend.

Another employee was eager to share his feelings about the 
organization during the interview. The psychologist quickly realized 
that this person was unhappy and very vocal about multiple issues and 
individuals within the organization. The psychologist also realized that 
the qualitative data the discussion provided could be extremely useful 
in identifying areas of organizational change.

During a meeting to discuss how the research effort was going after 
the first sessions, the organization asked the psychologist about any 
trends or issues that initially “stood out.” The psychologist conveyed 
the negative information about the organization and its leadership the 
second employee provided.

The organization considered this harsh criticism. As this was difficult 
for the agency representatives to hear, they demanded to know which 
employee had expressed such “hostile” comments.

Question #1: What ethical dilemmas do you see within this situation?

Answer #1: There are primarily two described here:
1. The case participant who “knew” the psychologist. This is a 
potential conflict of interest and could have an impact on responses 
provided by the employee and the data received within the study.
2. The agency representatives demanding to know who made the 
harsh comments. This is a potential violation of confidentiality of 
the research participant.

Question #2: What should the psychologist do in response?

Answer #2: In the first situation, the psychologist thanked the 
employee for being interested and wanting to participate in the study, 
but explained that, because of the friendship with the employee’s 
sister, the psychologist would not be able to have that employee 
continue as a participant. The psychologist reinforced that the 
employee’s opinions of the organization mattered and encouraged 
expression of employee satisfaction or concerns through avenues such 
as discussion with his immediate supervisor or use of the employee 
suggestion box.

In the second situation, when asked to reveal the identity of the 
participant who made critical comments, the psychologist informed the 
agency representatives that doing so would be a violation of the APA 
Ethics Code. The representatives became angry and stated that they 
were the ones paying the psychologist for the study and if they wanted 
to know something, they should receive such information.

After explaining the foundational principle of confidentiality of 
research participants and expressing appreciation for the partnership 
and opportunity to conduct the study, the psychologist informed the 
agency it would be impossible to continue to serve in this capacity if 
the agency expected the psychologist to violate ethical standards. In 
is this situation, other representatives of the agency stepped in, apologized 
for their colleagues’ request, and the study continued as planned.

RECENT ETHICAL ISSUES IN PSYCHOLOGY NEWS

Telepsychology

The advancement of technology has improved communication 
through the development of email, Skype, and various forms of 
videoconferencing. However, while technology is moving forward 
at a rapid pace, psychology licensing laws have not yet caught up. 
This becomes an issue for the field of psychology and the use of 
telepsychology services.

One of the biggest unresolved issues has been about telepsychology 
across state lines. Email, videoconferencing, and avatar therapy all 
allow psychologists to reach patients anywhere, but state licensing 
laws generally do not permit out-of-state psychologists to provide 
telepsychology services to consumers. For most states, that means you 
may need to be licensed both in your own state and in your clients’ 
state to practice with these modalities (DeAngelis, 2012).

Health Insurance Portability and Accountability Act (HIPAA)

As of September 23, 2013, practitioners covered by the Health 
Insurance Portability and Accountability Act (HIPAA) must implement 
changes required by the HIPAA Final Rule, which was released in 
January 2013 by the U.S. Department of Health and Human Services. 
Most psychologists trigger the need to comply with HIPAA by 
electronically transmitting patient information in connection with 
insurance claims or other third-party reimbursement.

The most important changes affecting psychologists concern breach 
notification, notice of privacy practices and business associates. 
Psychologists will be required to conduct risk assessments if a breach 
occurs, and will need to make changes to their notice of privacy 
practices and their business associate contracts (Nordal, 2013).

Here are some resources to help psychologists comply with the HIPAA 
Final Rule, Privacy Rule and Security Rule. All resources are available 
in the HIPAA compliance section at http://www.apapracticecentral.org/ 
health/hipaa/index.aspx.

These resources include:
• The HIPAA Final Rule: What You Need to Do Now.
• The 2013 “Privacy Rule Primer.”
• “HIPAA Security Rule Online Compliance Workbook.”

Florida ethics laws

While the APA Code of Ethics is considered to be a guideline, some 
states have utilized these guidelines to put such expectations into 
law. The state of Florida has a series of laws that appear in Florida 
Statutes that address the state’s ethical laws. While similar in nature, 
what is most important is that psychologists and other public officials 
providing services understand that in Florida, the information they 
learned through education, certification, and licensure may not only 
serve as best practice guidelines to assist them in determining the best 
course of action, but that because of existing laws, such guidelines and 
action are spelled out and mandatory rather than available options.
First, we will take a brief summary view at the group of Florida ethics laws that are more general in principle. A list of Florida Statutes is provided, with a summary of those that may be more common to the field of psychology. Secondly, we will analyze Chapter 490 of Florida Statutes, which is specific to psychological services.

Florida Statute 112.312 outlines definitions specific to ethic laws, including definitions for “business entity” as well as “gift.”

“Business entity” means any corporation, partnership, limited partnership, company, limited liability company, proprietorship, firm, enterprise, franchise, association, self-employed individual, or trust, whether fictitiously named or not, doing business in this state.

The definition of “gift” specifies that a “gift” does not include salary, benefits, services, fees, commissions, gifts, or expenses associated primarily with the donee’s employment, business, or service as an officer or director of a corporation or organization.

Further, it is noted that a gift does not include:
- An honorarium or an expense related to an honorarium event paid to a person or the person’s spouse.
- An award, plaque, certificate, or similar personalized item given in recognition of the donee’s public, civic, charitable, or professional service.
- An honorary membership in a service or fraternal organization presented merely as a courtesy by such organization.
- The use of a public facility or public property, made available by a governmental agency, for a public purpose.
- Transportation provided to a public officer or employee by an agency in relation to officially approved governmental business.

Section 112.3125 of Florida Statutes addresses the issue of dual public employment.

The term “public officer” includes any person who is elected to state or local office or, for the period of his or her candidacy, any person who has qualified as a candidate for state or local office.

This ethics law enforces that a public officer may not accept public employment with the state or any of its political subdivisions if the public officer knows, or with the exercise of reasonable care should know, that the position is being offered by the employer for the purpose of gaining influence or other advantage based on the public officer’s office or candidacy.

112.313: Standards of conduct for public officers, employees of agencies, and local government attorneys.

This section references the intent of the Legislature to implement by statute the provisions of s. 8(e), Art. II of the state Constitution relating to legislators, statewide elected officers, appointed state officers, and designated public employees.

The law states that no member of the Legislature, appointed state officer, or statewide elected officer shall personally represent another person or entity for compensation before the government body or agency of which the individual was an officer or member for a period of two years following vacation of office.

112.31425: Qualified blind trusts.

The Legislature finds that if a public officer creates a trust and does not control the interests held by the trust, his or her official actions will not be influenced or appear to be influenced by private considerations.

112.3143: Voting conflicts.

This section of the statute details that public officers may not vote on any matter that the officer knows would inure to his or her special private gain or loss.

112.3144: Full and public disclosure of financial interests.

112.31445: Electronic filing system; full and public disclosure of financial interests.

FS 112.31455: Addresses collection methods for unpaid automatic fines for failure to timely file disclosure of financial interests.

112.3148: Reporting and prohibited receipt of gifts by individuals filing full or limited public disclosure of financial interests and by procurement employees.

A reporting individual or procurement employee is prohibited from soliciting any gift from a vendor doing business with the reporting individual’s or procurement employee’s agency, a political committee or committee of continuous existence, as defined in s. 106.011, or from a lobbyist who lobbies the reporting individual’s or procurement employee’s agency, or the partner, firm, employer, or principal of such lobbyist, where such gift is for the personal benefit of the reporting individual or procurement employee, another reporting individual or procurement employee, or any member of the immediate family of a reporting individual or procurement employee.

112.31485: Prohibition on gifts involving political committees.

A reporting individual or procurement employee or a member of his or her immediate family is prohibited from soliciting or knowingly accepting, directly or indirectly, any gift from a political committee.

A political committee is prohibited from giving, directly or indirectly, any gift to a reporting individual or procurement employee or a member of his or her immediate family.

Any person who violates this section is subject to a civil penalty equal to three times the amount of the gift. Such penalty is in addition to the penalties provided in s. 112.317 and shall be paid to the General Revenue Fund of the state.

112.3149: Solicitation and disclosure of honoraria.

112.317 and 287.175: Penalties for violations of Florida Ethics Laws.

Both FS 112.317 and FS 287.175 contain rather extensive lists of possible penalties based upon the variety of public officials and other professionals, along with the type of infraction.

112.324: Procedures on complaints of violations and referrals; public records and meeting exemptions.

120.665: Disqualification of agency personnel.

Any individual serving alone or with others as an agency head may be disqualified from serving in an agency proceeding for bias, prejudice, or interest when any party to the agency proceeding shows just cause by a suggestion filed within a reasonable period of time prior to the agency proceeding. If the disqualified individual was appointed, the appointing power may appoint a substitute to serve in the matter from which the individual is disqualified. If the individual is an elected official, the governor may appoint a substitute to serve in the matter from which the individual is disqualified. However, if a quorum remains after the individual is disqualified, it shall not be necessary to appoint a substitute.

286.012: Voting requirement at meetings of governmental bodies.

288.901: Enterprise Florida, Inc.

445.007: Regional workforce boards including their structure and governance.

627.311: Joint underwriters and joint reinsurers; public records and public meetings exemptions.

627.351: Insurance risk apportionment plans, which includes employee background checks and attestation of conflict of interest and adherence to the Code of Ethics.

(Florida Commission on Ethics, 2013)
Florida Statute 490: Psychological Services Act

490.002: Intent:
This section details the intent of this particular chapter of Florida Statutes, stating that the Legislature finds that as society becomes increasingly complex, emotional survival is equal in importance to physical survival. Therefore, to preserve the health, safety, and welfare of the public, the Legislature must provide privileged communication for members of the public or those acting on their behalf to encourage needed or desired psychological services to be sought out. The Legislature further finds that, since such psychological services assist the public primarily with emotional survival, which in turn affects physical and psychophysical survival, the practice of psychology and school psychology by unqualified persons presents a danger to public health, safety, and welfare.

490.003: Definitions
This section of statute provides a long list of terminology and its meaning. For the purpose of summarization, the following is a brief selection based upon unique demographics and interest:

“Board” means the Board of Psychology.
“Department” means the Department of Health.
“Practice of psychology” means the observations, description, evaluation, interpretation, and modification of human behavior, by the use of scientific and applied psychological principles, methods, and procedures, for the purpose of describing, preventing, alleviating, or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal behavioral health and mental or psychological health. The ethical practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning, including evaluation of mental competency to manage one’s affairs and to participate in legal proceedings; counseling, psychoanalysis, all forms of psychotherapy, sex therapy, hypnosis, biofeedback, and behavioral analysis and therapy; psychoeducational evaluation, therapy, remediation, and consultation; and use of psychological methods to diagnose and treat mental, nervous, psychological, marital, or emotional disorders, illness, or disability, alcoholism and substance abuse, and disorders of habit or conduct, as well as the psychological aspects of physical illness, accident, injury, or disability, including neuropsychological evaluation, diagnosis, prognosis, etiology, and treatment.

“Provisional psychologist licensee” means a person provisionally licensed under this chapter to provide psychological services under supervision.

“Psychologist” means a person licensed pursuant to s. 490.005(1), s. 490.006, or the provision identified as s. 490.013(2) in s. 1, chapter 81-235, Laws of Florida.

“School psychologist” means a person licensed pursuant to s. 490.005(2), s. 490.006, or the provision identified as s. 490.013(1) in s. 1, chapter 81-235, Laws of Florida.

490.004: Board of Psychology
Five members of the board must be psychologists licensed pursuant to this chapter in good standing in this state. The remaining two members must be citizens of the state who are not and have never been licensed psychologists and who are in no way connected with the practice of psychology. At least one member of the board must be 60 years of age or older. Members shall be appointed for terms of four years and shall serve until their successors are appointed.

490.005: Licensure by examination
Any person desiring to be licensed as a psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the board certifies has:

- Completed the application form and remitted a nonrefundable application fee not to exceed $500 and an examination fee set by the board sufficient to cover the actual per applicant cost to the department for development, purchase, and administration of the examination, but not to exceed $500.

This section and subsection 490.005(1) also provide additional explanation of the requirements of what the applicant must submit proof of in order to be considered for the exam.

490.006: Licensure by endorsement
The department shall license a person as a psychologist or school psychologist who, upon applying to the department and remitting the appropriate fee, demonstrates to the department or, in the case of psychologists, to the board that the applicant:

- Holds a valid license or certificate in another state to practice psychology or school psychology, as applicable, provided that, when the applicant secured such license or certificate, the requirements were substantially equivalent to or more stringent than those set forth in this chapter at that time; and, if no Florida law existed at that time, then the requirements in the other state must have been substantially equivalent to or more stringent than those set forth in this chapter at the present time.

- Is a diplomate in good standing with the American Board of Professional Psychology Inc.

- Possesses a doctoral degree in psychology as described in s. 490.003 and has at least 20 years of experience as a licensed psychologist in any jurisdiction or territory of the United States within 25 years preceding the date of application.

In addition to meeting the requirements for licensure set forth in subsection (1), an applicant must pass the portion of the psychology or school psychology licensure examination pertaining to the laws and rules for the practice of psychology or school psychology in this state before the department may issue a license to the applicant.

490.007: Renewal of license
The department or, in the case of psychologists, the board shall prescribe by rule a method for the biennial renewal of a license at a fee set by rule, not to exceed $500.

Each applicant for renewal shall present satisfactory evidence that, in the period since the license was issued, the applicant has completed continuing education requirements set by rule of the department or, in the case of psychologists, by rule of the board. Not more than 25 hours of continuing education per year shall be required.

490.0085: Continuing education; approval of providers, programs, and courses; proof of completion
Continuing education providers, programs, and courses shall be approved by the department or, in the case of psychologists, the board.

The department or, in the case of psychologists, the board has the authority to set a fee not to exceed $500 for each applicant who applies for or renews provider status. Such fees shall be deposited into the Medical Quality Assurance Trust Fund.

Proof of completion of the required number of hours of continuing education shall be submitted to the department in the manner and time specified by rule and on forms provided by the department.

The department or, in the case of psychologists, the board shall adopt rules and guidelines to administer and enforce the provisions of this section.

490.009: Discipline:
This section provides an extensive list of acts that constitute grounds for denial of a license or disciplinary action, such as (but not limited to):

- Attempting to obtain, obtaining, or renewing a license under this chapter by bribery or fraudulent misrepresentation or through an error of the board or department.
● Having a license to practice a comparable profession revoked, suspended, or otherwise acted against, including the denial of certification or licensure by another state, territory, or country.

● Being convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of his or her profession or the ability to practice his or her profession. A plea of nolo contendere creates a rebuttable presumption of guilt of the underlying criminal charges. However, the board shall allow the person who is the subject of the disciplinary proceeding to present any evidence relevant to the underlying charges and circumstances surrounding the plea.

Please see http://archive.flsenate.gov/statutes for the entire list.

490.0111: Sexual misconduct
Sexual misconduct by any person licensed under this chapter, in the practice of her or his profession, is prohibited. Sexual misconduct shall be defined by rule.

490.012: Violations; penalties; injunction
This section provides an extensive list of violations, penalties, and injunctions that are specifically related to psychological services and providers. See http://archive.flsenate.gov/statutes for the entire list.

One of the more recent additions to this section is:
Effective October 1, 2000, a person may not practice juvenile sexual offender therapy in this state, as the practice is defined in s. 490.0145, for compensation, unless the person holds an active license issued under this chapter and meets the requirements to practice juvenile sexual offender therapy. An unlicensed person may be employed by a program operated by or under contract with the Department of Juvenile Justice or the Department of Children and Family Services if the program employs a professional who is licensed under chapter 458, chapter 459, s. 490.0145, or s. 491.0144 who manages or supervises the treatment services.

490.0121: Licensed school psychologists; private sector services
It shall not be a violation of s. 112.313(7) for a licensed school psychologist employed by a school district to provide private sector services to students within that district if:
○ The parent, guardian, or adult client is informed in writing prior to provision of services of their eligibility for such free services from the school district.
○ The client is not a student of the schools to which the school psychologist is currently assigned.
○ The parent, guardian, or adult client is informed that, as a dual practitioner, the school psychologist may not function as an independent evaluator.
○ The school psychologist does not promise 24-hour service or on-call services and does not engage in private practice during hours of contracted employment.
○ The school psychologist does not use his or her position within a school district to offer private services or to promote a private practice.
○ The school psychologist does not utilize tests, materials, or services belonging to the school district.

490.014: Exemptions
This section provides a list of exemptions as related to licensure. See http://archive.flsenate.gov/statutes for the entire list.

490.0141: Practice of hypnosis
A licensed psychologist who is qualified as determined by the board may practice hypnosis as defined in s. 485.003(1). The provisions of this chapter may not be interpreted to limit or affect the right of any person qualified pursuant to chapter 485 to practice hypnosis pursuant to that chapter or to practice hypnosis for nontherapeutic purposes, so long as such person does not hold herself or himself out to the public as possessing a license issued pursuant to this chapter or use a title protected by this chapter.

490.0143: Practice of sex therapy
Only a person licensed by this chapter who meets the qualifications set by the board may hold himself or herself out as a sex therapist. The board shall define these qualifications by rule. In establishing these qualifications, the board may refer to the sexual disorder and sexual dysfunction sections of the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association or other relevant publications.

490.0145: The practice of juvenile sexual offender therapy
Only a person licensed by this chapter who meets the qualifications set by the board may hold himself or herself out as a juvenile sexual offender therapist, except as provided in s. 491.0144. These qualifications shall be determined by the board. The board shall require training and coursework in the specific areas of juvenile sexual offender behaviors, treatments, and related issues. In establishing these qualifications, the board may refer to the sexual disorder and dysfunction sections of the most current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, Association for the Treatment of Sexual Abusers Practitioner’s Handbook, or other relevant publications.

490.0147: Confidentiality and privileged communications
Any communication between any person licensed under this chapter and her or his patient or client shall be confidential. This privilege may be waived under the following conditions:
● When the person licensed under this chapter is a party defendant to a civil, criminal, or disciplinary action arising from a complaint filed by the patient or client, in which case the waiver shall be limited to that action.
● When the patient or client agrees to the waiver, in writing, or when more than one person in a family is receiving therapy, when each family member agrees to the waiver, in writing.
● When there is a clear and immediate probability of physical harm to the patient or client, to other individuals, or to society and the person licensed under this chapter communicates the information only to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.

490.0148: Psychologist and school psychologist records
Each psychologist and school psychologist who provides services as defined in this chapter shall maintain records. The board or, in the case of a school psychologist, the department may adopt rules defining the minimum requirements for such records, including content, length of time such records shall be maintained, and transfer of such records or of a summary of such records, or both, to a subsequent treating practitioner or other individual with the written consent of the client or clients.

490.0149: Specialties
The term “certified psychology specialist,” “board-certified psychology specialist,” or “psychology diplomate” means a psychologist with recognized special competency acquired through an organized sequence of formal education, training, experience, and professional standing that is recognized by a certifying body approved by the board pursuant to criteria.

A person licensed as a psychologist may not hold himself or herself out as a certified psychology specialist, board-certified psychology specialist, or psychology diplomate unless the person has received formal recognition from an approved certifying body.

490.015: Duties of the department
All functions reserved to boards under chapter 456 shall be exercised by the department with respect to the regulation of school psychologists and in a manner consistent with the exercise of its regulatory functions.
The department shall adopt rules to implement the provisions of this chapter.

(Florida Statute, 2010)
Conclusion

There are many elements related to ethics within the field of psychology. As psychologists who provide a wide variety of services, you will encounter countless different situations and relationships. To ensure professional and sound judgment in your actions and interactions, you must be familiar with the general principles and ethical standards provided in the APA Ethics Code.

It is also important for you as psychologists to know what to do when you face an ethical dilemma or potential boundary issue. Failure to abide by the ethics guidelines could result in sanctions against you, termination of your APA membership, or legal ramifications brought on by complaints or potential lawsuits from a client or former client.

As a final reminder of what we all know, but sometimes forget: None of us needs to think through these questions on our own. We are part of a large and diverse community of skilled professionals who try to make the best decisions possible to help our clients. Both our decisions about boundaries and our professional conduct will benefit from these perspectives, strengths, empathy, constructive questioning, support, and caring for each other.

References

ETHICS FOR FLORIDA PSYCHOLOGISTS

Final Examination Questions
Select the best answer for questions 6 through 10 and mark your answers on the Final Examination Answer Sheet found on page 176 or take your test online at Psychology.EliteCME.com.

6. In the event that the Ethics Code establishes a higher standard of conduct than required by law, the psychologist
   a. Must meet the standard of the law.
   b. Must meet the Ethics Code.
   c. Need not meet either standard.
   d. Must heed the advice of a colleague.

7. The principle that requires psychologists to seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology is called _____________________.
   b. Fidelity.
   c. Integrity.
   d. Beneficence.

8. Psychologists do not ___________ with individuals who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.
   a. Engage in sexual relationships.
   b. Communicate outside the professional setting.
   c. Consult.
   d. Attend special events.

9. In a very small and geographically remote town, psychologists may be more likely to:
   a. Conduct more research.
   b. Gather data on research participants from the local city hall.
   c. Be in more than one relationship with therapy clients.
   d. Find research assistants.

10. A person licensed as a psychologist may not hold himself or herself out as a certified psychology specialist, board-certified psychology specialist, or psychology diplomate unless the person has received formal recognition from an _________________.
    a. Accreditation council.
    b. Educational institute.
    c. Authorized agent.
    d. Approved certifying body.