

AMERICAN PSYCHOLOGICAL ASSOCIATION CODE OF ETHICS

The American Psychological Association published its first **code of ethics** in 1953. The appearance of the initial code corresponded with the rise of professional psychology around that time period (Fisher, 2003). Since 1953, nine revised editions of the ethical code have been published, including the most recent edition published in 2002. Since its inception, the code has applied not only to clinical psychologists but also to psychologists of all specialties. Some of its guidelines are especially relevant to the common professional activities of clinical psychologists, such as therapy, assessment, research, and teaching.

Aspirational and Enforceable

The current American Psychological Association's (2002) ethical code features two distinct sections: General Principles and Ethical Standards. Each of these sections steers psychologists toward ethical behavior in a different way. The **General Principles** are **aspirational**. In other words, they describe an ideal level of ethical functioning or how psychologists should strive to conduct themselves. They don't include specific definitions of ethical violations; instead, they offer more broad descriptions of the exemplary ethical behavior. There are five General Principles, and in Table 5.1, each appears alongside a selected sentence cited from the lengthier description included in the ethical code.

In contrast to the General Principles section, the **Ethical Standards** section of the ethical code includes **enforceable** rules of conduct. Thus, if a psychologist is found guilty of an ethical violation, it is a standard (not a principle) that is violated. These standards are written broadly enough to cover the great range of activities in which psychologists engage, but they are nonetheless more specific than the General Principles. Although each General Principle could apply to virtually any task a psychologist performs, each Ethical Standard typically applies to a more targeted aspect of professional activity. The Ethical Standards are divided into 10 categories (listed in Table 5.2), and collectively, these 10 categories include 89 individual standards.

In this chapter, we'll zoom in on some of the standards most relevant to clinical psychologists. Throughout our discussion, it's important to remember that the ethical code should be understood not only as a list of rules to follow and mistakes to avoid but also as a source of inspiration for ethical behavior of the highest order. Knapp and VandeCreek (2006) describe these two approaches to ethics as "remedial" and "positive" ethics, respectively. A remedial approach to ethics would involve doing just enough to avoid any trouble that might come from a violation of ethical standards, but a positive approach to ethics would involve making every effort to assure that

Table 5.1 American Psychological Association Ethical Principles

<i>Ethical Principle</i>	<i>Sample Sentence from Description in Ethical Code</i>
A. Beneficence and Nonmaleficence	“Psychologists strive to benefit those with whom they work and take care to do no harm.”
B. Fidelity and Responsibility	“Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.”
C. Integrity	“Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology.”
D. Justice	“Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.”
E. Respect for People’s Rights and Dignity	“Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination.”

SOURCE: American Psychological Association, 2002.

Table 5.2 Categories of American Psychological Association Ethical Standards

1. Resolving Ethical Issues
2. Competence
3. Human Relations
4. Privacy and Confidentiality
5. Advertising and Other Public Statements
6. Record Keeping and Fees
7. Education and Training
8. Research and Publication
9. Assessment
10. Therapy

one’s professional behavior was as consistent with ethical principles as possible. As an example, Knapp and VandeCreek consider the ethical obligation of competence (which we’ll discuss in more detail later in this chapter). Psychologists with a

remedial approach to ethics might do the bare minimum to make themselves competent for a particular activity (e.g., taking courses, getting supervision), but psychologists with a positive approach to ethics will strive to become as competent as possible (e.g., additional courses, extra supervision, self-study, self-care).

Ethical Decision Making

When any ethical issue arises, a clinical psychologist should be equipped with a process by which to make the most ethical decision possible. The American Psychological Association's (2002) ethical code does not offer any such decision-making models per se, but such models have been recommended by a number of experts in the field (e.g., Knapp & VandeCreek, 2006; Koocher & Keith-Spiegel, 1998; Treppa, 1998). One such expert is **Celia Fisher**, who served as the Chair of American Psychological Association's Ethics Code Task Force, the committee responsible for creating the 2002 revision of the ethical code. In her book *Decoding the Ethics Code*, Fisher (2003) proposes an eight-step model for **ethical decision making**. In slightly adapted language, that model is presented here:

1. Prior to any ethical dilemma arising, make a commitment to doing what is ethically appropriate
2. Become familiar with the American Psychological Association ethical code
3. Consult any law or professional guidelines relevant to the situation at hand
4. Try to understand the perspectives of various parties affected by the actions you may take. Consult with colleagues (always protecting confidentiality) for additional input and discussion
5. Generate and evaluate your alternatives
6. Select and implement the course of action that seems most ethically appropriate
7. Monitor and evaluate the effectiveness of your course of action
8. Modify and continue to evaluate the ethical plan as necessary

Psychologists' Ethical Beliefs

The American Psychological Association's ethical code may instruct psychologists on how to conduct themselves ethically, but what do psychologists actually believe about the ethicality of various behaviors they might perform? In other words, as a group, what ethical beliefs do psychologists hold? This question,

especially as it applies to psychotherapy-related behaviors, was addressed in a large-scale survey of American Psychological Association members (Pope, Tabachnick, & Keith-Spiegel, 1987). In this study, over 450 members of Division 29 (Psychotherapy) of the American Psychological Association rated the ethicality of 83 separate behaviors that a psychologist might perform toward, with, or in response to a client. Results indicated that a few behaviors—for example, sex with clients or former clients, socializing with current clients, and disclosing confidential information without cause or permission—are viewed as blatantly unethical. In contrast, a few other behaviors—for example, shaking hands with clients, addressing clients by first name, and breaking confidentiality if clients are suicidal or homicidal—are viewed as unquestionably ethical. But most of the 83 behaviors fell in the gray area between ethical and unethical, illustrating both the challenges that psychologists face in making wise judgments regarding ethical issues and the importance of a sound model of ethical decision making.

In the years since the 1987 study by Pope et al., other researchers have used similar methodologies to further examine the ethical beliefs of psychologists. One study found that psychologists' ethical beliefs may vary according to the point in time or the region of the country in which they are collected (Tubbs & Pomerantz, 2001), whereas another found that psychologists' ethical beliefs may vary according to the gender or age of the clients toward whom the behaviors may be directed (Pomerantz & Pettibone, 2005). Thus, although the American Psychological Association's ethical code serves as a guiding force, the beliefs psychologists actually hold, which correspond strongly with the behaviors they conduct (Pope et al., 1987), may be subject to other influences.

CONFIDENTIALITY

One of the characteristics most closely associated with the ethical practice of clinical psychology is **confidentiality**. In fact, confidentiality is specifically mentioned among the General Principles (in Principle E: Respect for People's Rights and Dignity) and in numerous specific Ethical Standards, including Standard 4.01, "Maintaining Confidentiality," which begins, "Psychologists have a primary obligation and take reasonable precautions to protect confidential information . . ." (American Psychological Association, 2002, p. 1066).

There is good reason for the emphasis on confidentiality in the profession of psychology: Our profession is entrusted by the public to provide professional services without sharing the private, personal details offered in the process. However, the



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