

Chapter 3

ETHICS THEORIES AND CODES

The work we do as therapists is complex, difficult, and emotional. Yet, as a mental health profession we have often struggled to capture with words exactly what we do and even what we profess to do as therapists. The challenge of describing what we do has been debated from the start of our profession.

In 1949, the Boulder Conference tried to define psychotherapy in a way that it could be used to train clinical and counseling psychologists. Carl Rogers, then president of the American Psychological Association (APA) in 1947, appointed David Shakow to chair a committee on defining and teaching psychotherapy. The Shakow Report, adopted at the 1947 APA convention, resulted in the Boulder Conference two years later.

On August 28, 1949, the recorder for the Boulder Task Force for defining both psychotherapy and the criteria for adequate training provided the following summary: “We have left therapy as an undefined technique which is applied to unspecified problems with a nonpredictable outcome. For this technique we recommend rigorous training” (Lehner, 1952, p. 547).

Since the Boulder Conference, other conferences and various groups have tried to define psychotherapy and the practice of psychology. For example, the *2002 Competencies Conference: Future Directions in Education and Credentialing in Professional Psychology* (Kaslow et al., 2004), identified competencies in professional psychology and discussed effective strategies for teaching and assessing these competencies (Kaslow, 2004; see also Belar, 2009; Fouad et al., 2009; Hatcher, 2015; Hatcher et al., 2013; Rodolfa et al., 2013). Similarly, the *European Association of Clinical Psychology and Psychological Treatment (EACLIPT) Task*

Force on Competences of Clinical Psychologists (2019) developed “a list of competences that should be acquired during regular studies of psychology with a clinical specialisation” (EACLIPT Task Force, 2019; see also Prado-Abril et al., 2019).

THEORIES OF ETHICS

The difficulty reaching agreement on a definition of therapy is echoed in the difficulty agreeing on a basic theory of ethics. In this section we briefly review four theories of ethics to illustrate the vast diversity of ethics theories, which can be viewed as a strength. Put succinctly, having multiple lenses through which we can examine and question professional ethics codes and our own ethical decision-making is an advantage.

Utilitarianism

Utilitarianism, developed by Epicurus, Jeremy Bentham, John Stuart Mill, Katarzyna de Lazari-Radek, and Peter Singer among others, holds that a guiding principle of ethics involves choosing whatever brings the most happiness and produces the least pain to the majority. According to Bentham (1780):

Nature has placed mankind [humankind] under the governance of two sovereign masters, pain and pleasure. It is for them alone to point out what we ought to do, as well as to determine what we shall do. On the one hand the standard of right and wrong, on the other the chain of causes and effects, are fastened to their throne. They govern us in all we do, in all we say, in all we think The principle of utility recognizes this subjection, and assumes it for the foundation of that system, the object of which is to rear the fabric of felicity by the hands of reason and of law By the principle of utility is meant that principle which approves or disapproves of every action whatsoever ... according to the tendency it appears to have to augment or diminish ... happiness (p. 232–245).

Similarly, Mill (1863) wrote:

The creed which accepts as the foundation of morals, Utility, or the Greatest Happiness Principle, holds that actions are right in proportion as they tend to promote happiness, wrong as they tend to produce the reverse of happiness. By happiness is intended pleasure, and the absence of pain; by unhappiness, pain, and the privation of pleasure (p. 9).

This may seem like a fairly simple, almost easy, approach to ethics. However, de Lazari-Radek and Singer (2017) emphasize that figuring out what promotes the most happiness in every situation may present more of a challenge than following a set of rules.

The core precept of utilitarianism is that we should make the world the best place we can. That means that, as far as it is within our power, we should bring about a world in which every individual has the highest possible level of well-being. Although this may seem like mere common sense, it is often in opposition to traditional moralities. Most communities prescribe rules to be followed irrespective of whether the outcome will make the world better or worse. It is much easier to follow rules than to try to assess, each time one acts, which of the available options will have the best consequences (p. 711–717).

Kantian Ethics

Utilitarianism focuses on results, consequences. Kantian ethics focuses on will and intention. Kant (1785/1998) wrote:

Nothing can possibly be conceived in the world, or even out of it, which can be called good, without qualification, except a good will. Intelligence, wit, judgement, and the other talents of the mind, however they may be named, or courage, resolution, perseverance, as qualities of temperament, are undoubtedly good and desirable in many respects; but these gifts of nature may also become extremely bad and mischievous if the will which is to make use of them, and which, therefore, constitutes what is called character, is not good A good will is good not because of what it performs or effects, not by its aptness for the attainment of some proposed end, but simply by virtue of the volition; that is, it is good in itself and considered by itself is to be esteemed much higher than all that can be brought about by it (p. 115–127).

Kant believed that we must always treat others as an end in themselves and never as simply a means to an end.

Feminist Ethics

Brabeck and Ting (2000) open a discussion of feminist ethics by quoting the striking claim that feminism itself cannot exist separate from ethics: "In 1991, the political scientist Jean Bethke Elshtain wrote, 'feminism without ethics is inconceivable' ... According to Elshtain, all feminisms offer an ethical position that accompanies a political, activist agenda to achieve social justice and

improve women's lives" (Brabeck & Ting, 2000, p. 17). They then summarize five major themes running through feminist ethics, including:

1. The assumption that women and their experiences have moral significance.
2. The assertion that attentiveness and subjective knowledge can illuminate moral issues.
3. The claim that a feminist critique of male distortions must be accompanied by a critique of all discriminatory distortions.
4. The admonition that feminist ethics engage in analysis of the context and attend to the power dynamics of that context.
5. The injunction that feminist ethics require action directed at achieving social justice.

While ethics is an inextricable part of feminism, multiculturalism is an inextricable part of feminist ethics. Gartrell (2014) wrote that "any discussion of feminist ethics must incorporate diverse experiences due to race, ethnicity, class, and sexual orientation" (p. 137; see also Greene & Flasch, 2019; Hayden & Crockett, 2020; Powell et al., 2020).

Lerman (2014) discussed the work of the Feminist Therapy Institute in creating their own ethics code based on their conclusions about traditional ethics codes. Their view that most of the current ethics codes were not a good fit for feminist therapists included:

The recognition that most codes are reactive rather than proactive, that ethics is frequently viewed as a good-bad dichotomy rather than as a continuum of actions generated by the complex nature of human interactions, that ethics codes do not customarily teach how to make ethical decisions, that ethics codes have usually ignored issues especially pertinent to minorities and women and that complaint procedures most frequently focus on legally protecting the professional rather than displaying compassion toward the client.

American Indian Ethics

In a commentary on the APA Ethics Code, The Society of Indian Psychologists (SIP; Garcia & Tehee, 2014) emphasized that:

Indigenous people have a holistic and inter-relational view of health. This view means that the Western-based concepts of body, emotions, mind, spirit, community, and land cannot be separated and that an individual cannot be separated from their relationships, including the generations before them and the generations to come. There are no distinctions between physical health, mental health, and spiritual health, which also means that my physical health, mental health, and wellbeing are related to yours ("we are all related").

"They set forth 12 essential concepts, including:
1. All things are sacred. Sacredness is not religiosity but a recognition that everything has an important role to play in the universe. This idea of sacredness is respectful of reciprocal relationships, of family, of the community, of the environment, of the past, present, and of the future. Ethics and development are understood in terms of cycles as opposed to a linear process.
2. Everything is connected. All beings (including the Earth, the environment, and events in the past, present, and future) respond to each other. Every living system is a whole in itself, as well as part of a larger whole. This explanation is an essential concept of full circle ethics.
3. Learning is best understood as lessons. There is an acknowledgment that every moment is part of the lesson of whom we were, are, and are becoming.
4. Relationships are essential to true or long-lasting relationships. Relationships are demonstrated in a way that recognizes the cultural differences of the individual and the community.
5. There is an emphasis on the social, historical, and political context of Indigenous experiences, lives, and

belongance and harmony within a person's life. The environment encourages the growth of positive elements. The environment encourages the strengthening of resiliency. The environment encourages the community. Collaboration is encouraged. Competition should enhance

the ability to survive and thrive. This generation is important to question: How can we live in a way that has a positive impact?

Values occur naturally in the environment but are not yet figured out how to be taught.

Values in the context of the environment may have been deliberately

Association
Tehee
org.

12. Compartmentalization misses the big picture. Working with the Whole acknowledges what is still unknown and that cannot be

CODES, ACCOUNTABILITY, & ETHICS

Difficulties defining psychotherapy philosophy of ethics do not free the profession from ethical dilemmas. The hallmark of a profession is that its members carry out affects the lives of their clients in immediate ways. The powerful and immediate rules of the marketplace—"Let the buyer beware"—inadequately protect the client.

Society asks and expects the profession to protect and promote the public interest. The professional's self-interests place the profession in a difficult position. Perhaps because society never c

own standards and perhaps because they, at least occasionally, are in violation of them, society has established standards that meet minimal standards in many areas. From incompetent, negligent, and unethical behavior, major mechanisms have been created to ensure accountability: (1) professional ethics, (2) civil (e.g., malpractice) courts, and (3) consumer protection mechanisms uses different standards. Some are clearly unethical and yet no

In some cases, therapists and clients' standards clash. They may, for example, have different views on what is ethical. A national survey of therapists found that 10% of respondents had intentionally violated some deeper value (Poppe, 2000). More respondents included

divulging confidential information, engaging in nonsexual dual relationships, and required warnings regarding dual relationships. That almost 1 out of 10 clients using the rationale o

* They set forth 12 essential concepts, including:

1. All things are sacred. Sacredness is not religiosity but a recognition that everything has an important role to play in the universe. This idea of sacredness is respectful of reciprocal relationships, of family, of the community, of the environment, of the past, present, and of the future.
2. Life and development are understood in terms of cycles as opposed to a linear process.
3. Everything is connected. All beings (including the Earth, the environment, and events in the past, present, and future) respond to each other's actions. Every living system is a whole in itself, as well as part of a larger system. This explanation is an essential concept of full circle understanding.
4. Events in life can best be understood as lessons. There is an acknowledgment that this moment is part of the lesson of whom we were, are, and whom we are to become.
5. Respect and honoring are essential to true or long-lasting relationships. These need to be demonstrated in a way that recognizes the cultural context of the individual and the community.
6. Relevant healing places emphasis on the social, historical, and political contexts that have shaped Indigenous experiences, lives, and perceptions.
7. Relevant healing encourages balance and harmony within a person's life and in relationship to others; it encourages the growth of positive elements in a person's life and emphasizes the strengthening of resiliency.
8. Individuality is valued by how it improves the community. Collaboration is more highly valued than autonomy. Competition should enhance collaboration.
9. Sustainability is essential for all of us to survive and thrive. This generation is not the most important for all time. It is important to question: How can we live in a way that allows others to live? How can we live in a way that reflects respect to all those whom we impact?
10. Mystery, awe, wonder, intuition, and miracles occur naturally in everyday life. The fact that Western culture has not yet figured out how to measure them is irrelevant.
11. The best way to understand one's place and identity is in the context of past, present, and future within one's community. Any action may have broad consequences. It is important to consider how to act deliberately and thoughtfully.

* From "Society of Indian Psychologists commentary on the American Psychological Association's (APA) ethical principles of psychologists and code of conduct" by M. A. García & M. Tehee (Eds.), 2014. Society of Indian Psychologists (SIP). Retrieved from <http://www.aiansip.org>. Copyright 2014 by M. A. García. Adapted with permission.

12. Compartmentalism misses the beauty of the Whole. The Whole is often much more complex and functional than the sum of each individual part. Working with the Whole acknowledges the mystery of those things still unknown and that cannot be readily observed or measured.

CODES, ACCOUNTABILITY, AND CONFLICTS

Difficulties defining psychotherapy with precision or agreeing on a basic philosophy of ethics do not free the profession from setting forth its own ethics. The hallmark of a profession is the recognition that the work its members carry out affects the lives of their clients, sometimes in direct, profound, and immediate ways. The powerful nature of this influence makes the customary rules of the marketplace—often resting on variations of the principle “Let the buyer beware”—inadequate.

Society asks and expects the profession to create and set forth a code of ethics that holds its members accountable. At its heart, this code calls for professionals to protect and promote the welfare of clients and avoid letting the professional's self-interests place the client at risk for harm.

Perhaps because society never completely trusts professions to enforce their own standards and perhaps because the professions have demonstrated that they, at least occasionally, are less than effective in governing their own behavior, society has established its own means for making sure that professions meet minimal standards in their work and that their clients are protected from incompetent, negligent, and dishonest practitioners. As a result, four major mechanisms have been developed to hold therapists and counselors accountable: (1) professional ethics committees; (2) state licensing boards; (3) civil (e.g., malpractice) courts; and (4) criminal courts. Each of these four mechanisms uses different standards, though they may overlap. Behavior may be clearly unethical and yet not form the basis for criminal charges.

In some cases, therapists and counselors may feel that these different standards clash. They may, for example, feel that the law compels them to act in a way that violates the welfare of the client and the clinician's own sense of what is ethical. A national survey of psychologists found that a majority (57%) of the respondents had intentionally violated the law or a similar formal standard because, in their opinion, not to do so would have injured the client or violated some deeper value (Pope & Bajt, 1988). The actions reported by two or more respondents included refusing to report child abuse (21%), illegally divulging confidential information (21%), engaging in sex with a patient (9%), engaging in nonsexual dual relationships (6%), and refusing to make legally required warnings regarding dangerous patients (6%).

That almost 1 out of 10 of the respondents reported engaging in sex with a client using the rationale of patient welfare or deeper moral value highlights

the risks, ambiguities, and difficulties of us evaluating the degree to which our own individual behavior is ethical.

Pope and Bajt (1988) reviewed the attempts of philosophers and the courts to judge those times when a person decides to go against the law (e.g., engage in civil disobedience). On one hand, for example, the US Supreme Court emphasized that in the United States, no one could be considered higher than the law: "In the fair administration of justice no man can be judge in his own case, however exalted his station, however righteous his motives, and irrespective of his race, color, politics, or religion" (*Walker v. City of Birmingham*, 1967, p. 1219-1220).

Conversely, courts endorsed Henry David Thoreau's (1849/1960) injunction that if a law "requires you to be the agent of injustice to another, then ... break the law" (p. 242). The California Supreme Court, for example, tacitly condoned violation of the law only when the principles of civil disobedience are followed

If we were to deny to every person who has engaged in ... nonviolent civil disobedience ... the right to enter a licensed profession, we would deprive the community of the services of many highly qualified persons of the highest moral courage (*Hallinan v. Committee of Bar Examiners of State Bar*, 1966, p. 239).

As Pope and Bajt note, civil disobedience (Gandhi, 1948; King, 1958, 1964; Plato, 1956a, 1956b; Thoreau, 1849/1960; Tolstoy, 1894/1951) is useful in many contexts for resolving this dilemma. The individual breaks a law considered to be unjust and harmful but does so openly, inviting the legal penalty both to demonstrate respect for the system of law and to call society's attention to the supposedly unjust law. King (1963) explained why civil disobedience can only be done openly, publicly, and never covertly:

I hope you are able to see the distinction I am trying to point out. In no sense do I advocate evading or defying the law, as would the rabid segregationist. That would lead to anarchy. One who breaks an unjust law must do so openly, lovingly, and with a willingness to accept the penalty. I submit that an individual who breaks a law that conscience tells him is unjust, and who willingly accepts the penalty of imprisonment in order to arouse the conscience of the community over its injustice, is in reality expressing the highest respect for law (p. 8-9).

However, counselors and therapists often find this avenue of openness unavailable because of confidentiality requirements. If we as individuals and a profession are to address the possible conflicts between the law and our ethical responsibilities, one of the initial steps is to engage in frequent, open, and honest discussion of the issue. The topic needs open and active discussion in graduate courses, internship programs, case conferences, professional conventions, and informal meetings with colleagues.

AMERICAN PSYCHOLOGICAL ASSOCIATION APPROACH TO AN ETHICS CODE

Founded in 1892 and incorporated in 1925, the APA first formed the Committee on Scientific and Professional Ethics in 1938. As complaints were brought to its attention, this committee improvised solutions on a private, informal basis. There was no formal or explicit set of ethical standards, and the committee's work was done on the basis of consensus and persuasion.

A year later, the committee was charged with determining whether the organization needed a formal ethics code. In 1947, it decided that a formal code was necessary, stating "The present unwritten code is tenuous, elusive, and unsatisfactory" ("A Little Recent History," 1952, p. 425). The board of directors established the Committee on Ethical Standards for Psychology to determine what methods to use in drafting the code. Chaired by Edward Tolman, the committee members were John Flanagan, Edwin Ghiselli, Nicholas Hobbs, Helen Sargent, and Lloyd Yepsen (Hobbs, 1948).

Some members strongly opposed creating formal ethical standards, and many of their arguments appeared in the *American Psychologist*. Calvin Hall (1952), for example, wrote that any code, no matter how well formulated,

plays into the hands of crooks The crooked operator reads the code to see how much he can get away with, and since any code is bound to be filled with ambiguities and omissions, he can rationalize his unethical conduct by pointing to the code and saying, "See, it doesn't tell me I can't do this," or "I can interpret this to mean what I want it to mean" (p. 430).

Hall endorsed accountability, but he believed that it could be enforced without an elaborate code. He recommended that the application form for APA membership contain this statement:

As a psychologist, I agree to conduct myself professionally according to the common rules of decency, with the understanding that if a jury of my peers decides that I have violated these rules, I may be expelled from the association (p. 430-431).

Hall placed most of the responsibility on graduate schools. He recommended that "graduate departments of psychology, who have the power to decide who shall become psychologists, should exercise this power in such a manner as to preclude the necessity for a code of ethics" (p. 431).

The APA Committee on Ethical Standards (APA Committee) determined that because empirical research was a primary method of psychology, the code itself should be based on such research and should draw on the experience of APA members. As Hobbs (1948, p. 84) wrote, the method would produce "a code of ethics truly indigenous to psychology, a code that could be lived."

The board of directors accepted this recommendation, and a new committee was appointed to conduct the research and draft the code. Chaired by Nicholas Hobbs, the new committee members were Stuart Cook, Harold Edgerton, Leonard Ferguson, Morris Krugman, Helen Sargent, Donald Super, and Lloyd Yepsen (APA Committee, 1949).

In 1948, all 7,500 members of the APA were sent a letter asking each member "to share his [their] experiences in solving ethical problems by describing the specific circumstances in which someone made a decision that was ethically critical" (APA Committee, 1949, p. 17). The committee received reports of over 1,000 critical incidents. During the next years, the incidents, with their accompanying comments, were carefully analyzed, categorized, and developed into a draft code.

The First APA Code

The emerging standards, along with the illustrative critical incidents, were published in the *American Psychologist* (APA Committee, 1951a, 1951b, 1951c). The standards were grouped into six major sections:

1. Ethical standards and public responsibility
2. Ethical standards in professional relationships
3. Ethical standards in client relationships
4. Ethical standards in research
5. Ethical standards in writing and publishing
6. Ethical standards in teaching

The draft sparked much discussion and several revisions. Finally, in 1952, it was formally adopted as the Ethical Standards of Psychologists, and it was published in 1953.

In 1954, information on the complaints that the committee had handled for the past 12 years, during most of which there had been no formal code of ethics, was published in the *American Psychologist* ("Cases and Inquiries," 1954). During this period, the ethical principles most frequently violated were:

- Invalid presentation of professional qualifications (cited 44 times).
- Immature and inconsiderate professional relations (cited 23 times).
- Unprofessional advertisement or announcement (cited 22 times).
- Unwarranted claims for tests or service offered usually by mail (cited 22 times).
- Irresponsible public communication (cited 6 times).

The Empirical Approach to a Code Half a Century Later

APA pioneers provided an array of reasons to use an empirical approach to create the code of ethics for psychologists. But a critical incident survey of APA members could also serve other purposes. For instance, the actuarial data of ethics committees, licensing boards, and civil and criminal courts can reveal trends in ethical or legal violations as established by review agencies, empirical critical incident studies. They can also reveal ethical dilemmas and concerns that are encountered in day-to-day practice by a diverse range of psychologists and not just those who are subject to formal complaint.

The APA critical incident study undertaken in the 1940s was replicated in the 1990s and published in the *American Psychologist* (Pope & Vetter, 1992). In this study, 1,319 randomly sampled APA members were asked to describe incidents that they found ethically challenging or troubling. Table 3.1 describes 703 incidents in 23 categories provided by 679 psychologists.

Here is a sample of the ethical concerns that the psychologists described in this anonymous survey:

Confidentiality

- “The executive director of the mental health clinic with which I’m employed used his position to obtain and review clinical patient files of clients who were members of his church. He was [clerical title] in a ... church and indicated his knowledge of this clinical (confidential) information would be of help to him in his role as [clerical title].”
- “Having a psychologist as a client who tells me she has committed an ethical violation and because of confidentiality I can’t report it.”
- “One of my clients claimed she was raped; the police did not believe her and refused to follow up (because of her mental history). Another of my clients described how he raped a woman (the same woman).”

Blurred, Dual, or Conflictual Relationships

- “I live and maintain a ... private practice in a rural area. I am also a member of a spiritual community based here. There are very few other therapists in the immediate vicinity who work with transformational, holistic, and feminist principles in the context of good clinical training that ‘conventional’ people can also feel confidence in. Clients often

Table 3.1. Ethical Problems Reported by a National Sample of APA Members.

Category	Number	Percentage
Confidentiality	128	18
Blurred, dual, or conflictual relationships	116	17
Payment sources, plans, settings, and methods	97	14
Academic settings, teaching dilemmas, and concerns about training	57	8
Forensic psychology	35	5
Research	29	4
Conduct of colleagues	29	4
Sexual issues	28	4
Assessment	25	4
Questionable or harmful interventions	20	3
Competence	20	3
Ethics and related codes and committees	17	2
School psychology	15	2
Publishing	14	2
Helping the financially stricken	13	2
Supervision	13	2
Advertising and (mis)representation	13	2
Industrial-organizational psychology	9	1
Medical issues	5	1
Termination	5	1
Ethnicity	4	1
Treatment records	4	1
Miscellaneous	7	1

Source: Adapted with permission from "Ethical Dilemmas Encountered by Members of the American Psychological Association: A National Survey," by K. S. Pope and V. A. Vetter, 1992, *American Psychologist*, 47, 397-411, p. 399. Available at <http://kspeope.com>. Copyright 1992 by the American Psychological Association.

come to me because they know me already, because they are not satisfied with the other services available, or because they want to work with someone who understands their spiritual practice and can incorporate its principles and practices into the process of transformation, healing, and change. The stricture against dual relationships helps me to maintain a high degree of sensitivity to the ethics (and potentials for abuse or confusion) of such situations but doesn't give me any help in working

with the actual circumstances of my practice. I hope revised principles will address these concerns!”

- “Six months ago, a patient I had been working with for three years became romantically involved with my best and longest friend. I could write no less than a book on the complications of this fact! I have been getting legal and therapeutic consultations all along and continue to do so. Currently they are living together, and I referred the patient (who was furious that I did this and felt abandoned). I worked with the other psychologist for several months to provide a bridge for the patient. I told my friend soon after I found out that I would have to suspend our contact. I’m currently trying to figure out if we can ever resume our friendship and under what conditions.” [This latter example is one of many that demonstrate the extreme lengths to which most psychologists are willing to go to ensure the welfare of their patients.]

Payment Sources, Plans, Settings, and Methods

- “A 7 year-old boy was severely sexually abused and severely depressed. I evaluated the case and recommended six months’ treatment. My recommendation was evaluated by a managed health care agency and approved for 10 sessions by a nonprofessional in spite of the fact that there is no known treatment program that can be performed in 10 sessions on a 7-year-old that has demonstrated efficacy.”
- “Much of my practice is in a private hospital that is in general very good clinically. However, its profit motivation is so very intense that decisions are often made for \$ reasons that actively hurt the patients. When patients complain, this is often interpreted as being part of their psychopathology, thus re-enacting the dysfunctional families they came from. I don’t do this myself and don’t permit others to do so in my presence—I try to mitigate the problem—but I can’t speak perfectly frankly to my patients and I’m constantly colluding with something that feels marginally unethical.”
- “A managed care company discontinued a benefit and told my patient to stop seeing me, then referred her to a therapist they had a lower fee contract with.”

Academic Settings, Teaching Dilemmas, and Concerns About Training

- “I employ over 600 psychologists. I am disturbed by the fact that those psychologists with marginal ethics and competence were so identified in graduate school and no one did anything about it.”

Forensic Psychology

- “A psychologist in my area is widely known to clients, psychologists, and the legal community to give whatever testimony is requested in court. He has a very commanding presence, and it works. He will say anything, adamantly, for pay. Clients/lawyers continue to use him because if the other side uses him, that side will probably win the case (because he’s so persuasive, though lying).”
- “Another psychologist’s report or testimony in a court case goes way beyond what psychology knows or his own data supports. How or whether I should respond.”
- “I find it difficult to have to testify in court or by way of deposition and to provide sensitive information about a client. Although the client has given permission to provide this information, there are times when there is much discomfort in so doing.”

Research

- “I am co-investigator on a grant. While walking past the secretary’s desk, I saw an interim report completed by the PI [principal investigator] to the funding source. The interim report claimed double the number of subjects who had actually entered the protocol.”
- “I have consulted to research projects at a major university medical school where ‘random selection’ of subjects for drug studies was flagrantly disregarded. I resigned after the first phase.”
- “Deception that was not disclosed, use of a data videotape in a public presentation without the subject’s consent (the subject was in the audience), using a class homework assignment as an experimental manipulation without informing students.”

Conduct of Colleagues

- “As a faculty member, it was difficult dealing with a colleague about whom I received numerous complaints from students.”
- “At what point does ‘direct knowledge’ of purportedly unethical practices become direct knowledge which I must report—is reporting through a client ‘direct’ knowledge?”
- “I referred a child to be hospitalized at a nearby facility. The mother wanted to use a particular psychiatrist When I called the psychiatrist to discuss the case, he advised me that, since he was the admitting

professional, he'd assume full responsibility for the case He advised how he had a psychologist affiliated with his office whom he preferred to use."

- "I see foster children who have little control over their lives and case workers who have little time/interest in case management. How can I maintain good professional relationships with those who don't function up to their duties?"
- "A director of the mental health center where I worked was obviously emotionally disturbed, and it impacted on the whole center—quality of service to clients, staff morale, etc. He would not get professional help or staff development assistance."
- "The toughest situations I and my colleague seem to keep running into (in our small town) are ones involving obvious (to us) ethical infractions by other psychologists or professionals in the area. On three or more occasions he and I have personally confronted and taken to local boards ... issues which others would rather avoid, deal with lightly, ignore, deny, etc., because of peer pressure in a small community. This has had the combined effect of making me doubt my reality (or experience), making me wonder why I have such moral compunctions, making me feel isolated and untrusting of professional peers, etc."

Sexual Issues

- "A student after seeing a client for therapy for a semester terminated the therapy as was planned at the end of the semester, then began a sexual relationship with the client I think APA should take a stronger stance on this issue."
- "I currently have in treatment a psychiatrist who is still in the midst of a six-year affair with a patient. He wishes to end the affair but is afraid to face the consequences."
- "My psychological assistant was sexually exploited by her former supervisor and threatened her with not validating her hours for licensure if she didn't service his needs."

The Current APA Ethics Code

The most recent version of the ethical principles (APA, 2017a), the *Ethical Principles of Psychologists and Code of Conduct With the 2010 Amendments*, is the 12th version. APA published versions of the code or amendments in these years: 1953, 1959, 1963, 1968, 1977, 1979, 1981, 1990, 1992, 2002, 2010,

2016. The current version consists of an introduction, a preamble, five general principles, and specific ethical standards. The preamble and general principles, which include beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity, are aspirational goals to guide psychologists toward the highest ideals of psychology. The specific ethical standards are enforceable rules of conduct.

The APA Ethics Code Task Force is in the process of revising the code, and has developed eight initial draft principles (APA Ethics Code Task Force, 2020, July 31). Additional principles seem to reflect attempts to incorporate evolving awareness of human rights and social responsibility. The aspirational guiding principles include beneficence and nonmaleficence, human and civil rights, integrity, interrelatedness of people, systems and the environment, professionalism and responsibility, respect for the welfare of persons and peoples, scientific mindedness, and social justice.

CANADIAN PSYCHOLOGICAL ASSOCIATION'S APPROACH TO AN ETHICS CODE

The CPA was organized in 1939, incorporated under Part II of the Canada Corporations Act in 1950, and received its Certificate of Continuance under Canada's Not-for-profit Corporations Act in 2013. In the mid-twentieth century, Canada was a geographically large country with relatively few psychologists. Because it would have been hard to bring these psychologists together to create an ethics code, "the Canadian Psychological Association ... decided to adopt the 1959 ... APA code for a three-year trial. This was followed by adoptions (with minor wording changes) of the 1963 and 1977 APA revised codes" (Sinclair & Pettifor, 2001, p. 1).

Discontent with the APA code and the perception that it was not a good fit for Canadian psychologists led the CPA to create its own code. Prior to developing its own code, there was evidence of periodic discontent by CPA members with the APA code. For example, in a 1976 document titled "Alternative Strategies for Revising CPA's Code of Ethics," the statement was made that the 10 APA ethical principles were "clearly designed for the current American social and moral climate and geared to American traditions and law." However, it was not until the 1977 revision of the APA code that the discontent became serious.

Of particular concern was the fact that, in response to US court applications of antitrust law to professional activities, the APA had removed some of its restrictions on advertising. Many Canadian psychologists believed such application of antitrust laws ran the risk of changing the nature of the professional relationship from a primarily fiduciary contract to a commercial one (Sinclair et al., 1996, p. 7).

To create an ethics code, CPA began with a critical analysis of the international and interdisciplinary literature to determine the primary purposes of codes of ethics and their perceived strengths and weaknesses. This was followed by sending out 37 ethical dilemmas to psychologists who were asked how they would act in these situations and, equally important, to describe their reasoning (Sinclair et al., 1987). The responses yielded four basic ethical principles (CPA, 1986):

1. Respect for the Dignity of Persons
2. Responsible Caring
3. Integrity in Relationships
4. Responsibility to Society

The original CPA ethics code opened with a Preamble, which included a model of ethical decision-making in which the four ethical principles are to be considered and balanced. The Preamble was followed by four sections. Each section included an ethical principle, identified the values that give definition to the ethical principle, and list the standards that illustrate the application of the principle to the activities of psychologists.

Although the code was revised in 1991 and 2000, its original structure and emphases on the four ethical principles and ethical decision-making remains (Sinclair, 1998, 2011).

The third revision of the Canadian Code of Ethics for Psychologists (CPA, 2017a) maintains the structure and emphases of previous editions of the Code, but with clarification, updates, and additions related primarily to the following themes:

1. The role of “the personal” (e.g., virtue, character, self-knowledge) in ethical decision-making
2. Additional examples on the application of the principles and values to the use of technologies
3. Additional attention to collaborative/interdisciplinary practice
4. More attention to the impact of diversity and globalization on both society and psychology

ADJUDICATION OF ETHICS COMPLAINTS FOR CPA AND APA

In 1985, the CPA Board approved a framework for re-directing to a regulatory body any complaint against a CPA member who is registered with that regulatory body. Although CPA would review the outcome of adjudication of the complaint, this review is to determine whether the individual's CPA membership should be terminated or whether any conditions should be placed on the membership. The

complaint is not re-adjudicated. This practice has remained in effect to the present. However, CPA does accept and adjudicate complaints about CPA members who are not registered, as well as complaints that regulatory bodies believe do not come under their jurisdiction.

In 2019, the APA issued the following statement:

Complaints Regarding APA Members

APA has made changes to its adjudication program to better serve individuals who believe they have been harmed by a psychologist. Our focus now will be on providing information on other potential avenues for resolution that have a greater ability to take a desired action against an unethical psychologist. We only accept complaints against an APA member psychologist if there is no alternative forum to hear the complaint. If another forum takes an action against the member, the APA can review the matter at that time.

Is the Psychologist You Would Like to Complain About Licensed?

If a state psychology licensing board has jurisdiction, we will not accept a complaint against them. (In the event that the licensing board makes a significant finding against the member psychologist, we will be informed and will review the behavior under a different process).

If you have a complaint against a psychologist, you should contact your local, state, provincial, or territorial psychology licensing board to determine if the psychologist is licensed and obtain information on filing a complaint with that licensing board. These state regulatory agencies control the ability of a psychologist to practice and are separate entities from APA. A complete list can be found at The Association of State and Provincial Psychology Boards.

There also may be other avenues for you to consider, even if the psychologist is not licensed. If you are a student wishing to complain about a faculty member, you should explore your school's grievance procedures. Similarly, faculty members can explore their institution's faculty grievance procedures. If the matter involves child custody issues, another avenue beyond filing with the licensing board would be to work with your lawyer to present your concerns to the judge.

Why Is This the Focus?

As a membership organization, APA cannot revoke a psychologist's license or restrict a psychologist from practicing. We cannot obtain a monetary award for you or require that a psychologist do something you request. As with most membership-based organizations, the most serious action that APA can take is expelling the member from the association with notifications. We also do not have powers of investigation that governmental bodies and others possess. In most situations, there is a licensing board or other body that can review your complaint in greater depth and provide you greater relief for unethical behavior.

If you would like to receive additional assistance in identifying another forum better suited to hear your complaint, please contact us. In the event you have a record of a significant finding against a member by a forum other than a licensing board, you may contact us to give us that information (APA, 2019a, para. 1–6).

As emphasized in Chapter 1 and throughout this book, knowing the professional codes is important to ethical decision-making but it is not sufficient. Codes cannot stand alone and do the thinking and deciding for us, freeing us from our personal responsibility. The next few chapters focus on some other concepts—Dignity, Respect, Trust, Power, Caring, Culture, Social Justice, and Human Rights—that are key to ethical awareness, choice, and action.