In a field so complex, where individual and social values are yet but ill defined, the desire to play fairly must be given direction and consistency by some rules of the game. These rules should do much more than help the unethical psychologist keep out of trouble; they should be of palpable aid to the ethical psychologist in making daily decisions.

—Hobbs (1948, p. 81)

The American Psychological Association (APA) has had over five decades of experience constructing and revising an ethics code that strives to reflect both the aspirations and practical aspects of ethical decisions made by members of the profession. The creation and each subsequent revision of the APA Ethics Code has been driven by the desire for standards that would encourage the highest endeavors of psychologists, ensure public welfare, promote sound relationships with allied professions, and promote the professional standing of the discipline (Hobbs, 1948).

Discussions within APA regarding the need for an ethics code in psychology arose in response to an increase in professional activity and public visibility of its members before and after World War II. During this period, the societal value of the still young discipline of psychology was evidenced as psychologists developed group tests to help the armed services quickly determine the draft eligibility of young men in wartime and provided mental health services to hospitalized soldiers.
when they returned home. In 1947, the first APA Committee on Ethical Standards for Psychologists was appointed. The committee, chaired by Edward Tolman, wanted to create a code of ethics for psychologists that would be more than a document with an imposing title (Hobbs, 1948). The members were committed to producing professional standards that would provide psychologists with a set of values and practical techniques for identifying and resolving moral problems.

To achieve these goals, the committee decided to draw on the knowledge of the field to create a process of developing a code that would "be effective in modifying human behavior" (Hobbs, 1948, p. 82). According to Hobbs, "This is an old and familiar task to psychologists, their very stock in trade, in fact. The only difference here is that human behavior means specifically the behavior of psychologists" (p. 82). Drawing on the knowledge of group processes during that period, the committee conceived the task of developing ethical standards as one of group dynamics (Hobbs, 1948). The process chosen was the critical incident method (Flanagan, 1954), a technique that involved asking the members of the APA to describe a situation they knew of firsthand, in which a psychologist made a decision having ethical implications, and to indicate the ethical issues involved.

A second committee, chaired by Nicholas Hobbs, reviewed more than 1,000 such incidents submitted by APA members. The committee identified major ethical themes emerging from the incidents that focused on psychologists’ relationships with and responsibilities to others, including patients, students, research participants, and other professionals. Many of the incidents reflected the political climate of the post-war period, including confrontations between academic freedom and McCarthyism and dilemmas faced by psychologists working in industry asked to design tests for the purpose of maintaining racial segregation in the workforce. As different segments of the code were created, drafts were submitted to the membership for critique and revision. A final draft was adopted by APA in 1952 and published in 1953.

Revisions Preceding the 2002 Ethics Code

At the time of the adoption of the first Ethics Code, continual review and revision based on the experience and perspectives of members was seen as integral to maintaining the value of the Ethics Code for both the profession and the public (Adkins, 1952). As a result, the Ethics Code of the APA has undergone nine revisions since 1953. The 1953 version was more than 170 pages long and included case examples illustrating each ethical standard. The standards themselves were written broadly, using aspirational rather than narrow legalistic language. Subsequent revisions eliminated the cases from the text itself and moved toward more specific language.

From the beginning of its more than 50-year history, each revision of the APA’s Ethical Principles of Psychologists and Code of Conduct has been guided by the following objectives (Hobbs, 1948):

- To express the best ethical practices in the field as judged by a large representative sample of members of the APA
• To reflect an explicit value system as well as clearly articulated decisional and behavioral rules
• To be applicable to the full range of activities and role relationships encountered in the work of psychologists
• To have the broadest possible participation among psychologists in its development and revisions
• To influence the ethical conduct of psychologists by meriting widespread identification and acceptance among members of the discipline

Aspirational Principles and Enforceable Standards

At its heart, an ethics code should reflect the moral principles underlying the values of the profession. For most professions, ethical behaviors are generally those that fulfill the fundamental moral obligations to do good, to do no harm, to respect others, and to treat all individuals honestly and fairly. For some, statements of general principles are sufficient to guide the ethical behavior of persons devoted to the ideals of their profession. For others, however, statements describing specific types of behaviors that meet these ideals are necessary to maximize the code’s utility and to provide a means of evaluating its efficacy (Schur, 1982).

The form in which ethical guidelines are written will determine whether an ethics code is an aspirational or enforceable document. Although all codes should have a foundation in moral principles, the document can take one of three forms. An aspirational code is composed of statements of broadly worded ideals and principles that do not attempt to define with any precision right and wrong behaviors. An educational code combines ethical principles with more explicit interpretations that can help individual professionals make informed decisions in morally ambiguous contexts. An enforceable code includes a set of standards that specifically describes behaviors required and proscribed by the profession and is designed to serve as a basis for adjudicating grievances (Frankel, 1996).

Prior to the 1992 revision, the APA Ethics Code combined statements of aspirational principles with general guidelines and enforceable standards for ethical behavior (APA, 1981). By the late 1980s, the increasing legalistic reaction of consumers and psychologists involved in charges of ethical violations by psychologists raised concerns about the fairness of subjective interpretations of such broadly worded principles and standards. Moreover, a rise in the number of appeals to decisions made by the APA Ethics Committee and regulatory bodies (such as state licensing boards) that relied on the APA Ethics Code for their disciplinary procedures suggested that adjudicatory decisions based on this type of format would be increasingly difficult to enforce and thus a disservice to the APA membership (Bersoff, 1994). Accordingly, to strengthen both the enforceability and credibility of APA ethical guidelines, crafters of the 1992 APA Ethics Code separated the enforceable standards from the aspirational principles to make the standards simple, behaviorally focused, and representative of unitary concepts (Canter, Bennett, Jones, & Nagy, 1994).
During the revision process leading to the 1992 Ethics Code, some psychologists argued that adjudication based on specific ethical standards rather than general principles would diminish the moral foundation on which the APA Ethics Committee charged with adjudicating ethics complaints could base its decisions. Others supported the move toward separate enforceable standards, arguing that in practice, limiting the standards to legally and procedurally unenforceable wording would dilute the ethical goals intended by the foundational principles (Fisher & Younggren, 1997).

The 1992 Ethics Code represented a radical change from its predecessors in both structure and content. For the first time, clear distinctions were made between aspirational principles that articulated foundational values of the discipline and specific decision rules articulated in 180 distinct ethical standards that would be subject to enforcement by the APA, other organizations, and licensing boards that adopted them (Canter et al., 1994).

The Process of Developing the 2002 Ethics Code

Since its inception in 1953, each revision of the APA Ethics Code has been driven by the evolving roles and responsibilities of psychologists within a constantly changing sociocultural, economic, political, and legal landscape. Major trends influencing revisions leading to the 2002 Ethics Code included (a) the growth and influence of health maintenance organizations (HMOs) on the provision of health services, (b) the advent of Internet-mediated research and practice and the use of other electronic media, (c) greater sensitivity to the needs of culturally and language-diverse populations in research and practice, (d) increasing participation of psychologists in the legal system, and (e) the sea change from paternalistic to autonomy-based public attitudes and federal regulations affecting industries, organizations, health care, research, and educational institutions.

In 1996, the APA Ethics Committee appointed the Ethics Code Task Force (ECTF), a 14-member committee whose membership reflected the scientific, educational, professional, gender, ethnic, and geographic diversity of the discipline. Over the 5-year period, members included Celia B. Fisher (Chair), Peter Appleby, Bruce Bennett, Laura Brown, Linda F. Campbell, Nabil El-Ghoroury, Dennis J. Grill, Jessica Henderson Daniel, Samuel J. Knapp, Gerald P. Koocher, Marcia Moody, Peter E. Nathan, Thomas D. Oakland, Mary H. Quigley, Julia M. Ramos-Grenier, Abigail Sivan, Steven N. Sparta, Elizabeth Swenson, Melba J. T. Vasquez, and Brian Wilcox.

The Purpose of an Ethics Code

The mission of the task force was to develop and implement a plan for revision of the 1992 Ethics Code. In its deliberations, the ECTF considered the importance of both the purpose and process of ethics code development, recognizing that such consideration would determine the content and format of the code and ultimately whether psychologists would support it.
The many goals identified by the ECTF to guide the 2002 Ethics Code revision process included the professional, educational, public, and enforcement values of a code of ethics. These values guided decisions regarding inclusion and exclusion of ethical requirements and prohibitions and the language used to craft the General Principles and Ethical Standards.

Establishing the Integrity of a Profession. One purpose of an ethics code is to help establish and maintain the viability of a profession. An ethics code reflects a collective decision that a profession is better off when ethical standards are not based solely on individual assessments of what is or is not morally acceptable. Adoption of a set of core values that reflect consensus among members of a discipline distinguishes psychology as a “community of common purpose” and enhances public confidence in individuals who have been trained to meet the profession’s ethical standards (Callahan, 1982; Frankel, 1996; Seitz & O’Neill, 1996). Acceptance of an identified set of core values by individual psychologists across the broad spectrum of psychological activities also helps to protect the integrity of the profession by focusing the attention of individual psychologists on their responsibilities and duties to others and expectations that all members of the profession have a stake in behaving by the rules.

A core value of the discipline of psychology, as articulated in the Preamble of the 2002 Ethics Code, is the welfare and protection of the individuals and groups with whom psychologists work.

Education and Professional Socialization. A second purpose of an ethics code is its professional socialization function. A document reflecting the profession’s values and standards provides a guide to what psychologists should reasonably expect of themselves and one another. A code can be conceived as an enabling document that acts as a support and guide to individual psychologists in their efforts to resolve ethical dilemmas (Frankel, 1996; Sinclair, Poizner, Gilmour-Barrett, & Randall, 1987). A code of ethics also serves to deter psychologists from engaging in unethical conduct before a problem develops by specifically proscribing what the profession has identified as unethical behaviors (Fisher & Younggren, 1997). In addition, it assists faculty and supervisors in communicating the values of the profession to graduate students and to new Ph.D.s with limited professional experience.

Public Trust. A third purpose of an ethics code is to gain public trust by demonstrating that psychologists are members of a responsible and substantial profession with high standards. A code can serve a public relations value by being seen as a contract with society to act in consumers’ best interest. A professional ethics code also provides standards against which the public can hold psychologists accountable. It thus offers a means by which members of the public can draw on norms prescribed by the profession itself to evaluate the conduct of scientists, educators, consultants, and practitioners with whom they interact.

Enforcement Value. A profession that demonstrates it can monitor itself is less vulnerable to external regulation. A fourth purpose of an ethics code is to provide a
A clear statement of the types of behaviors considered ethical violations to guide psychologists in avoiding such behaviors, assist consumers in making ethical complaints, and ensure that such complaints can be adjudicated clearly and fairly by the APA and other organizations (Fisher & Younggren, 1997). The APA Ethics Code also serves as a guide for licensing boards, courts, and other institutions for the evaluation of the responsible conduct of psychology and is thus a means of avoiding capricious standards set by nonpsychologists. The Ethics Code can also help psychologists defend their decisions to courts, institutions, or government agencies that would encourage them to go against the values of the profession.

### The Revision Process

The ECTF was committed to an open and collaborative revision process that would be guided by the objectives articulated by the first ethics code committee (Hobbs, 1948). In response to the continually evolving legal landscape of ethics adjudication and federal regulation of science and health practices, the ECTF also concluded that although law should not dictate the content of the ethics code, sensitivity to law would protect the integrity of the document as a useful tool for the everyday ethical decisions of psychologists. The 2002 Ethics Code revision process involved the following:

- Collecting from psychologists engaged in a broad spectrum of scientific and professional activities critical incidents describing ethical challenges they had encountered, actual or ideal ethical approaches to these challenges, and the extent to which the existing 1992 Ethics Code could be applied to these challenges
- Establishing an open call for and review of comments from the membership, graduate students, state psychological associations, licensing boards, and the public on the adequacy of the 1992 Ethics Code and on the content and format of each of seven drafts produced by the ECTF
- Opening ECTF meetings to observers from different APA constituencies so as to benefit from their insights and perspectives
- Ongoing legal review by APA General Counsel and outside defense, plaintiff, Federal Trade Commission, and federal regulatory attorneys
- Ongoing feedback from consumers, students, APA divisions and committees, the APA Ethics Committee, the APA Board of Directors, and the APA Council of Representatives

Following extensive discussion on the role of psychologists in military interrogations, effective June 1, 2010, Standards 1.02 and 1.03 were amended to make clear that these standards could never be used to justify or defend violating human rights (APA, 2010a; 2010b). Modifications based on these amendments appear in the relevant sections of this book.
Distinctive Features of the 2002 APA Ethics Code

Why Does the Ethics Code Separate General Principles From Enforceable Standards?

The 2002 Ethics Code retains the division of aspirational principles and enforceable standards pioneered in the 1992 version. In the development of the current code, the language of the General Principles was modified to more closely impart core moral values reflecting the highest ideals of the profession: promoting the welfare and protecting the rights of others, doing no harm, and acting faithfully and responsibly with integrity and fairness. The General Principles thus provide a conceptual framework that expresses the aspirational values of the common community of psychologists, and the behavioral rules articulated in the standards flow from these principles.

The 2002 Ethics Code reaffirmed the importance of clearly stated standards of ethical conduct that can provide APA members with sufficient notice of the ethical behaviors required and prohibited by the APA, lend support to members’ ability to defend their ethical actions, and increase the APA’s success in sustaining decisions by the APA Ethics Committee in court, thus strengthening both the enforceability and credibility of APA’s ethical oversight procedures. Revision of the enforceable standards of the 1992 Ethics Code included (a) minor grammatical modifications to reworking of language that helped clarify but did not otherwise alter the meaning of an existing standard, (b) new language that expanded the scope of the standard to additional roles or activities, (c) major wording changes that significantly altered the meaning of the standard, and (d) the inclusion of new rules for ethical conduct.

For interested readers, a table comparing the 1992 and 2002 Ethics Codes is available on the APA Ethics Office Web site (www.apa.org/ethics/codecompare.html).

What Is the Distinction Between the APA Ethics Code and Specific APA Guidelines?

The Introduction and Applicability section of the Ethics Code recommends that members refer to guidelines adopted or endorsed by scientific and professional psychological organizations as materials that may be useful in applying the Ethics Code to everyday activities. Unlike the 1992 Ethics Code (APA, 1992), specific APA guidelines to which psychologists may refer are not listed. The reason for this decision was twofold: (a) APA guidelines are frequently revised or become outdated, and (b) some statements in the older guidelines are inconsistent with standards in the 2002 Ethics Code and prevailing psychological science and practice. Professional and scientific guidelines are essential to ethical practice. As indicated
earlier, the language of the Ethics Code is intentionally broad to be as applicable as possible to the wide range of activities that psychologists perform. Guidelines help psychologists place the standards in the context of their field of expertise. Guidelines will be cited throughout this book to illustrate best ethical practices in a given area.

Are Psychologists Obligated to Report Ethics Code Violations of Others?

Reporting Ethical Violations. When psychologists learn about a potential violation by another psychologist, they must attempt to resolve it informally by bringing it to the attention of the other psychologist if a resolution appears appropriate and the confidentiality rights of a research participant, client/patient, organizational client, or others are not violated (Standard 1.04, Informal Resolution of Ethical Violations). However, Standard 1.05, Reporting Ethical Violations, requires psychologists to formally report an ethical violation if it has or is likely to result in substantial harm, informal resolution is not appropriate, and the reporting would not violate confidentiality rights. This standard does not apply to psychologists retained to review another psychologist’s ethical conduct.

Individuals Involved in Ethics Complaints. The integrity of the APA adjudication of ethics complaints is jeopardized when psychologists make “frivolous” complaints, and Standard 1.07, Improper Complaints, prohibits filing an ethics complaint with reckless disregard for or willful ignorance of facts that would disprove the allegation. The Ethics Code also prohibits psychologists from penalizing persons based solely on their having made or been the subject of an ethics complaint (Standard 1.08, Unfair Discrimination Against Complainants and Respondents). This standard is often relevant to situations that arise in whistle-blowing, discrimination, and sexual harassment cases.

Where Are Standards That Apply to Activities in Forensic Psychology?

The enforceable standards of the Ethics Code are organized into 10 sections: 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. Many of the standards are worded broadly to apply to the broad range of work activities performed by psychologists. Unlike the 1992 code that preceded it, the 2002 Ethics Code does not have a separate section composed of enforceable standards uniquely related to forensic practice. Responding to an increase in ethics complaints to the APA Ethics Office, licensing board actions, and civil litigation related to forensic
activities, the crafters of the 1992 Ethics Code concluded that ethical issues in forensic practice needed to be set out clearly and separately from other sections of the code and created a distinct section of standards devoted to forensic activities (APA, 1995, 1996; Canter et al., 1994). During the 10 years that followed, formal training, credentialing, and practice guidelines in forensic psychology advanced along with an increase in the number of psychologists without formal forensic training who were expanding their services to the legal arena or were called on to serve as fact witnesses in litigation (Perrin & Sales, 1994). As a result, the crafters of the 2002 Ethics Code decided to eliminate the forensic section and incorporate standards relevant to court-related activities into other sections. This change in format was selected to better serve the educational function of the document by alerting psychologists without formal training in forensic psychology to the ethical issues they must consider in advance of taking on roles involving the legal system.

Forensic or court-related work activities are explicitly mentioned in Standards 2.01f, Boundaries of Competence; 3.05c, Multiple Relationships; 3.10c, Informed Consent; 9.01a, Bases for Assessments; 9.03c, Informed Consent in Assessments; 9.04b, Release of Test Data; 9.10, Explaining Assessment Results; and 10.02b, Therapy Involving Couples or Families.

The topical table of contents and the forensic icons throughout this book will help readers quickly find discussions of these and other standards relevant to work within the legal system.

In addition, Hot Topics at the end of Chapters 8 and 12 provide in-depth analysis of the relevance of Ethics Code standards to testimony given by psychologists in legal settings.

Where Are Standards That Apply to Work With and Within Organizations?

Psychologists working in industry or consulting or delivering services to other organizations should refer to Standard 3.11, Psychological Services Delivered To or Through Organizations. This standard expands on requirements of the older code with respect to information that must be provided to organizational clients beforehand and, when appropriate, to those directly affected by the organizational services psychologists provide (i.e., employees). Other standards that explicitly refer to work for or within organizations include Standards 1.03, Conflicts Between Ethics and Organizational Demands; 3.07, Third-Party Requests for Services; 5.01, Avoidance of False or Deceptive Statements; 8.05, Dispensing With Informed Consent for Research; and 9.03, Informed Consent in Assessments. As with other areas of specialization, the broadly worded enforceable standards are relevant to and should be carefully read by consulting and by organizational and industrial psychologists. The topical table of contents and the industrial-organizational icons and case illustrations throughout this book are meant to assist in quickly identifying standards applicable to organizational settings.
Where Are Standards That Apply to Psychologists’ Involvement With Health Management Organizations?

Psychologists’ involvement with HMOs is addressed in standards throughout the Ethics Code. The implications of HMOs to standards on record keeping and fees are discussed in Chapter 9 of this book, followed by a Hot Topic devoted to the application of the Ethics Code to billing and contractual arrangements with HMOs. Involvement with HMOs is also relevant to standards on privacy and confidentiality (Standards 1.03, Conflicts Between Ethics and Organizational Demands; 3.07, Third-Party Requests for Services) and standards on informed consent (Standards 3.10, Informed Consent; 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy). The topical table of contents and the HMO icons and case illustrations throughout this book are meant to assist in quickly identifying standards applicable to work involving HMOs.

Are the Standards Relevant to Psychologists Working in the Military or Law Enforcement?

The ECTF was fortunate to receive comments and feedback on standards from Divisions 18 (Psychologists in Public Service) and 19 (Society for Military Psychology). This dialogue, for example, resulted in a modification of the title of Standard 1.02 to Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority. As with other contexts in which psychologists work, the broadly worded enforceable standards are relevant to and should be carefully read by psychologists in the military and other areas of public service. The topical table of contents and military/law enforcement icons throughout this book are meant to assist in quickly identifying standards and case examples applicable to these contexts. In addition, Chapter 4 concludes with a Hot Topic on ethical issues relevant to involvement of psychologists in interrogations of detainees related to national security.

Is Sufficient Attention Given to Responsibilities of Administrators of Psychology Programs and Psychology Faculty?

The 2002 Ethics Code devotes a separate section for standards designed to highlight responsibilities of faculty and to strengthen protections for students. Below is a partial list of relevant standards.

Program Descriptions. Psychologists responsible for psychology programs must now include in program descriptions information regarding stipends and benefits and required course- or program-related counseling, psychotherapy, experiential
groups, consulting projects, or community service (Standard 7.02, Descriptions of Education and Training Programs).

**Student Disclosures and Therapy as a Program Requirement.** Standard 7.04, Student Disclosure of Personal Information, prohibits teaching psychologists from requiring students or supervisees to disclose personal information regarding sexual history, history of child abuse or neglect, psychological treatment, or relationships with family or significant others unless such a requirement was clearly identified in the program description or the information is necessary to help a student or protect others from harm.

When therapy is a program or course requirement, students must be permitted to select a therapist unaffiliated with the program, and faculty who are likely to evaluate students are prohibited from providing that therapy (Standards 7.05a and b, Mandatory Individual or Group Therapy).

**Sexual Relationships With Students.** The 2002 Ethics Code strengthened the prohibition against sexual relationships with students and supervisees by extending it to any psychologist who has or is likely to have evaluative authority over these students (Standard 7.07, Sexual Relationships With Students and Supervisees).

**Student Publication Credit.** Standard 8.12c, Publication Credit, requires that except under unusual circumstances, a student is listed as principal author on any article substantially based on his or her dissertation. For other research collaborations, the standard requires that authorship credit accurately reflects the relative contributions of individuals involved, regardless of their relative status. The standard affords students additional protections by requiring that faculty advisers discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

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**The Internet and Other Electronically Mediated Research and Services**

The past two decades have witnessed an expansion in psychology’s evolving use of the Internet and other electronic media for behavioral telehealth, psychological assessment, consulting, videoconferencing, public statements, and research. Throughout each section of the code, most of the broadly worded enforceable standards are applicable to these activities and do not require specific reference to the medium in which research or services are conducted. Use of the Internet and other electronically mediated forms relevant to research or services is explicitly mentioned in four standards: 3.10a, Informed Consent; 4.02c, Discussing the Limits of Confidentiality; 5.01a, Avoidance of False or Deceptive Statements; and 5.04, Media Presentations. To quickly locate discussions in this book on how other standards should be applied to work using electronic media, readers can refer to the topical table of contents and look for the electronic media icon in chapters on the enforceable standards.
Informed Consent for Research, Assessment, and Practice

Informed consent is seen by many as the primary means of ensuring the rights and welfare of those with whom psychologists work. Informed consent is designed to ensure that research participants, clients/patients, and organizational clients are provided with sufficient information to rationally and voluntarily decide whether they wish to participate in research or to receive psychological services. The general standard on informed consent provides direction on the nature of information that must be included and steps that must be taken to protect the rights of children and adults with cognitive impairments who are legally unable to provide consent (Standard 3.10, Informed Consent). Additional standards lay out information required for basic and intervention research; assessments relevant to mental health, forensic, and employment contexts; and individual and multiperson therapies, as well as additional consent safeguards for therapies for which generally recognized techniques and procedures have not been established (Standards 8.02, Informed Consent to Research; 8.03, Informed Consent for Recording Voices and Images in Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy; 10.02, Therapy Involving Couples or Families; and 10.03, Group Therapy). The Hot Topic in Chapter 6 of this book examines specific applications of informed consent standards to adults with impaired decisional capacity.

Dispensing With Informed Consent. There are some instances in which informed consent is not necessary or not feasible as a means of protecting the rights and welfare of those with whom psychologists work. The Ethics Code provides specific descriptions of situations in which the requirement for informed consent may be waived and the additional steps needed to ensure individuals are treated with respect and concern for their welfare. These standards reflect enhanced sensitivity to naturalistic, neuropsychological, forensic, school, and industrial-organizational contexts in which psychologists provide services, conduct research, or administer assessments, including anonymous research surveys, assessments to determine decisional capacity, emergency treatment, and assessment or treatment mandated by law (Standards 3.10a, Informed Consent; 8.05, Dispensing With Informed Consent for Research; 9.03a, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy).

New Standards for Research

Deception Research. The 2002 Ethics Code provides more specific guidance on when the use of deceptive research methods is ethically prohibited and adds a new requirement that participants in deception studies must be permitted to withdraw their data following dehoaxing (Standard 8.07, Deception in Research).

Debriefing Procedures. Researchers are now specifically required to take reasonable measures to alleviate psychological harm arising from experimental procedures when they are aware such harm has occurred (Standard 8.08c, Debriefing).
**Data Sharing.** Standard 8.14b, Sharing Research Data for Verification, explicitly prohibits psychologists who request data from other psychologists to verify substantive claims through reanalysis from using the data for any other purpose without prior written permission.

Standard 8.01, Institutional Approval, requires that psychologists obtain institutional review when it is required. Increased pressure on institutional review boards (IRBs) from the Department of Health and Human Services (DHHS) Office of Human Research Protections has led in recent years to more risk-averse IRB policies that have been viewed as an impediment to the conduct of social science research. The Hot Topic at the end of Chapter 8 of this book provides guidance for psychologists in submitting successful applications to IRBs.

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**Release of Test Data and Test Security**

The standards that generated the most comment and debate among the APA membership are Standards 9.04a, Release of Test Data, and 9.11, Maintaining Test Security. As detailed in Chapter 10 of this book, one set of issues revolved around how to define *test data*, appropriate conditions for their release to clients/patients and qualified professionals, and how to respond to attorney requests, subpoenas, and court orders. A second set of issues focused on how to distinguish *test data* from *test materials* and how to balance the rights of clients/patients to their mental health records with the obligation to protect the integrity, security, and intellectual property rights of test materials and other assessment techniques. Of particular relevance to the final consensus on these standards was the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishing the rights of clients/patients to copies of their “designated record set” (medical or billing records maintained and used by the provider to make decisions about the patient). HIPAA raised questions about the extent to which healthcare providers could legally withhold health records from clients/patients. (HIPAA is discussed in greater detail throughout relevant chapters of this book and introduced in the Preface in the section “A Word About HIPAA.”)

**Definition of Test Data and Test Materials.** Standard 9.04a defines *test data* as “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.” The definition of *test data* also includes the test materials or protocols if the psychologist wrote the client’s/patient’s responses, scores, or notes about behavior on the test protocol itself, and this information cannot be separated from the test materials in the client’s/patient’s record. Standard 9.11 defines *test materials* as “manuals, instruments, protocols, and test questions or stimuli that do not come under the definition of ‘test data’ as defined in Standard 9.04a.”

**Duty to Release and Right to Withhold Test Data.** With few exceptions, Standard 9.04 requires psychologists to provide test data “to the client/patient or other persons identified in a client/patient release.” The rationale for supporting release of test data was based on realities imposed by HIPAA regulations mandating release of
health records to clients/patients, lack of APA member consensus on which professionals were and were not qualified to receive test data, and shifting societal emphasis on client’s/patient’s rights to the discovery process and judicial scrutiny of psychological tests. Standard 9.04 does not preclude psychologists from discussing with a client/patient the potential for misuse of the information by individuals unqualified to interpret it.

The standard also permits psychologists to withhold test data to protect the client/patient or another individual from substantial harm. At the same time, the standard includes the proviso that such decisions may be constrained by law. For example, under HIPAA, psychologists who are covered entities can deny client/patient access to designated record sets only if it is reasonably likely to endanger the life or physical safety of the individual or another person or cause equally substantial harm. Clients/patients also have the right to have the denial reviewed by a designated licensed health care professional. HIPAA regulations thus severely limit practicing psychologists’ ability to exercise their professional judgment as to what constitutes substantial harm to clients/patients.

Standard 9.04a also permits withholding test data to protect misuse or misrepresentation of the data or the test. Before refusing to release test data under this clause, psychologists should carefully review relevant law. For example, when test data cannot be separated from test materials that are protected by copyright law, according to Richard Campanelli (Andberg, 2004), Director of the Office for Civil Rights at the U.S. DHHS, under Section 1172 (e), withholding protected health information would not be in violation of HIPPA if to do so would violate trade secret laws. There are other instances when HIPAA constraints are not at issue. HIPAA does not require release of records to clients/patients when information is compiled in reasonable anticipation of, or for use in, civil, criminal, or administrative actions or proceedings. In other instances, such as certain educational evaluations, the HIPAA Privacy Rule would not apply.

**Terminating Therapy**

A noteworthy aspect of the 2002 Ethics Code is the elimination of earlier codes’ broadly worded prohibitions against abandoning the client/patient. This change reflects the widely accepted view that termination based on reasonable professional judgment and proper pretermination counseling is ethically appropriate. In fact, Standard 10.10 specifies situations in which psychologists are ethically required to 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. The standard also clarifies that it is permissible for psychologists to terminate therapy when they are threatened or otherwise endangered by a client/patient or another person with whom the client/patient has a relationship (Standard 10.10, Terminating Therapy).

The remainder of this book explains the meaning and applications of the 2002 Ethics Code to the rightly conducted science and practice of psychology. Chapter 2
explains the Ethics Code’s Introduction and Applicability Section, Preamble, and General Principles. Chapter 3 discusses models of ethical decision making for applying the Ethics Code in everyday activities and to emerging ethical challenges as the discipline of psychology continues to evolve. Chapters 4 to 13 provide in-depth analysis and examples of each of the 151 enforceable Ethical Standards.