Preface


Following the 2002 publication of the APA Ethics Code, public revelations of psychologists’ involvement in harsh national security interrogations of “enemy combatants” detained at Guantanamo ignited a heated debate among APA members regarding the proper role of psychologists in interrogation and information-gathering processes related to national security. The Second Edition of *Decoding the Ethics Code*, published in 2009, provided the most up-to-date information on the nature of the debate, the steps APA had taken to address member concern, and the relevance of 2002 Ethics Code standards to the ethical practice of psychologists working for the military. Debate continued, however, on whether the wording of two Ethics Code standards (1.02 and 1.03) were ambiguous with respect to psychologists’ ethical obligations when conflicts arise between psychology ethics and law or organizational policies. In February 2010, the APA Council of Representatives voted to amend the language of these two standards to make clear that these standards can never be interpreted as permitting actions by psychologists that violate human rights.

This updated Second Edition includes the *Ethical Principles of Psychologists and Code of Conduct With the 2010 Amendments*, effective June 1 2010 (APA, 2010a), explanation in relevant sections of the book on how the amended standards should be applied in practice, expanded discussion of the resolution of the debate in Chapter 4’s special section on “Involvement of Psychologists in Interrogations Related to National Security,” and the addition in Appendix B of national and international resource material on the roles and responsibilities of health professionals in military interrogations and inhumane treatment or punishment.

This updated Second Edition retains the format and critical content of the Second Edition. The interval between this and the first edition has demonstrated the durability of the 2002 American Psychological Association’s (APAs) Ethical
Principles of Psychologists and Code of Conduct, witnessed new insights into how it can be applied to ethical decision making in the science and practice of psychology, and faced new challenges for its application to emerging moral debates.

One motivation for producing a second edition was to incorporate the wealth of knowledge generated by articles written on the relevance of the APA Ethics Code for research and practice since the Code’s publication in 2002. The success of the first edition encouraged the decision to retain the user-friendly format of the book. For this edition, all chapters have been revised to ensure they reflect the current status of scholarly efforts in all facets of ethical decision making. The wisdom of the more recent articles and chapters, incorporated into this second edition, sheds new light on the application and continued relevance and vitality of the Ethics Code to moral discourse and practical challenges characterizing the dynamic and thriving discipline of psychology.

Another motivation for a second edition was the opportunity to expand the chapter on ethical decision making. The first edition sought to detail for readers specific similarities and differences between the 1992 and 2002 codes to help ease psychologists’ transition to using the new format, aspirational principles, and revised, removed, or added standards. In the years since the publication of the first edition, the discipline has successfully made this transition, providing me the opportunity to shift the emphasis on introductory chapters of this book toward the articulation and application of an ethical decision-making model that can assist psychologists as they continue to face unique ethical challenges.

A final motivation for writing a second edition was the emergence of new topics of increasing ethical import to psychology—such as involvement of psychologists in military interrogations and the integration of religion and spirituality in therapy—that could benefit from ethical analysis within the framework of the Ethics Code’s aspirational principles and standards. The new “Hot Topic” sections at the end of each chapter of this second edition provided an opportunity to do so.

The Goals of This Book

The primary purpose of this book is to provide graduate students, seasoned psychologists, consumers of psychological services, and professionals in related science and professional disciplines with a practical guide to the meaning and applicability of the 2002 APA’s Ethical Principles of Psychologists and Code of Conduct. The book seeks to place into practical perspective the format, choice of wording, aspirational principles, and enforceable standards of the code. It provides in-depth discussions of the rationale behind and application of each ethical standard to the broad spectrum of scientific, teaching, and professional roles and activities of psychologists. It gives clear examples of behaviors that would be in compliance with or in violation of enforceable standards.

The second edition of Decoding the Ethics Code: A Practical Guide for Psychologists is also intended to assist psychologists in effectively using the Ethics Code’s principles and standards to conduct their work activities in ethically responsible ways, to avoid ethical violations, and to preserve and protect the fundamental
How to Use This Book

This book was written to provide an in-depth, yet easily accessible, guide to applying the Ethical Principles of Psychologists and Code of Conduct (APA, 2002b) to psychologists’ everyday ethical decision making.

The book has several features designed for easy reference to a wide range of information and practical guidance on each component of the APA Ethics Code.

How the Book Is Organized

The APA Ethics Code consists of the Introduction and Applicability section, the Preamble, five General Principles, and 10 specific sections putting forth enforceable standards for ethical conduct. Although the chapters of this book are organized around the format of the Ethics Code, the book does not have to be read from cover to cover. Each chapter and the discussion of each standard are designed to stand on their own. Cross-references to other parts of the code are provided when they are helpful to ethical decision making. The book is organized around 13 chapters.

Chapter 1. A Code of Ethics for Psychology: How Did We Get Here? Chapter 1 presents an introduction to the history, goals, controversies, major advances, and revision strategies associated with the APA Ethics Code since its inception a half century ago. It contains specific examples of the innovations and challenges characterizing the process of creating the 2002 Ethics Code. It familiarizes readers with the value of the Ethics Code to the profession and the public. This chapter also explains the history of the Ethics Code revision process that included broad APA member involvement as a critical element in the construction of a code that reflects the values of the discipline.

Chapter 2. The Introduction and Applicability Section, Preamble, and General Principles: What Do They Mean? Chapter 2 provides a guide to the practical meaning of the Ethics Code’s Introduction and Applicability section, Preamble, and General Principles. It includes discussion of to whom and what activities the Ethics Code applies; the rationale and meaning of the language used in the Ethics Code; the relationship between the Ethics Code, APA guidelines, and the rules and procedures for enforcement of the code; the relevance of the Ethics Code to sanctions applied by other professional bodies and state licensure boards as well as to litigation; and the meaning and practical significance of the General Principles.
Chapter 3. The APA Ethics Code and Ethical Decision Making. The Ethical Principles and Standards provide critical guidance for ethical decision making, but there is no set formula for solving the complexity of ethical challenges psychologists will confront over the course of their careers. Chapter 3 discusses the importance of ethical commitment, ethical awareness, and ethical decision making to good and rightly practiced professional and scientific psychology. It elucidates the role of moral character and moral frameworks in the ability to prepare for, identify, and resolve ethical challenges and illustrates a step-by-step decision-making strategy to assist psychologists in applying the Ethics Code to new and emerging areas of psychology as the discipline continues to evolve.

Chapters 4–13. Enforceable Standards. Chapters 4 to 13 provide in-depth explanations and practical examples of how to apply the 151 enforceable standards. The chapter titles correspond to the titles of the 10 sections on enforceable standards in the Ethics Code: Resolving Ethical Issues, Competence, Human Relations, Privacy and Confidentiality, Advertising and Other Public Statements, Record Keeping and Fees, Education and Training, Research and Publication, Assessment, and Therapy.

Hot Topics. Since the publication of the first edition of this book, a number of issues continue to be, or have emerged for psychologists as, topics of ethical import. Chapters 4 to 13 each conclude with an in-depth ethical analysis of current “Hot Topics” in the science and practice of psychology.

- Involvement of Psychologists in Interrogations Related to National Security: Chapter 4
- Multicultural Ethical Competence: Chapter 5
- Informed Consent Involving Adults With Impaired Decisional Capacity: Chapter 6
- Confidentiality and Involvement of Parents in Mental Health Services for Children and Adolescents: Chapter 7
- Avoiding False and Deceptive Statements in Scientific and Clinical Expert Testimony: Chapter 8
- Managing the Ethics of Managed Care: Chapter 9
- Ethical Supervision of Trainees: Chapter 10
- Submitting Successful IRB Proposals: Chapter 11
- Ethical Issues for the Integration of Religion and Spirituality in Therapy: Chapter 13

Topical Table of Contents for Enforceable Standards

In addition to the traditional table of contents, a topical table of contents is provided to help readers quickly identify discussions of standards relevant to five major areas: work settings (industrial-organizational and consulting activities, health maintenance
organizations, hospitals, companies, and work conducted over the Internet, in the military, and in schools), ethics and law (forensic and other court-related activities, Health Insurance Portability and Accountability Act [HIPAA] regulations, and ethics and state and federal laws), work roles (counseling and therapy, prescription privileges, psychological testing, publication, research, and teaching), populations (childhood, adolescence, and family; gender and sexual orientation; religion; geriatric populations; individuals with acute or chronic health problems; individuals with disabilities; and racially, ethnically, culturally, and linguistically diverse populations), aspirational principles and frequently cited ethical practices and issues (avoiding harm, confidentiality, informed consent, and multiple relationships).

**Discussion of Ethical Standards**

Most of the enforceable standards in the Ethics Code were written broadly so they would apply to psychologists in varied roles and work contexts. As much as possible, this book attempts to explain the overriding purpose of each standard, help readers understand the implications of critical terminology, provide examples of the range of psychological activities to which the standard applies, and offer suggestions for ethical “do’s” and “don’ts” quickly identified by these icons. In the examples of ethical do’s and don’ts in this book, the terms *client* and *patient* are used interchangeably.

**Psychological Activity and Work Setting Icons**

The Ethics Code is divided into six general sections representing ethical standards that apply to a broad spectrum of psychological activities and four more sections putting forth ethical rules explicitly for teaching, research, assessment, and therapy. The document itself, however, does not provide a precise way to locate standards directly relevant to other common work roles and settings. To help readers quickly navigate the Ethics Code for direct application to work roles that do not have special sections in the code, this book has icons that are strategically placed before the discussion of standards in which such activities are mentioned for the following areas of psychology:

![Icon for organizational setting]

This icon alerts readers that the standard is particularly relevant to psychologists who apply the science and practice of psychology to enhance human well-being and performance in organizational and work settings, including consulting, personnel screening and promotion, marketing research, employee counseling, executive coaching, and research on job or organization effectiveness. Throughout the Ethics Code, the term *organizational client* refers to organizations to which the psychologist provides the services described above, whereas the term *client/patient* refers to individuals receiving therapy or other health services.
This icon indicates that the standard applies to work involving forensic, court-ordered, or other activities relevant to the legal system, including forensic examinations, expert testimony, testimony as a fact witness, research on a psycholegal issue, trial behavior consultation, or court-ordered or other forensic mental health services.

When readers see this icon, it means that the standard is related to research about the schooling process, consultative services to schools, or delivery of psychological services to children, adolescents, and families to assess, remediate, or otherwise address school performance and related psychological skills or vulnerabilities.

This icon indicates that a standard is particularly relevant to psychological practice, research, training, or policy formation in military, criminal justice, correctional facilities, police work, or other public service settings.

This icon highlights standards relevant to psychologists’ involvement with organized systems of care, including health maintenance organizations (HMOs), managed care organizations (MCOs), Medicaid, or Medicare.

This icon draws readers’ attention to compliance with standards that will be affected by or must take into account the federal Health Insurance Portability and Accountability Act (HIPAA) to ethical practice. (See “A Word About HIPAA,” below.)

This icon alerts readers to standards that are particularly relevant to psychological services that include prescription privileges, the conduct of research on psychopharmacological medications and agents, or psychologists’ involvement with psychopharmaceutical companies.

This icon draws readers’ attention to standards that explicitly mention or for which examples are given for research or services using the Internet, telephone, fax machines, videoconferencing, computerized services, or other forms of electronic transmission.

This icon highlights standards that explicitly address factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. It also signifies when the text offers examples for more broadly worded standards that illustrate attention to group and individual differences.
The special areas for which icons were selected are not exhaustive but represent areas outside of teaching, research, assessment, and therapy that are repeatedly referred to in the standards or in the explanations and illustrations provided in this book.

Remember, the standards within the six general sections apply to all psychological activities.

**A Word About HIPAA**

In 1996, Congress enacted HIPAA in response to the increasing costs associated with transmitting health records lacking standardized formatting across providers, institutions, localities, and states. Recognizing that uniform standards for creating, transmitting, and storing health care records would require additional patient protections, Congress included in HIPAA regulations standards giving patients greater access to and control of their records. The Ethics Code Task Force (ECTF) responsible for the 2002 Ethics Code revision was aware that the scope and detail of HIPAA regulations would change the nature of health care practice and research in the United States.

The ECTF sought to ensure that ethical standards would reflect sensitivity to and avoid inconsistency with the new HIPAA regulatory landscape.

Throughout this book, the relationship between HIPAA and relevant Ethics Code standards is identified and explained. A brief overview of the regulations and relevant terminology is provided below. Additional information regarding HIPAA appears throughout this book under discussion of individual standards. Readers can also obtain more detailed information about HIPAA from the U.S. Department of Health and Human Services (http://www.hhs.gov/ocr/hipaa/finalreg.html, http://aspe.hhs.gov/admsimp/, and http://www.cms.hhs.gov/HIPAAGenInfo/), the American Psychological Association Insurance Trust (www.apait.org/hipaa), or the American Psychological Association Practice Directorate (www.apa.org/practice).

**HIPAA standards.** HIPAA has three components: (a) *privacy standards* for the use and disclosure of individually identifiable private health information (Privacy Rule, effective April 14, 2003), (b) *transaction standards* for the electronic exchange of health information (Transaction Rule, effective October 16, 2003), and (c) *security standards* to protect the creation and maintenance of private health information (Security Standards, effective April 21, 2003; compliance date April 21, 2005). These rules seek to protect individually identifiable health information through regulations that

- standardize the format of electronically transmitted records related to individually identifiable health information,
- secure the electronic transaction and storage of individually identifiable health information,
• limit the use and release of individually identifiable health information,
• increase patient control of use and disclosure of private health information,
• increase patients’ access to their health records,
• establish legal accountability and penalties for unauthorized use and disclosure and violation of transaction and security standards,
• identify public health and welfare needs that permit use and disclosure of individually identifiable health information without patient authorization.

To what does HIPAA apply? HIPAA regulations apply to protected health information (PHI), defined as oral, written, typed, or electronic individually identifiable information related to (a) a person’s past, present, or future physical or mental health; (b) provision of health care to the person; or (c) past, present, or future payment for health care. For health information to come under the definition of PHI, it must be created by an employer or by the following covered entities: a health plan, a health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with financial or administrative activities related to health care. Educational records covered by the Family Educational Rights and Privacy Act (FERPA), employment records held by a covered entity in its role as employer, and de-identified records (in which all individually identifiable information has been removed) are not considered PHI.

What do covered entities need to do to comply with HIPAA? Under HIPAA, covered entities must (a) provide information to patients about their privacy rights and the covered entity’s privacy practices, called a notice of privacy practices; (b) permit patient access to records and upon patient request provide an accounting of disclosures of PHI made to others over the past 6 years; (c) obtain patient authorization for use and disclosures to others in a manner and for purposes specified in the regulations; (d) implement clear privacy procedures for electronic transmission and storage of PHI; (e) designate a privacy officer; (f) implement security procedures that prevent unauthorized access to health records; (g) train and ensure that employees comply with privacy, transaction, and security procedures; (h) reasonably ensure that business associates, individual contractors, consultants, collection agencies, third-party payors, and researchers with whom PHI is shared comply with privacy and transaction rules; and (i) attempt to correct violations by these other entities if they occur or cease the relationship.

Are researchers, industrial-organizational, or consulting psychologists affected by HIPAA? Most researchers or members of their team who create, use, or disclose PHI as part of a randomized clinical trial or other forms of health-relevant intervention research will be considered covered entities. Researchers who are not involved in intervention research but who plan to use in their research or consulting services PHI created by a covered entity must provide to the covered entity written assurance that they will comply with HIPAA standards.