Chapter 2: Ethics

3 CE Hours

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Learning objectives

- Summarize the importance of professional values and ethics in psychology.
- Distinguish between 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.
- Explore methods for analyzing ethical issues.
- Describe what to do when an ethical or boundary violation occurs.
- Review and understand recent scholarship regarding ethical standards and issues surrounding the provision of psychological services via the internet.
- Explore case examples of ethical standards.

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 regarding 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) consist of four parts:

- Preamble.
- General Principles (A–E).
- Specific Ethical Standards.
- Standards of Professional Conduct.

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, in order 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. The fact 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 but are not limited to 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, whether or not 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, 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 utilizes 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. 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 concerning human behavior. In doing so, psychologists perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness.
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.

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**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 regarding ethical standards of the discipline.

In the process of making decisions regarding their professional
behavior, psychologists must consider this Ethics Code in addition
to applicable 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

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**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 also 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 those
with whom they work. 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.

### 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.
The ethical standards of the Ethics Code provide a more detailed look at specific situations psychologists encounter. They are currently divided into ten categories ranging from privacy and confidentiality to research, assessment, and therapy as 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.

**1.08 Unfair Discrimination Against Complainants and Respondents**
Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

**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 have 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.

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
Psychologists do not engage in 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 unwelcome, 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, or
- 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 provided in this Ethics Code, 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.

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 whom 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; or
- 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.
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.

5.02 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; and
- 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 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.

Psychologists’ 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.

Ethical Standard #6: Record Keeping and Fees

Ethical Standard #7: Education and Training

7.01 Design of Education and Training Programs
Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program.
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.
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/patient’s welfare. Psychologists discuss these issues with the client/patient and 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 posttermination 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 pretermination 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 contra-indicated 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.

“The Concept of Boundaries in Clinical Practice, a ground-breaking article by Guthiel and Gabbard (1993), represented a turning point for the field. It provided a useful framework for thinking through and challenging beliefs, for providing thoughtful explorations, for learning from and arguing against, for understanding the history and development of this area, and for helping to think through difficult decisions in our day-to-day clinical work.

Guthiel and Gabbard (1993) organized the individual instances of boundary crossings such as Freud’s that were described in the literature, the emerging research, and the diverse viewpoints as a basis for their initial “explorations,” and developed a framework of boundary crossings and boundary violations that reflected the realities of clinical practice. Guthiel and Gabbard made judgments in light of the context and specifics. They examined crossings and violations of such diverse boundaries as role, time, place and space, money, gifts, services, clothing, language, self-disclosure, and physical contact. They emphasized that crossing boundaries “may at times be salutary, at times neutral, and at times harmful” and that the nature, clinical usefulness, and impact of a particular crossing “can only be assessed by a careful attention to the clinical context” (p. 188-189).

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 (Rest, 1982). Below are a few of the most basic assumptions we make about ethical awareness and decision-making (Koocher & Keith-Spiegel, 2008; Pope & Vasquez, 2007).

- **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 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 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 sources we need? Will it cause a managed care company to drop us as a provider? Consultation may help us consider the consequences of our 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 reflexively 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.

Potential ethical issues

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 regarding 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 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 the 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 more subtle, 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 intentioned, consider apologizing.

There appears to be wide spread 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 or not 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.
THE INTERNET AND CLINICAL PRACTICE: ETHICAL STANDARDS AND ISSUES

Internet-based therapy

In recent years there has been a rapid proliferation of mental health services offered via the internet (Barnett, 2011; Rochlen, Zack, & Speyer, 2004). Scholars have indicated that the delivery of such services provides the benefits of increased accessibility, reduced stigmatization, and potential reduction in the costs of service provision (Berle et al., 2015). Recent research has indicated that as many as 90% of patients in some clinical samples prefer internet-based mental health services to face-to-face service delivery (Berle et al., 2015). With early reviews indicating the clinical efficacy of internet-based services (e.g., Ivarsson et al., 2014), such services are likely to grow in popularity and utilization in the future, thus bringing the issue of ethical standards of practice of internet-based services to the forefront.

In a recent study, Haberstroh et al. (2014) reviewed the state licensing boards for marriage and family therapists, professional counselors, psychologists, and social workers to determine the legal and ethical practice of internet-based therapy in the United States. The authors found no differences among the professions regarding whether they permitted internet-based therapy at the state level. Although no state licensing boards prohibited internet-based therapy, across professions, 32% of state licensing boards offered no direction for internet-based practice, and 28% of state licensing boards relied solely on national ethical codes. Given the nascent nature of licensure laws and ethical codes regarding internet-based therapy, it is thus more incumbent on mental health professionals to stay abreast of and be guided by the current professional literature in the area.

Recent literature has examined the similarities and differences between face-to-face and internet-based therapy in the application of ethical principles and standards. For example, Hertlein, Blumer, and Mihaloliakos (2015) asked marriage and family therapists to identify ethical concerns and drawbacks of internet-based therapy.

Social media in therapy

A separate but related area involves the use of social media in therapy. As mental health professionals increasingly use the internet for personal and professional activities, they risk having an increasing number of incidental contacts with clients online. Kolmes and Taube (2014) for example noted that 48% of the 227 mental health professionals they sampled intentionally sought information about current clients in non-crisis situations, and 28% accidentally discovered client information on the internet.

Similarly, Harris and Robinson-Kurpius (2014) found that a third of the 315 counseling and psychology graduate students sampled had used the internet to find information about a client, with the majority of them not having obtained informed consent from the client before conducting the internet search. Increased disclosure of client information was related to lower scores on ethical decision-making in the study.

Along these lines, Jordan et al. (2014) offered recommendations to be integrated into the professional ethical codes for mental health professionals to ensure the ethical use of social media in therapy. They noted for example that mental health professionals should be aware that social media in general blur boundaries, and mental health professionals should consider how clients may perceive the often ambiguous information generated through social media.

They further emphasized the following:

1. Informed consent, in that mental health professionals inform clients of their policy on the use of social media in therapy, including possible risks and communication styles.
2. Multiple relationships, in that mental health professionals become aware of the impact their self-disclosure on social media sites may have on their professional relationships.
3. Confidentiality, in that mental health professionals take additional care when utilizing social media, including the use of encryption software and a discussion of the risk of any confidentiality breach.
4. Professional competence and integrity, whereby mental health professionals receive training on the appropriate and ethical use of social media in therapy, including how social media impact individuals, couples, and families (Jordan et al., 2014).

An appendix contains a sample informed consent that uses social media, taken from Jordan et al. (2014).

Case examples

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

Case Study #1

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 regarding 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 e-mail to the employees listed describing the purpose of the study and requested volunteers to participate.
Since 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, the 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 their 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 this situation, other representatives of the agency stepped in, apologized for their colleagues’ request, and the study continued as planned.

Case Study #2

A psychologist was conducting forensic disability evaluations for a national organization. The organization did not have policies regarding obtaining informed consent from disability claimants, or the administration of psychological tests during evaluations. Although it was not a written policy of the organization, the more informal communication from the organization’s administration to the psychologist included pressure to complete the disability evaluations without informed consent and without psychological testing, as both were viewed as detracting from the experience the organization valued strongly.

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

Answer #1: The pressure applied to the psychologist by the organization’s administration conflicts with the first two of the following, while being related to the third:

Ethical standard 3.10 (Informed Consent), which reads as follows: “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.”

Ethical standard 9.01 (Bases for Assessments), which reads in part as follows: “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.”

Ethical standard 1.03 (Conflicts Between Ethics and Organizational Demands), which reads as follows: “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.”

Case Study #3

A psychologist conducted a forensic psychological evaluation of an individual for a referral source. After submitting the evaluation, the psychologist learns that the individual’s treating psychologist sent an unsolicited letter the referral source, claiming that the evaluating psychologist’s evaluation should be given little or no consideration as to endanger that license, the organization’s administration yielded and permitted the psychologist to obtain informed consent and utilize psychological testing as needed.

Case Study #4

A psychologist was conducting forensic disability evaluations for a national organization. The organization did not have policies regarding obtaining informed consent from disability claimants, or the administration of psychological tests during evaluations. Although it was not a written policy of the organization, the more informal communication from the organization’s administration to the psychologist included pressure to complete the disability evaluations without informed consent and without psychological testing, as both were viewed as detracting from the experience the organization valued strongly.

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

Answer #1: Ethical standard 1.03 (Informal Resolution of Ethical Violations) reads as follows: “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.”

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

**Answer #2:** The psychologist who conducted the evaluation should provide clarification to the referral source regarding the nature of the test instruments used, specifically that they were in fact normed on the population to which the individual belonged. As stated in the ethical standard above, he or she should also attempt to resolve the issue informally with the other psychologist by bringing it to his or her attention.

**Case Study #4**

A psychologist conducted a pre-surgical evaluation of an individual. When the psychologist communicated to the individual the psychologist’s preliminary impressions of the individual’s psychological functioning, the individual became defensive and hostile, threatening to complain to the psychologist’s licensing board. The psychologist had not yet formulated conclusions or recommendations regarding the individual’s suitability for surgery.

**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 within 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.

**Appendix**

The following informed consent developed by a mental health professional who uses social media is extracted from Jordan et al. (2014) and is included for educational purposes consistent with the current continuing education course. It illustrates the fairly wide-ranging issues that mental health professionals should consider when using social media in their clinical practice.

“Use e-mail for scheduling and occasional between-session contact. I will respond to e-mails within 1–7 days. Do not use e-mail to contact me about urgent matters. If you have an emergency, you should use the contacts described below (under Your Responsibilities). If you would like to schedule an appointment with me more than 1 week in advance, you will need to call me at XXX XXX XXXX. My e-mail account is secure and encrypted. However, while my e-mail is secure, yours may not be. You should be aware that third parties, including your e-mail or Internet provider, may have access to e-mails you send, meaning they are not confidential. Also, be mindful of who else may have access to your e-mail if you have a shared computer, shared e-mail account, or may leave your e-mail account open on an unattended computer.

I use a professional Facebook page for the purposes of advertising my services, connecting with colleagues, and interacting with community agencies and professional organizations. I do not offer online therapy. If you post a message on my Facebook page, or send me a personal message or e-mail, I will not respond online. Instead, I will discuss such contact with you in person at our next session. Further, you should be aware that if you “Like” my page, others will be able to see this connection and may make assumptions about our relationship, or may ask you directly about what our relationship is. If you make a public statement about your relationship with me, I will not be able to confirm or deny that relationship due to confidentiality issues.

I also have a professional LinkedIn page in order to connect with colleagues and professional organizations. I do not accept clients as connections on my LinkedIn profile; if you try to add me as a connection, I will ignore that request. I have this policy for two main reasons. First, I believe there is a need for healthy boundaries regarding my personal and professional life, and while LinkedIn is a professional website, there is a blurring personal and professional exchange which I would like to avoid. Second, in order to avoid compromising your confidentiality, I do not publicly link myself to my clients in any way.

In addition, I do have a personal Facebook profile; however, I do not accept friend requests from clients. If you do find my personal profile and attempt to contact me, I will not respond to any information I receive from you. If we have mutual friends and happen to view each other’s information, we can discuss possible implications and how we prefer to proceed at our next session.

Be aware that any information you post on social media, including Facebook or LinkedIn – even in a personal message – is not confidential, and is considered part of a public forum. This means anyone can legally access and share anything you post on these forums. Further, as in a therapy session, I am required by law to report anything I learn that leads me to believe that you are a danger to yourself or others; a child is being abused or neglected; or an elderly person is being abused or neglected.”


11. The Ethics Code is intended to provide guidance for psychologists and standards of__________.
   a. Therapeutic services.
   b. Professional conduct.
   c. Classroom techniques.
   d. Supervision.

12. The Ethics Code uses words such as reasonably, appropriate, and potentially, which help to:
   a. Allow professional judgment on the part of psychologists.
   b. Eliminate injustice or inequality that would occur without the modifier.
   c. Ensure applicability across the broad range of activities conducted by psychologists.
   d. All of the above.

13. In the event that the law and the standards set forth by the Ethics Code differ from one another, the psychologist is to adhere to:
   a. The law.
   b. The Ethics Code.
   c. The higher standard.
   d. The advice of a colleague.

14. 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.

15. When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as__________ and then determine whether they should limit, suspend, or terminate their work-related duties.
   a. Additional training.
   b. Obtaining professional consultation or assistance.
   c. Further research.
   d. Searching past practice.

16. When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they must:
   a. Complete testing of the service on college students.
   b. Obtain informed consent.
   c. Notify next of kin.
   d. Receive payment in advance.

17. 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 could expose the person or organization with whom the professional relationship exists to harm or exploitation is called:
   a. Sexual harassment.
   b. Multiple roles.
   c. Crossing boundaries.
   d. Conflict of interest.

18. Psychologists may not__________ that are requested and needed for a client’s/patient’s emergency treatment solely because the psychologist has not received payment.
   a. Provide family information.
   b. Withhold records.
   c. Transfer documents.
   d. Provide invoices.

19. If a psychologist identifies a conflict of interest with a client, they should:
   a. Continue providing services.
   b. Refer the client to a qualified colleague.
   c. Notify the APA.
   d. Sign a new informed consent form.

20. 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. Experience multiple relationships.
   d. Find research assistants.