

**Redline Comparison of APA Ethical Principles of Psychologists and Code of Conduct,
December 1992 and December 2002**

1992 Ethics Code	2002 Ethics Code
ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT	ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT
TABLE OF CONTENTS	TABLE OF CONTENTS
INTRODUCTION	INTRODUCTION AND APPLICABILITY
<p>The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, six General Principles (A - F), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.</p>	<p>The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five^{six} General Principles (A-E^F), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by <u>an Ethical Standard</u> the Ethics Code does not mean that it is necessarily either ethical or unethical.</p>
<p>(1992 Paragraph 3) This Ethics Code applies only to psychologists' work-related activities, that is, activities that are part of the psychologists' scientific and professional functions or that are psychological in nature. It includes the clinical or counseling practice of psychology, research, teaching, supervision of trainees, development of assessment instruments, conducting assessments, educational counseling, organizational consulting, social intervention, administration, and other activities as well. These work-related activities can be distinguished from the purely private conduct of a psychologist, which ordinarily is not within the purview of the Ethics Code.</p> <p><i>(Note inclusion of Standard 1.01, Applicability of the Ethics Code.)</i></p> <p>The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.</p>	<p>This Ethics Code applies only to psychologists' <u>work-related</u> activities, that is, activities that are part of <u>their the psychologists'</u> scientific, <u>educational, or</u> professional <u>roles as psychologists</u> functions or that are <u>psychological in nature</u>. <u>Areas covered</u> it includes <u>but are not limited to</u> the clinical, or <u>counseling, and school</u> practice of psychology; <u>research;</u> <u>teaching;</u> <u>supervision of trainees;</u> <u>public service; policy development; social intervention;</u> development of assessment instruments; <u>conducting assessments;</u> <u>educational counseling;</u> <u>organizational consulting;</u> <u>forensic activities; program design and evaluation;</u> <u>social intervention;</u> and <u>administration;</u> and <u>other activities as well</u>. <u>This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions.</u> These <u>work-related</u> activities shall <u>can</u> be distinguished from the purely private conduct of <u>a</u> psychologists, which ordinarily is not within the purview of the Ethics Code.</p>
<p>(1992 Paragraph 2) Membership in the APA commits members to adhere to the APA Ethics Code and to the rules and procedures used to implement it.</p> <p><i>(Note inclusion of Standard 8.01, Familiarity With Ethics Code.)</i></p>	<p>Membership in the APA commits members <u>and student affiliates</u> to <u>comply with</u> adhere to the <u>standards of the</u> APA Ethics Code and to the <u>R</u>rules and <u>P</u>procedures used to <u>enforce them</u> implement it. <u>Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.</u></p>

1992 Ethics Code	2002 Ethics Code
<p>Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.</p> <p><i>(See next paragraph for Sentence 2 of 1992 Paragraph 2.)</i></p>	
<p>(1992 Paragraph 6) The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. The actions that APA may take for violations of the Ethics Code include actions such as reprimand, censure, termination of APA membership, and referral of the matter to other bodies. Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts. Actions that violate the Ethics Code may lead to the imposition of sanctions on a psychologist by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition to actions for violation of the Ethics Code, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. (Paragraph 2, Sentence 2) Psychologists and students, whether or not they are APA members, should be aware that the Ethics Code may be applied to them by state psychology boards, courts, or other public bodies</p>	<p>The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. The actions that APA may <u>impose sanctions on its members</u> take for violations of the <u>standards of the</u> Ethics Code, including ing <u>actions such as reprimand, censure,</u> termination of APA membership, and <u>may notify</u> referral of the matter to other bodies <u>and individuals of its actions.</u> Complainants who seek remedies such as monetary damages in alleging ethical violations by a psychologist must resort to private negotiation, administrative bodies, or the courts. Actions that violate the <u>standards of the</u> Ethics Code may <u>also</u> lead to the imposition of sanctions on a <u>psychologists or students whether or not they are APA members</u> by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition to actions for violation of the Ethics Code, the APA Bylaws provide that APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. <u>When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.</u></p>
<p>(1992 Paragraph 4). The Ethics Code is intended to provide standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.</p>	<p>The Ethics Code is intended to provide <u>guidance for psychologists and</u> standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. <u>The Ethics Code is not intended to be a basis of civil liability.</u> Whether or not a psychologist has violated the Ethics Code <u>standards</u> does not by itself determine whether <u>the psychologist he or she</u> is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. <u>These results are based on legal rather than ethical rules. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.</u></p>
<p>New paragraph.</p>	<p><u>The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term reasonable means the prevailing</u></p>

1992 Ethics Code	2002 Ethics Code
<p>(1992 Paragraph 5)</p> <p>In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials¹ and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.</p> <p><i>(Note inclusion of 8.02, Confronting Ethical Issues.)</i></p> <p>When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.</p>	<p><u>professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.</u></p> <p>In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code, in addition to applicable laws and psychology board regulations. <u>In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field.</u> If this the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. <u>If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority,</u> if the Ethics Code standard appears to conflict with the requirements of law, then psychologists make known their commitment to <u>this the</u> Ethics Code and take steps to resolve the conflict in a responsible manner. <u>If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.</u> If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials¹ and the dictates of their own conscience, as well as seek consultation with others within the field when this is practical.</p>
<p>History and effective date.</p> <p>This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 13 and 16, 1992, and is effective beginning December 1, 1992. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. This Code will be used to adjudicate complaints brought concerning alleged conduct occurring after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address. The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1958). Standards of ethical behavior for psychologists. American Psychologist, 13, 268- 271. American Psychological Association. (1963). Ethical standards of psychologists. American Psychologist, 18, 56-</p>	<p>History and effective date.</p> <p>This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, <u>August 21, 2002,</u> August 13 and 16, 1992, and is effective beginning <u>June 1, 2003</u> December 1, 1992. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. <u>The Ethics Code and information regarding the Code can be found on the APA web site, http://www.apa.org/ethics.</u> <u>The standards in t</u>This <u>Ethics</u> Code will be used to adjudicate complaints brought concerning alleged conduct occurring <u>on or</u> after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address. The APA has previously published its <u>Ethics Code Ethical Standards</u> as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1959<u>8</u>). <u>Ethical</u> sStandards of <u>ethical behavior for</u> psychologists. American</p>

1992 Ethics Code	2002 Ethics Code
<p>60. American Psychological Association. (1968). Ethical standards of psychologists. <i>American Psychologist</i>, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. <i>APA Monitor</i>, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. <i>American Psychologist</i>, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). <i>American Psychologist</i>, 45, 390-395. Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.</p>	<p>Psychologist, 143, 27968- 28274. American Psychological Association. (1963). Ethical standards of psychologists. <i>American Psychologist</i>, 18, 56-60. American Psychological Association. (1968). Ethical standards of psychologists. <i>American Psychologist</i>, 23, 357-361. American Psychological Association. (1977, March). Ethical standards of psychologists. <i>APA Monitor</i>, 22-23. American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author. American Psychological Association. (1981). Ethical principles of psychologists. <i>American Psychologist</i>, 36, 633-638. American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). <i>American Psychologist</i>, 45, 390-395. <u>American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. <i>American Psychologist</i>, 47, 1597-1611.</u> Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.</p>
<p>PREAMBLE</p>	<p>PREAMBLE</p>
<p>Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.</p> <p>Sentence 3 ("In doing so,....") is sentence 4 in the 2002 Code, and is shown as moved without redline or strikeout.</p>	<p>Psychologists <u>are committed to increasing work to develop a valid and reliable body of scientific and professional knowledge of behavior and people's understanding of themselves and others based on research.</u> They may apply that to the use of such knowledge to human behavior in a variety of contexts. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of <u>both the individuals, organizations, and society.</u> Psychologists respect <u>and protect civil and human rights and</u> the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of <u>principles and standards values</u> upon which psychologists build their professional and scientific work.</p>
<p>This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its primary goal the welfare and protection of the individuals and groups with whom psychologists work. It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices.</p>	<p>This <u>Ethics Code</u> is intended to provide <u>specific standards both the general principles and the decision rules</u> to cover most situations encountered by psychologists. It has as its <u>primary goals</u> the welfare and protection of the individuals and groups with whom psychologists work <u>and the education of members, students, and the public regarding ethical standards of the discipline.</u> It is the individual responsibility of each psychologist to aspire to the highest possible standards of conduct. Psychologists respect and protect human and civil rights, and do not knowingly</p>

1992 Ethics Code	2002 Ethics Code
<p>The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.</p>	<p>participate in or condone unfair discriminatory practices. The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment and to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues, as appropriate; and to consult with others, as needed, concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.</p>
<p>GENERAL PRINCIPLES</p>	<p>GENERAL PRINCIPLES</p>
<p>New paragraph.</p>	<p><u>This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.</u></p>
<p>PRINCIPLE E: CONCERN FOR OTHERS' WELFARE Psychologists seek to contribute to the welfare of those with whom they interact professionally. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships.</p> <p><i>(Note inclusion of Standard 1.15, Misuse of Psychologists' Influence.)</i> Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.</p>	<p>PRINCIPLE A: <u>BENEFICENCE AND NONMALEFICENCE</u> CONCERN FOR OTHERS' WELFARE <u>Psychologists strive to benefit those with whom they work and take care to do no harm. Psychologists seek to contribute to the welfare of those with whom they interact professionally.</u> In their professional actions, psychologists <u>seek to safeguard</u> weigh the welfare and rights of <u>those with whom they interact professionally</u> their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Psychologists are sensitive to real and ascribed differences in power between themselves and others, and they do not exploit or mislead other people during or after professional relationships. <u>Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.</u></p>
<p>PRINCIPLE C: PROFESSIONAL AND SCIENTIFIC RESPONSIBILITY Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their patients, clients, or other recipients of their services. Psychologists' moral standards</p>	<p>PRINCIPLE B: <u>FIDELITY AND PROFESSIONAL AND SCIENTIFIC</u> RESPONSIBILITY <u>Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.</u> Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and adapt their methods to the needs of different populations <u>seek to manage conflicts of interest</u></p>

1992 Ethics Code	2002 Ethics Code
<p>and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct. When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.</p>	<p><u>that could lead to exploitation or harm.</u> Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of <u>those with whom they work</u>their patients, clients, or other recipients of their services. <u>Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists.</u> Psychologists They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. <u>Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.</u> When appropriate, they consult with colleagues in order to prevent or avoid unethical conduct.</p>
<p>PRINCIPLE B: INTEGRITY Psychologists seek to promote integrity in the science, teaching, and practice of psychology. In these activities psychologists are honest, fair, and respectful of others. In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships.</p>	<p>PRINCIPLE C: INTEGRITY Psychologists seek to promote <u>accuracy, honesty, and truthfulness</u> integrity in the science, teaching, and practice of psychology. In these activities psychologists are honest, fair, and respectful of others. In describing or reporting their qualifications, services, products, fees, research, or teaching, they do not make statements that are false, misleading, or deceptive. Psychologists strive to be aware of their own belief systems, values, needs, and limitations and the effect of these on their work. To the extent feasible, they attempt to clarify for relevant parties the roles they are performing and to function appropriately in accordance with those roles. Psychologists avoid improper and potentially harmful dual relationships. <u>do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact.</u> <u>Psychologists strive to keep their promises and to avoid unwise or unclear commitments.</u> <u>In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.</u></p>
<p>New principle.</p>	<p>PRINCIPLE D: JUSTICE <u>Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists.</u> <u>Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.</u></p>
<p>PRINCIPLE D: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of</p>	<p>PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people, <u>and</u> They respect the rights of individuals to privacy, confidentiality, <u>and</u> self-determination, <u>and</u> autonomy, <u>mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights</u></p>

1992 Ethics Code	2002 Ethics Code
<p>cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone unfair discriminatory practices.</p> <p><i>(Note inclusion of Standard 1.09, Respecting Others.)</i></p> <p>In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.</p>	<p><u>Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making.</u> Psychologists are aware of <u>and respect</u> cultural, individual, and role differences, including those <u>based on due to</u> age, gender, <u>gender identity</u>, race, ethnicity, <u>culture</u>, national origin, religion, sexual orientation, disability, language, and socioeconomic status <u>and consider these factors when working with members of such groups</u> adapt their methods to the needs of different populations. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone <u>activities of others based upon such prejudices</u> unfair discriminatory practices.</p>
ETHICAL STANDARDS	ETHICAL STANDARDS
8. RESOLVING ETHICAL ISSUES	1. RESOLVING ETHICAL ISSUES
<p>1.16 Misuse of Psychologists' Work. (b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.</p>	<p>1.01 Misuse of Psychologists' Work. (b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.</p>
<p>1.02 Relationship of Ethics and Law. If psychologists' ethical responsibilities conflict with law, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner.</p>	<p>1.02 <u>Conflicts Between Relationship of</u> Ethics and Law, <u>Regulations, or Other Governing Legal Authority.</u> If psychologists' ethical responsibilities conflict with law, <u>regulations, or other governing legal authority,</u> psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. <u>If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.</u></p>
<p>8.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.</p>	<p>1.03 Conflicts Between Ethics and Organizational Demands. If the demands of an organization with which psychologists are affiliated <u>or for whom they are working</u> conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.</p>
<p>8.04 Informal Resolution of Ethical Violations. When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.</p>	<p>1.04 Informal Resolution of Ethical Violations. When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. <u>(See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)</u></p>
<p>8.05 Reporting Ethical Violations. If an apparent ethical violation is not appropriate for informal resolution under Standard 8.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics or to state licensing boards.</p>	<p>1.05 Reporting Ethical Violations. If an apparent ethical violation <u>has substantially harmed or is likely to substantially harm a person or organization and</u> is not appropriate for informal resolution under Standard 8.04 <u>1.04, Informal Resolution of Ethical Violations,</u> or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or</p>

1992 Ethics Code	2002 Ethics Code
	national committees on professional ethics, or to state licensing boards, <u>or to the appropriate institutional authorities.</u> This standard does not apply when an <u>intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.</u> (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)
8.06 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.	1.06 Cooperating With Ethics Committees. Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they <u>make reasonable efforts to resolve</u> address any <u>issues as to</u> confidentiality <u>issues.</u> Failure to cooperate is itself an ethics violation. <u>However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.</u>
8.07 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than to protect the public.	1.07 Improper Complaints. Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.
1.11 Sexual Harassment (b) Psychologists accord sexual-harassment complainants and respondents dignity and respect. Psychologists do not participate in denying a person academic admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of, sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.	1.08 Sexual Harassment Unfair Discrimination Against Complainants and Respondents. (b) Psychologists accord sexual harassment complainants and respondents dignity and respect. Psychologists do not participate in <u>denying a person's employment, advancement, admissions to academic or other programs, admittance or advancement, employment, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint</u> sexual harassment charges. This does not preclude taking action based upon the outcome of such proceedings or <u>considering</u> consideration of other appropriate information.
	2. COMPETENCE
1.04 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their education, training, supervised experience, or appropriate professional experience.	2.01 Boundaries of Competence. (a) Psychologists provide services, teach, and conduct research <u>with populations and in areas</u> only within the boundaries of their competence, based on their education, training, supervised experience, <u>consultation, study, or appropriate</u> professional experience.
1.08 Human Differences. Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, psychologists obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals.	1.08 Human Differences. (b) Where differences of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, <u>scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affect psychologists' work concerning particular individuals or groups, is essential for effective implementation of their services or research,</u> psychologists <u>have or</u> obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, <u>except as provided in Standard 2.02, Providing Services in Emergencies.</u>

1992 Ethics Code	2002 Ethics Code
<p>1.04 Boundaries of Competence. (b) Psychologists provide services, teach, or conduct research in new areas or involving new techniques only after first undertaking appropriate study, training, supervision, and/or consultation from persons who are competent in those areas or techniques.</p>	<p>(cb) Psychologists <u>planning to</u> provide services, teach, or conduct research in new areas or involving <u>new populations, areas, techniques, or technologies new to them undertake only after first undertaking appropriate study, relevant education, training, supervised experience, supervision, and/or consultation, or study from persons who are competent in those areas or techniques.</u></p>
<p>New subsection.</p>	<p>(d) <u>When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.</u></p>
<p>1.04 Boundaries of Competence. (c) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and others from harm.</p>	<p>(ce) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect <u>clients/patients, clients, students, supervisees, research participants, organizational clients,</u> and others from harm.</p>
<p>7.06 Compliance With Law and Rules. In performing forensic roles, psychologists are reasonably familiar with the rules governing their roles. Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)</p>	<p>7.06 Compliance With Law and Rules. (f) <u>When assuming in performing</u> forensic roles, psychologists are <u>or become</u> reasonably familiar with the <u>judicial or administrative</u> rules governing their roles. <u>Psychologists are aware of the occasionally competing demands placed upon them by these principles and the requirements of the court system, and attempt to resolve these conflicts by making known their commitment to this Ethics Code and taking steps to resolve the conflict in a responsible manner. (See also Standard 1.02, Relationship of Ethics and Law.)</u></p>
<p>New standard.</p>	<p><u>2.02 Providing Services in Emergencies.</u> <u>In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.</u></p>
<p>1.05 Maintaining Expertise. Psychologists who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to maintain competence in the skills they use.</p>	<p>2.03 Maintaining <u>Competence</u>Expertise. Psychologists <u>who engage in assessment, therapy, teaching, research, organizational consulting, or other professional activities maintain a reasonable level of awareness of current scientific and professional information in their fields of activity, and undertake ongoing efforts to develop and maintain their</u> competence <u>in the skills they use.</u></p>
<p>1.06 Basis for Scientific and Professional Judgments. Psychologists rely on scientifically and professionally derived knowledge when making scientific or professional judgments or when engaging in scholarly or professional endeavors.</p>	<p>2.04 Basis for Scientific and Professional Judgments. Psychologists' <u>rely on work is based upon established scientifically and professionally derived knowledge of the discipline when making scientific or professional judgments or when engaging in scholarly or professional endeavors.</u> (See also Standards 2.01e, Boundaries of Competence,</p>

1992 Ethics Code	2002 Ethics Code
<p>1.22 Delegation to and Supervision of Subordinates. (a) Psychologists delegate to their employees, supervisees, and research assistants only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided.</p>	<p>and 10.01b, Informed Consent to Therapy.) 2.05 Delegation of Work to Others and Supervision of Subordinates. Psychologists <u>who</u> delegate <u>work</u> to <u>their</u> employees, supervisees, <u>or</u> and research <u>or</u> and <u>teaching</u> assistants <u>or</u> <u>who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize</u> only those responsibilities that such persons can reasonably be expected to perform competently, on the basis of their education, training, or experience, either independently or with the level of supervision being provided; <u>and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)</u></p>
<p>1.13 Personal Problems and Conflicts. (a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from undertaking an activity when they know or should know that their personal problems are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.</p>	<p>2.06 Personal Problems and Conflicts. (a) Psychologists recognize that their personal problems and conflicts may interfere with their effectiveness. Accordingly, they refrain from initiating undertaking an activity when they know or should know that <u>there is a substantial likelihood that</u> their personal problems <u>will prevent them from performing their work-related activities in a competent manner</u> are likely to lead to harm to a patient, client, colleague, student, research participant, or other person to whom they may owe a professional or scientific obligation.</p>
<p>(c) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties.</p>	<p>(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. <u>(See also Standard 10.10, Terminating Therapy.)</u></p>
	<p>3. HUMAN RELATIONS</p>
<p>1.10 Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.</p>	<p>3.01 Unfair Nondiscrimination. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, <u>gender identity</u>, race, ethnicity, <u>culture</u>, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.</p>
<p>1.11 Sexual Harassment. (a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple</p>	<p>3.02 Sexual Harassment. (a) Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either: (1) is unwelcome, is offensive, or creates a hostile workplace <u>or educational</u> environment, and the psychologist knows or is told this; or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or</p>

1992 Ethics Code	2002 Ethics Code
persistent or pervasive acts.	of multiple persistent or pervasive acts. <u>(See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)</u>
<p>1.12 Other Harassment.</p> <p>Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.</p>	<p>3.03 Other Harassment.</p> <p>Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, <u>gender identity</u>, race, ethnicity, <u>culture</u>, national origin, religion, sexual orientation, disability, language, or socioeconomic status.</p>
<p>1.14 Avoiding Harm.</p> <p>Psychologists take reasonable steps to avoid harming their patients or clients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.</p>	<p>3.04 Avoiding Harm.</p> <p>Psychologists take reasonable steps to avoid harming their <u>clients/patients</u> or clients, <u>research participants</u>, research participants, students, <u>supervisees, research participants, organizational clients</u>, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.</p>
<p>1.17 Multiple Relationships.</p> <p>(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A psychologist refrains from entering into or promising another personal, scientific, professional, financial, or other relationship with such persons if it appears likely that such a relationship reasonably might impair the psychologist's objectivity or otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or might harm or exploit the other party.</p>	<p>3.05 Multiple Relationships.</p> <p>(a) In many communities and situations, it may not be feasible or reasonable for psychologists to avoid social or other nonprofessional contacts with persons such as patients, clients, students, supervisees, or research participants. Psychologists must always be sensitive to the potential harmful effects of other contacts on their work and on those persons with whom they deal. A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.</p> <p>A psychologist refrains from entering into <u>a multiple relationship</u> or promising another personal, scientific, professional, financial, or other relationship with such persons if the multiple relationship could reasonably be expected to if it appears likely that such a relationship reasonably might impair the psychologist's objectivity, <u>competence</u>, or <u>effectiveness in</u> otherwise interfere with the psychologist's effectively performing his or her functions as a psychologist, or <u>otherwise risks</u> might <u>exploitation or harm to the person with whom the professional relationship exists</u> or exploit the other party.</p> <p><u>Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.</u></p>
<p>(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.</p>	<p><u>(be)</u> If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist <u>takes reasonable steps</u> attempts to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.</p>

1992 Ethics Code	2002 Ethics Code
<p>7.03 Clarification of Role. In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists may be called on to serve in more than one role in a legal proceeding - for example, as consultant or expert for one party or for the court and as a fact witness - they clarify role expectations and the extent of confidentiality in advance to the extent feasible, and thereafter as changes occur, in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.</p>	<p>7.03—Clarification of Role. (c) In most circumstances, psychologists avoid performing multiple and potentially conflicting roles in forensic matters. When psychologists <u>are may be required by law, institutional policy, or extraordinary circumstances called on</u> to serve in more than one role in <u>judicial or administrative a legal proceedings, at the outset</u> for example, as consultant or expert for one party or for the court and as a fact witness, they clarify role expectations and the extent of confidentiality <u>in advance to the extent feasible,</u> and thereafter as changes occur, <u>in order to avoid compromising their professional judgment and objectivity and in order to avoid misleading others regarding their role.</u> (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)</p>
<p>1.17 Multiple Relationships. (b) Likewise, whenever feasible, a psychologist refrains from taking on professional or scientific obligations when pre-existing relationships would create a risk of such harm.</p>	<p>3.06 Conflict of Interest. Likewise, whenever feasible, a pPsychologists refrains from taking on <u>a professional role or scientific obligations</u> when <u>personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation</u>pre-existing relationships would create a risk of such harm.</p>
<p>1.21 Third-Party Requests for Services. (a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality.</p>	<p>3.07 Third-Party Requests for Services. (a) When a psychologists agrees to provide services to a person or entity at the request of a third party, <u>the psychologists attempt to clarify</u>yes to the extent feasible at the outset of the service, the nature of the relationship with <u>all individuals or organizations involved each party.</u> This clarification includes the role of the psychologist (<u>e.g., such as</u> therapist, <u>organizational</u> consultant, diagnostician, or expert witness), <u>an identification of who is the client,</u> the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)</p>
<p>1.19 Exploitative Relationships. (a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients or patients. (See also Standards 4.05 - 4.07 regarding sexual involvement with clients or patients.)</p>	<p>3.08 Exploitative Relationships. (a) Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as <u>clients/patients, students, supervisees, research participants, and employees, research participants, and clients or patients.</u> (See also Standards <u>3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients</u>4.05—4.07 regarding sexual involvement with clients or patients.)</p>
<p>1.20 Consultations and Referrals.</p>	<p>3.09 <u>Cooperation with Other Professionals</u> Consultations</p>

1992 Ethics Code	2002 Ethics Code
<p>(b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their patients or clients effectively and appropriately.</p>	<p>and Referrals. (b) When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their <u>clients</u>/patients or clients effectively and appropriately. <u>(See also Standard 4.05, Disclosures.)</u></p>
<p><i>The draft addresses informed consent through a general standard in this section and standards in other sections that provide specific amplifications. The 1992 Ethics Code provided informed consent requirements primarily in individual areas. (See 1992 Standards 4.02a Informed Consent to Therapy, 6.11 Informed Consent to Research.)</i></p> <p><i>Standard 4.02 of the 1992 Ethics Code is used for comparison here, because it is the best comparison to the general provision of informed consent in Draft 7 (Standard 3.10).</i></p> <p><i>*Note: the requirement for documentation of informed consent in Draft 7 is Standard 3.10d. The requirement in Draft 7 Standard 3.10 (a) (4) regarding answering questions is from 1992 Standard 4.01d.</i></p> <p>4.02 Informed Consent to Therapy. (a) Psychologists obtain appropriate informed consent to therapy or related procedures, using language that is reasonably understandable to participants. The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented. *</p> <p>4.01 (d) Psychologists make reasonable efforts to answer patients' questions and to avoid apparent misunderstandings about therapy. Whenever possible, psychologists provide oral and/or written information, using language that is reasonably understandable to the patient or client.</p>	<p>3.10 Informed Consent to Therapy.</p> <p>(a) <u>When p</u>Psychologists <u>conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they</u> obtain <u>the appropriate</u>-informed consent <u>of the individual or individuals to therapy or related procedures,</u> using language that is reasonably understandable to <u>that person or persons</u> participants <u>except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code.</u> The content of informed consent will vary depending on many circumstances; however, informed consent generally implies that the person (1) has the capacity to consent, (2) has been informed of significant information concerning the procedure, (3) has freely and without undue influence expressed consent, and (4) consent has been appropriately documented. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)</p>
<p><i>(Includes portions of 4.02b and c. The comparison is shown to 4.02b; portions included in []'s are from 4.02c.)</i></p> <p>4.02 (b) When persons are legally incapable of giving informed consent, psychologists obtain informed permission from a legally authorized person, if such substitute consent is permitted by law.</p> <p>4.02 (c) In addition, psychologists (1) inform those persons who are legally incapable of giving informed consent about the proposed interventions in a manner commensurate with the persons' psychological capacities, (2) seek their assent to those interventions, and (3) consider such persons' preferences and best interests.</p>	<p>(b) For When persons <u>who</u> are legally incapable of giving informed consent, psychologists <u>nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate informed</u>-permission from a legally authorized person, if such substitute consent is permitted <u>or required</u> by law. <u>When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.</u></p>
<p>New subsection.</p>	<p><u>(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of</u></p>

1992 Ethics Code	2002 Ethics Code
<p>From 4.02 (a) (4).</p> <p>4.02 Informed Consent to Therapy. (a) Psychologists ... consent has been appropriately documented.</p>	<p>confidentiality, before proceeding.</p> <p>(d) Psychologists <u>consent has been</u> appropriately documented <u>written or oral consent, permission, and assent.</u> (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)</p>
<p>1.07 Describing the Nature and Results of Psychological Services. (a) When psychologists provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 2.09, Explaining Assessment Results.)</p>	<p>3.11 Describing the Nature and Results of Psychological Services <u>Delivered To or Through Organizations.</u> (a) When pPsychologists <u>delivering services to or through</u> provide assessment, evaluation, treatment, counseling, supervision, teaching, consultation, research, or other psychological services to an individual, a group, or an organization, they provide <u>information beforehand to clients and when appropriate those directly affected by the services, using language that is reasonably understandable to the recipient of those services, appropriate information beforehand</u> about (1) the nature <u>and objectives of the such</u> services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide <u>and appropriate</u> information <u>later</u> about <u>the</u> results and conclusions <u>of such services to appropriate persons.</u> (See also Standard 2.09, Explaining Assessment Results.)</p>
<p>(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.</p>	<p>(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.</p>
<p>4.08 Interruption of Services. (a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's relocation or financial limitations. (See also Standard 5.09, Preserving Records and Data.)</p>	<p>3.12 Interruption of <u>Psychological</u> Services. (a) Unless otherwise covered by contract, pPsychologists make reasonable efforts to plan for facilitating <u>services care</u> in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or <u>relocation, or retirement</u> or by the client's/<u>patient's</u> relocation or financial limitations. (See also Standard <u>6.02c5.09, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work</u>Preserving Records and Data.)</p>
<p>5. PRIVACY AND CONFIDENTIALITY</p>	<p>4. PRIVACY AND CONFIDENTIALITY</p>
<p>5.02 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to respect the confidentiality rights of those with whom they work or consult, recognizing that confidentiality may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 6.26, Professional Reviewers.)</p>	<p>4.01 Maintaining Confidentiality. Psychologists have a primary obligation and take reasonable precautions to <u>protect</u> respect the <u>confidentiality information obtained through or stored in any medium,</u> rights of those with whom they work or consult, recognizing that <u>the extent and limits of confidentiality they</u> confidentiality may be <u>regulated</u> established by law, <u>or established by</u> institutional rules, or professional or scientific relationships. (See also Standard <u>2.05, Delegation of Work to Others</u>6.26, Professional Reviewers.)</p>

1992 Ethics Code	2002 Ethics Code
<p>5.01 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons and organizations with whom they establish a scientific or professional relationship (including, to the extent feasible, minors and their legal representatives) (1) the relevant limitations on confidentiality, including limitations where applicable in group, marital, and family therapy or in organizational consulting, and (2) the foreseeable uses of the information generated through their services.</p>	<p>4.02 Discussing the Limits of Confidentiality. (a) Psychologists discuss with persons (<u>including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives</u>) and organizations with whom they establish a scientific or professional relationship (<u>including, to the extent feasible, minors and their legal representatives</u>) (1) the relevant <u>limits of limitations on confidentiality, including limitations where applicable in group marital, and family therapy or in organizational consulting,</u> and (2) the foreseeable uses of the information generated through their <u>services psychological activities. (See also Standard 3.10, Informed Consent.)</u></p>
<p>(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.</p>	<p>(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.</p>
<p>New subsection.</p>	<p><u>(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.</u></p>
<p>(c) Permission for electronic recording of interviews is secured from clients and patients.</p>	<p>4.03 Recording. <u>(c) Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)</u></p>
<p>5.03 Minimizing Intrusions on Privacy. (a) In order to minimize intrusions on privacy, psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.</p>	<p>4.04 Minimizing Intrusions on Privacy. (a) <u>In order to minimize intrusions on privacy,</u> <u>Psychologists</u> include in written and oral reports, and consultations, <u>and the like,</u> only information germane to the purpose for which the communication is made.</p>
<p>(b) Psychologists discuss confidential information obtained in clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees, only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.</p>	<p>(b) Psychologists discuss confidential information obtained in <u>their work clinical or consulting relationships, or evaluative data concerning patients, individual or organizational clients, students, research participants, supervisees, and employees,</u> only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.</p>
<p>5.05 Disclosures. (b) Psychologists also may disclose confidential information with the appropriate consent of the patient or the individual or organizational client (or of another legally authorized person on behalf of the patient or client), unless prohibited by law.</p>	<p>4.05 Disclosures. (<u>ba</u>) Psychologists <u>also</u> may disclose confidential information with the appropriate consent of the <u>patient or the individual or</u> organizational client, <u>the individual client/patient,</u> (<u>or of</u> another legally authorized person on behalf of the <u>client/patient or client</u>), unless prohibited by law.</p>
<p>(a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the patient or client or others from harm, or (4) to obtain payment for services,</p>	<p>(<u>ab</u>) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law <u>or</u> for a valid purpose such as <u>to</u> (1) <u>to</u> provide needed professional services; (2) <u>to</u> obtain appropriate professional consultations; (3) <u>to</u> protect the <u>client/patient, psychologist, patient or client</u> or others from harm; (4) <u>to</u> obtain payment for services <u>from a</u></p>

1992 Ethics Code	2002 Ethics Code
<p>in which instance disclosure is limited to the minimum that is necessary to achieve the purpose.</p>	<p><u>client/patient</u>, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. <u>(See also Standard 6.04e, Fees and Financial Arrangements.)</u></p>
<p>5.06 Consultations. When consulting with colleagues, (1) psychologists do not share confidential information that reasonably could lead to the identification of a patient, client, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they share information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 5.02, Maintaining Confidentiality.)</p>	<p>4.06 Consultations. When consulting with colleagues, (1) psychologists do not <u>disclose share</u> confidential information that reasonably could lead to the identification of a <u>client/patient, client,</u> research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they <u>disclose share</u> information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)</p>
<p>5.08 Use of Confidential Information for Didactic or Other Purposes. (a) Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their patients, individual or organizational clients, students, research participants, or other recipients of their services that they obtained during the course of their work, unless the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.</p>	<p>4.07 Use of Confidential Information for Didactic or Other Purposes. Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their <u>clients/patients, individual or organizational clients,</u> students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless <u>(1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is other ethical or</u> legal authorization for doing so.</p>
<p>3. ADVERTISING AND OTHER PUBLIC STATEMENTS</p>	<p>5. ADVERTISING AND OTHER PUBLIC <u>REPRESENTATIONS</u> <u>STATEMENTS</u></p>
<p><i>The first part of 3.03a is shown in comparison to the revised 5.01a and second part to 5.01b. The text in 5.01a that is from 1992 Standard 3.01 is shown in []s.</i></p> <p>3.03 Avoidance of False or Deceptive Statements. (a) Psychologists do not make public statements that are false, deceptive, misleading, or fraudulent, either because of what they state, convey, or suggest or because of what they omit, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.</p>	<p>5.01 Avoidance of False or Deceptive Statements. (a) Public statements include but are not limited to paid or unpaid advertising, <u>product endorsements, grant applications, licensing applications, other credentialing applications,</u> brochures, printed matter, directory listings, personal resumes or <u>curricula curriculum-vitae, interviews</u> or comments for use in media <u>such as print or electronic transmission,</u> statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not <u>knowingly</u> make public statements that are false, deceptive, <u>misleading,</u> or fraudulent, <u>either because of what they state, convey, or suggest or because of what they omit,</u> concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.</p>
<p><i>Subsection based on the last sentence from 3.03a, in particular numbered items 5—8.</i></p> <p>3.03 Avoidance of False or Deceptive Statements. (a) ... As examples (and not in limitation) of this standard, psychologists do not make false or deceptive statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6)</p>	<p><u>(b) As examples (and not in limitation) of this standard,</u> <u>Psychologists do not make false, or deceptive, or fraudulent</u> statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical</p>

1992 Ethics Code	2002 Ethics Code
the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)	basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings. (See also Standards 6.15, Deception in Research, and 6.18, Providing Participants With Information About the Study.)
(b) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.	(b) Psychologists claim <u>degrees</u> as credentials for their <u>health services psychological work</u> , only <u>if those</u> degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.
3.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.	5.02 Statements by Others. (a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.
(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.	(d) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. <u>(See also Standard 1.01, Misuse of Psychologists' Work.)</u>
(e) A paid advertisement relating to the psychologist's activities must be identified as such, unless it is already apparent from the context.	(e) A paid advertisement relating to psychologists' activities must be identified <u>or clearly recognizable</u> as such, <u>unless it is already apparent from the context.</u>
6.02 Descriptions of Education and Training Programs (c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.	5.03 Descriptions of <u>Workshops and Non-Degree-Granting Educational Education and Training</u> Programs. (c) To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.
3.04 Media Presentations. When psychologists provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature and practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally.	5.04 Media Presentations. When psychologists provide <u>public</u> advice or comment <u>via print, internet, or other electronic transmission</u> , by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media , they take <u>reasonable</u> precautions to ensure that <u>statements</u> (1) the statements are based on <u>their professional knowledge, training, or experience in accord with</u> appropriate psychological literature and practice; (2) the statements are otherwise consistent with this Ethics Code; and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally. <u>do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)</u>
3.05 Testimonials. Psychologists do not solicit testimonials from current psychotherapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.	5.05 Testimonials. Psychologists do not solicit testimonials from current psyche therapy clients or patients or other persons who because of their particular circumstances are vulnerable to undue influence.
3.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or	5.06 In-Person Solicitation. Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or

1992 Ethics Code	2002 Ethics Code
<p>potential psychotherapy patients or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this does not preclude attempting to implement appropriate collateral contacts with significant others for the purpose of benefiting an already engaged therapy patient.</p>	<p>potential psychotherapy <u>clients/patients</u> or clients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this <u>prohibition</u> does not preclude (1) attempting to implement appropriate collateral contacts <u>with significant others</u> for the purpose of benefiting an already engaged therapy <u>client/patient</u> or (2) <u>providing disaster or community outreach services</u>.</p>
	<p>6. RECORD KEEPING AND FEES</p>
<p><i>The comparison is shown to 1.24; portions included in []'s are from 1.23a.</i></p> <p>1.24 Records and Data. Psychologists create, maintain, disseminate, store, retain, and dispose of records and data relating to their research, practice, and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 5.04, Maintenance of Records.)</p> <p>1.23 Documentation of Professional and Scientific Work. (a) Psychologists appropriately document their professional and scientific work in order to facilitate provision of services later by them or by other professionals, to ensure accountability, and to meet other requirements of institutions or the law.</p>	<p>6.01 Documentation of Professional and Scientific Work <u>and Maintenance of Records</u>. (a) Psychologists create, <u>and to the extent the records are under their control</u>, maintain, disseminate, store, retain, and dispose of records and data relating to their <u>professional and scientific work</u> research, practice and other work in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code (See also Standard 5.04, Maintenance of Records.) in order to (1) facilitate provision of services later by them or by other professionals, (2) <u>allow for replication of research design and analyses</u>, (3) <u>meet institutional requirements</u>, (4) <u>ensure accuracy of billing and payments</u>, and (5) <u>ensure compliance with law</u>. (See also Standard 4.01, Maintaining Confidentiality.)</p>
<p>5.04 Maintenance of Records Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code.</p>	<p>6.02 Maintenance, <u>Dissemination, and Disposal</u> of <u>Confidential</u> Records of Professional and Scientific Work. (a) Psychologists maintain <u>appropriate</u> confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. Psychologists maintain and dispose of records in accordance with law and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)</p>
<p>5.07 Confidential Information in Databases. (a) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.</p>	<p>5.07 Confidential Information in Databases. (ab) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.</p>
<p>5.09 Preserving Records and Data. A psychologist makes plans in advance so that confidentiality of records and data is protected in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.</p>	<p>5.09 Preserving Records and Data. (c) A pPsychologists makes plans in advance <u>to facilitate so that the appropriate transfer and to protect the</u> confidentiality of records and data is protected in the event of the psychologists' s <u>death, incapacity, or</u> withdrawal from the positions or practice. (See also Standards 3.12, <u>Interruption of Psychological Services</u>, and 10.09, <u>Interruption of Therapy</u>.)</p>
<p>5.11 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and imminently needed for a patient's or client's treatment solely because payment has not been received, except as otherwise provided by law.</p>	<p>6.03 Withholding Records for Nonpayment. Psychologists may not withhold records under their control that are requested and <u>imminently</u> needed for a <u>client's/patient's</u> or client's <u>emergency</u> treatment solely because payment has not been received except as</p>

1992 Ethics Code	2002 Ethics Code
	otherwise provided by law.
<p>1.25 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologist and the patient, client, or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.</p>	<p>6.04 Fees and Financial Arrangements. (a) As early as is feasible in a professional or scientific relationship, the psychologists and the patient, client, or other appropriate recipients of psychological services reach an agreement specifying the compensation and the billing arrangements.</p>
(c) Psychologists' fee practices are consistent with law.	(b) Psychologists' fee practices are consistent with law.
(d) Psychologists do not misrepresent their fees.	(c) Psychologists do not misrepresent their fees.
(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other appropriate recipient of services as early as is feasible. (See also Standard 4.08, Interruption of Services.)	(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the patient, client, or other recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy Services, and 10.10, Terminating Therapy.)
(f) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standard 5.11, Withholding Records for Nonpayment.)	(e) If the patient, client, or other recipient of services does not pay for services as agreed, and if the psychologist s intend wishes to use collection agencies or legal measures to collect the fees, the psychologist s first informs the person that such measures will be taken and provides the person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)
<p>1.18 Barter (With Patients or Clients). Psychologists ordinarily refrain from accepting goods, services, or other nonmonetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if (1) it is not clinically contraindicated, and (2) the relationship is not exploitative. (See also Standards 1.17, Multiple Relationships, and 1.25, Fees and Financial Arrangements.)</p>	<p>6.05 Barter (With Clients/Patients or Clients). Psychologists ordinarily refrain from accepting Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement relationship is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)</p>
<p>1.26 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the research or service provided, the fees or charges, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standard 5.05, Disclosures.)</p>	<p>6.06 Accuracy in Reports to Payors and Funding Sources. In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurately reporting of state the nature of the research or service provided or research conducted, the fees, or charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)</p>
<p>1.27 Referrals and Fees. When a psychologist pays, receives payment from, or divides fees with another professional other than in an employer - employee relationship, the payment to each is based on the services (clinical, consultative, administrative, or other) provided and is not based on the referral itself.</p>	<p>6.07 Referrals and Fees. When a psychologists pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)</p>
<p>6. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING</p>	<p>7. TEACHING, EDUCATION AND TRAINING SUPERVISION, RESEARCH, AND PUBLISHING</p>
<p>6.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs seek to ensure that the programs are competently designed, provide the proper experiences, and</p>	<p>7.01 Design of Education and Training Programs. Psychologists who are responsible for education and training programs take reasonable steps seek to ensure that the programs are competently designed, to provide the</p>

1992 Ethics Code	2002 Ethics Code
meet the requirements for licensure, certification, or other goals for which claims are made by the program.	<u>appropriate knowledge and</u> proper experiences, and <u>to</u> meet the requirements for licensure, certification, or other goals for which claims are made by the program. <u>(See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)</u>
6.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs seek to ensure that there is a current and accurate description of the program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.	7.02 Descriptions of Education and Training Programs. (a) Psychologists responsible for education and training programs <u>take reasonable steps seek</u> to ensure that there is a current and accurate description of the program content <u>(including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service)</u> , training goals and objectives, <u>stipends and benefits</u> , and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.
(b) Psychologists seek to ensure that statements concerning their course outlines are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. (See also Standard 3.03, Avoidance of False or Deceptive Statements.)	7.03 Accuracy and Objectivity in Teaching. (a) Psychologists <u>take reasonable steps seek</u> to ensure that statements concerning their <u>syllabi outlines</u> are accurate and not misleading, particularly regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. <u>This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements.</u> (See also Standard 5.01, Avoidance of False or Deceptive Statements.)
6.03 Accuracy and Objectivity in Teaching. (a) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity.	(b) When engaged in teaching or training, psychologists present psychological information accurately and with a reasonable degree of objectivity. <u>(See also Standard 2.03, Maintaining Competence.)</u>
New standard.	<u>7.04 Student Disclosure of Personal Information. Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.</u>
New standard (a and b).	<u>7.05 Mandatory Individual or Group Therapy. (a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)</u>
	<u>(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not</u>

1992 Ethics Code	2002 Ethics Code
<p>6.05 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.</p>	<p>themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.) 7.06 Assessing Student and Supervisee Performance. (a) In academic and supervisory relationships, psychologists establish an appropriate <u>timely and specific</u> process for providing feedback to students and supervisees. <u>Information regarding the process is provided to the student at the beginning of supervision.</u></p>
<p>(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.</p>	<p>(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.</p>
<p>1.19 Exploitative Relationships (b) Psychologists do not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative.</p>	<p>7.07 Sexual Exploitative Relationships <u>with Students and Supervisees.</u> Psychologists do not engage in sexual relationships with students or supervisees in training who are in their <u>department, agency, or training center or</u> over whom the <u>psychologists have</u> has or are likely to have <u>evaluative or direct authority, because such relationships are so likely to impair judgment or be exploitative. (See also Standard 3.05, Multiple Relationships.)</u></p>
<p>6. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLISHING</p>	<p>8. TEACHING, TRAINING SUPERVISION, RESEARCH, AND PUBLICATIONSHING</p>
<p>6.09 Institutional Approval. Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.</p>	<p>8.01 Institutional Approval. <u>When institutional approval is required, P</u>psychologists <u>provide accurate information about their research proposals and</u> obtain from host institutions or organizations <u>appropriate</u> approval prior to conducting <u>the</u> research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.</p>
<p>6.11 Informed Consent to Research. (b) Using language that is reasonably understandable to participants, psychologists inform participants of the nature of the research; they inform participants that they are free to participate or to decline to participate or to withdraw from the research; they explain the foreseeable consequences of declining or withdrawing; they inform participants of significant factors that may be expected to influence their willingness to participate (such as risks, discomfort, adverse effects, or limitations on confidentiality, except as provided in Standard 6.15, Deception in Research); and they explain other aspects about which the prospective participants inquire.</p>	<p>8.02 Informed Consent to Research. (a) <u>When obtaining informed consent as required in Standard 3.10, Informed Consent, Using language that is reasonably understandable to participants,</u> psychologists inform participants <u>about (1) of the purpose nature</u> of the research, <u>expected duration, and procedures; (2) their right they inform participants that they are free to participate or to</u> decline to participate <u>and or</u> to withdraw from the research <u>once participation has begun; (3) they explain</u> the foreseeable consequences of declining or withdrawing; <u>(4) they inform participants of significant reasonably foreseeable</u> factors that may be expected to influence their willingness to participate (such as <u>potential</u> risks, discomfort, <u>or</u> adverse effects, <u>or limitations on</u> confidentiality, except as provided in Standard 6.15, Deception in Research); <u>(5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights</u> and they explain other aspects about which the prospective participants inquire. <u>They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)</u></p>

1992 Ethics Code	2002 Ethics Code
New subsection (b).	<u>(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating, including if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)</u>
6.13 Informed Consent in Research Filming or Recording. Psychologists obtain informed consent from research participants prior to filming or recording them in any form, unless the research involves simply naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm.	8.03 Informed Consent <u>for Recording Voices and Images</u> in Research Filming or Recording . Psychologists obtain informed consent from research participants prior to filming or recording <u>their voices or images for data collection</u> them in any form, unless (1) the research <u>consists solely of</u> involves simply naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, <u>or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)</u>
6.11 Informed Consent to Research. (c) When psychologists conduct research with individuals such as students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.	<u>8.04 Client/Patient, Student, and Subordinate Research Participants.</u> (ae) When psychologists conduct research with <u>clients/patients, individuals such as</u> students, or subordinates <u>as participants</u> , psychologists take <u>steps</u> special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
(d) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.	<u>(be)</u> When research participation is a course requirement or <u>an</u> opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.
6.12 Dispensing With Informed Consent. Before determining that planned research (such as research involving only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) does not require the informed consent of research participants, psychologists consider applicable regulations and institutional review board requirements, and they consult with colleagues as appropriate.	8.05 Dispensing With Informed Consent <u>for Research.</u> <u>Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) Before determining that planned research (such as research involving</u> only anonymous questionnaires, naturalistic observations, or certain kinds of archival research) <u>for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations</u> does not require the informed consent of research participants, psychologists consider applicable

1992 Ethics Code	2002 Ethics Code
	regulations and institutional review board requirements, and they consult with colleagues as appropriate.
6.14 Offering Inducements for Research Participants. (b) Psychologists do not offer excessive or inappropriate financial or other inducements to obtain research participants, particularly when it might tend to coerce participation.	8.06 Offering Inducements for Research Participants . (a) Psychologists make reasonable efforts to avoid offering do not offer excessive or inappropriate financial or other inducements for to obtain research participation nts , particularly when such inducements it might tend are likely to coerce participation.
(a) In offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 1.18, Barter [With Patients or Clients].)	(ba) When in offering professional services as an inducement for to obtain research participation nts , psychologists clarify make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)
6.15 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's prospective scientific, educational, or applied value and that equally effective alternative procedures that do not use deception are not feasible.	8.07 Deception in Research. (a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that equally effective nondeceptive alternative procedures that do not use deception are not feasible.
(b) Psychologists never deceive research participants about significant aspects that would affect their willingness to participate, such as physical risks, discomfort, or unpleasant emotional experiences.	(b) Psychologists do not never deceive prospective research participants about research that is reasonably expected to cause significant aspects that would affect their willingness to participate, such as physical pain or severe emotional distress risks, discomfort, or unpleasant emotional experiences.
(c) Any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 6.18, Providing Participants With Information About the Study.)	(c) Psychologists explain A any other deception that is an integral feature of the design and conduct of an experiment must be explained to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection research , and permit participants to withdraw their data . (See also Standard 8.08, Debriefing.)
6.18 Providing Participants With Information About the Study. (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists attempt to correct any misconceptions that participants may have.	8.08 Debriefing. Providing Participants With Information About the Study (a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they psychologists take reasonable steps attempt to correct any misconceptions that participants may have of which the psychologists are aware .
(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.	(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
New subsection.	(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.
6.20 Care and Use of Animals in Research. (b) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.	8.09 Humane Care and Use of Animals in Research. (a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
(c) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health,	(be) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health,

1992 Ethics Code	2002 Ethics Code
and humane treatment.	and humane treatment.
(d) Psychologists ensure that all individuals using animals under their supervision have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role.	(d) Psychologists ensure that all individuals <u>under their supervision</u> who are using animals <u>under their supervision</u> have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. <u>(See also Standard 2.05, Delegation of Work to Others.)</u>
(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.	(f) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
(g) A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.	(g) <u>Psychologists use a A</u> -procedure subjecting animals to pain, stress, or privation <u>is used</u> only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
(h) Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection and minimize pain are followed during and after surgery.	(h) <u>Psychologists perform s</u> Surgical procedures <u>are performed</u> under appropriate anesthesia; <u>and follow</u> techniques to avoid infection and minimize pain <u>are followed</u> during and after surgery.
(i) When it is appropriate that the animal's life be terminated, it is done rapidly, with an effort to minimize pain, and in accordance with accepted procedures.	(i) When it is appropriate that <u>an the</u> animal's life be terminated, <u>psychologists proceed it is done</u> rapidly, with an effort to minimize pain, and in accordance with accepted procedures.
6.21 Reporting of Results. (a) Psychologists do not fabricate data or falsify results in their publications.	8.10 Reporting <u>Research of</u> Results. (a) Psychologists do not fabricate data <u>or falsify results in their publications.</u> <u>(See also Standard 5.01a, Avoidance of False or Deceptive Statements.)</u>
(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.	(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.
6.22 Plagiarism. Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.	8.11 Plagiarism. Psychologists do not present <u>substantial</u> portions <u>or elements</u> of another's work or data as their own, even if the other work or data source is cited occasionally.
6.23 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.	8.12 Publication Credit. (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have <u>substantially</u> contributed. <u>(See also Standard 8.12b, Publication Credit.)</u>
(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as Department Chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are appropriately acknowledged, such as in footnotes or in an introductory statement.	(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
(c) A student is usually listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis.	(c) <u>Except under exceptional circumstances, a A</u> -student is listed as principal author on any multiple-authored article that is substantially based on the student's <u>doctoral</u> dissertation <u>or thesis.</u> <u>Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.</u> <u>(See also Standard 8.12b, Publication Credit.)</u>
6.24 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude	8.13 Duplicate Publication of Data. Psychologists do not publish, as original data, data that have been previously published. This does not preclude

1992 Ethics Code	2002 Ethics Code
republishing data when they are accompanied by proper acknowledgment.	republishing data when they are accompanied by proper acknowledgment.
<p>6.25 Sharing Data. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release.</p>	<p>8.14 Sharing <u>Research Data for Verification</u>. <u>(a)</u> After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. <u>This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.</u></p>
New subsection.	<p><u>(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.</u></p>
<p>6.26 Professional Reviewers. Psychologists who review material submitted for publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.</p>	<p>8.15 Professional Reviewers. Psychologists who review material submitted for <u>presentation</u>, publication, grant, or other research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.</p>
2. EVALUATION, ASSESSMENT, OR INTERVENTION	9. EVALUATION, ASSESSMENT, OR INTERVENTION
<p>2.01 Evaluation, Diagnosis, and Interventions in Professional Context (b) Psychologists' assessments, recommendations, reports, and psychological diagnostic or evaluative statements are based on information and techniques (including personal interviews of the individual when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standard 7.02, Forensic Assessments.)</p>	<p>9.01 <u>Bases for Assessments</u> Evaluation, Diagnosis, and Interventions in Professional Context. <u>(ba)</u> Psychologists' <u>base the opinions contained in their assessments</u>, recommendations, reports, and psychological diagnostic or evaluative statements, <u>including forensic testimony, are based</u> on information and techniques <u>(including personal interviews of the individual when appropriate)</u> sufficient to <u>substantiate</u> provide appropriate substantiation for their findings. (See also <u>Standard 2.04, Bases for Scientific and Professional Judgments</u> Standard 7.02, Forensic Assessments.)</p>
<p>7.02 Forensic Assessments. (b) Except as noted in (c), below, psychologists provide written or oral forensic reports or testimony of the psychological characteristics of an individual only after they have conducted an examination of the individual adequate to support their statements or conclusions. (c) When, despite reasonable efforts, such an examination is not feasible, psychologists clarify the impact of their limited information on the reliability and validity of their reports and testimony, and they appropriately limit the nature and extent of their conclusions or recommendations.</p>	<p>7.02 Forensic assessments. (b) Except as noted in <u>9.01 (c)</u>, below, psychologists provide <u>opinions written or oral forensic reports or testimony</u> of the psychological characteristics of <u>an</u> individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. (c) When, despite reasonable efforts, such an examination is not <u>practical/feasible</u>, psychologists <u>document the efforts they made and the result of those efforts</u>, clarify the <u>probable</u> impact of their limited information on the reliability and validity of their <u>opinions reports and testimony</u>, and they appropriately limit the nature and extent of their conclusions or recommendations. <u>(See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)</u></p>
New subsection.	<p><u>(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they are based their conclusions and recommendations.</u></p>

1992 Ethics Code	2002 Ethics Code
<p>2.02 Competence and Appropriate Use of Assessments and Interventions. (a) Psychologists who develop, administer, score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.</p>	<p>9.02 Competence and Appropriate Use of Assessments and Interventions. (a) Psychologists who develop, administer, <u>adapt,</u> score, interpret, or use psychological assessment techniques, interviews, tests, or instruments do so in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.</p>
<p>New subsection.</p>	<p><u>(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.</u></p>
<p>New subsection.</p>	<p><u>(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.</u></p>
<p>New standard (a, b, and c).</p>	<p><u>9.03 Informed Consent In Assessments. (a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.</u></p>
	<p><u>(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.</u></p>
	<p><u>(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)</u></p>
<p>2.02 (b) Psychologists refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Relationship of Ethics and Law, and 1.04,</p>	<p>9.04 <u>Release of Test Data. (ab) The term <i>test data</i> refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during examination. Those portions of test materials that include client/patient responses are included in the definition of <i>test data</i>. Pursuant to a client/patient release, psychologists provide</u></p>

1992 Ethics Code	2002 Ethics Code
Boundaries of Competence.)	test data to the client/patient or other persons identified in the release. Psychologists may refrain from misuse of assessment techniques, interventions, results, and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. This includes refraining from releasing raw test results or raw data to <u>protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law</u> persons, other than to patients or clients as appropriate, who are not qualified to use such information. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 2.01, Boundaries of Competence <u>9.11, Maintaining Test Security.</u>)
New subsection.	<u>(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.</u>
2.03 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use scientific procedures and current professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.	9.05 Test Construction. Psychologists who develop and conduct research with tests and other assessment techniques use scientific appropriate <u>psychometric</u> procedures and current <u>scientific or</u> professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.
2.05 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors and characteristics of the person being assessed that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations.	9.06 Interpreting Assessment Results. When interpreting assessment results, including automated interpretations, psychologists take into account <u>the purpose of the assessment as well as</u> the various test factors, <u>test taking abilities,</u> and <u>other</u> characteristics of the person being assessed, <u>such as situational, personal, linguistic, and cultural differences,</u> that might affect psychologists' judgments or reduce the accuracy of their interpretations. <u>They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)</u>
2.06 Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons. (See also Standard 1.22, Delegation to and Supervision of Subordinates.)	9.07 <u>Assessment by</u> Unqualified Persons. Psychologists do not promote the use of psychological assessment techniques by unqualified persons, <u>except when such use is conducted for training purposes with appropriate supervision.</u> (See also Standard 2.05, Delegation of Work to Others.)
2.07 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.	9.08 Obsolete Tests and Outdated Test Results. (a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.
(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.	(b) Similarly, p Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.
2.08 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.	9.09 Test Scoring and Interpretation Services. (a) Psychologists who offer assessment or scoring <u>services</u> procedures to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

1992 Ethics Code	2002 Ethics Code
(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.	(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. <u>(See also Standard 2.01b and c, Boundaries of Competence.)</u>
(c) Psychologists retain appropriate responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.	(c) Psychologists retain <u>appropriate</u> responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.
<p>2.09 Explaining Assessment Results. Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists ensure that an explanation of the results is provided using language that is reasonably understandable to the person assessed or to another legally authorized person on behalf of the client. Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given.</p>	<p>9.10 Explaining Assessment Results. <u>Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services</u>Unless the nature of the relationship is clearly explained to the person being assessed in advance and precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), psychologists <u>take reasonable steps to ensure that an explanation of the results is provided using language that is reasonably understandable are given</u> to the <u>individual person</u>or to another legally authorized person on behalf of the client. <u>Regardless of whether the scoring and interpretation are done by the psychologist, by assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given</u>designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.</p>
<p>2.10 Maintaining Test Security. Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compliance with the requirements of this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)</p>	<p>9.11 Maintaining Test Security. <u>The term <i>test materials</i> refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard 9.04, Release of Test Data.</u> Psychologists make reasonable efforts to maintain the integrity and security of tests <u>materials</u> and other assessment techniques consistent with law, <u>and</u> contractual obligations, and in a manner that permits <u>adherence to compliance with the requirements of</u> this Ethics Code. (See also Standard 1.02, Relationship of Ethics and Law.)</p>
<p>4.01 Structuring the Relationship. (a) Psychologists discuss with clients or patients as early as is feasible in the therapeutic relationship appropriate issues, such as the nature and anticipated course of therapy, fees, and confidentiality. (See also Standards 1.25, Fees and Financial Arrangements, and 5.01, Discussing the Limits of Confidentiality.)</p>	<p>10. THERAPY 10.01 <u>Informed Consent to Therapy</u>Structuring the Relationship. (a) <u>When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, P</u>psychologists <u>inform discuss with clients/</u>or patients as early as is feasible in the therapeutic relationship <u>about appropriate issues, such as the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers.</u> (See also Standards <u>4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements, and 5.01, Discussing the Limits of</u></p>

1992 Ethics Code	2002 Ethics Code
New subsection.	<u>Confidentiality.)</u> <u>(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)</u>
(b) When the psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.	<u>(cb) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given</u> psychologist's work with clients or patients will be supervised, the above discussion includes that fact, and the name of the supervisor, when the supervisor has legal responsibility for the case.
4.03 Couple and Family Relationships. (a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are patients or clients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 5.01, Discussing the Limits of Confidentiality.)	10.02 <u>Therapy Involving Couples or and Family Relationships.</u> (a) When a <u>psychologists</u> agrees to provide services to several persons who have a relationship (such as <u>spouses husband and wife, significant others,</u> or parents and children), <u>they take reasonable steps</u> the psychologist attempts to clarify at the outset (1) which of the individuals are <u>patients or clients/patients</u> and (2) the relationship the psychologist will have with each person. This clarification includes the <u>psychologist's</u> role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)
(b) As soon as it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 7.03, Clarification of Role, under Forensic Activities.)	(b) If As soon as it becomes apparent that <u>the</u> psychologists <u>may</u> be called on to perform potentially conflicting roles (such as <u>marital counselor to husband and wife, family therapist</u> and then witness for one party in <u>a</u> divorce proceedings), <u>the</u> psychologists <u>take reasonable steps attempts</u> to clarify and <u>modifyadjust,</u> or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)
New standard.	<u>10.03 Group Therapy.</u> <u>When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.</u>
4.04 Providing Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential patient's or client's welfare. The psychologist discusses these issues with the patient or client, or another legally authorized person on behalf of the client, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.	10.04 Providing <u>Therapy</u> Mental Health Services to Those Served by Others. In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential <u>client's/patient's or client's</u> welfare. <u>The</u> psychologists <u>discusses</u> these issues with the <u>client/patient or client,</u> or another legally authorized person on behalf of the client/ <u>patient,</u> in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.
4.05 Sexual Intimacies With Current Patients or Clients.	10.05 Sexual Intimacies With Current Therapy

1992 Ethics Code	2002 Ethics Code
Psychologists do not engage in sexual intimacies with current patients or clients.	Clients/Patients. Psychologists do not engage in sexual intimacies with current therapy clients/patients or clients .
New standard.	<u>10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients.</u> <u>Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.</u>
4.06 Therapy With Former Sexual Partners. Psychologists do not accept as therapy patients or clients persons with whom they have engaged in sexual intimacies.	10.07 Therapy With Former Sexual Partners. Psychologists do not accept as therapy clients/patients or clients persons with whom they have engaged in sexual intimacies.
4.07 Sexual Intimacies With Former Therapy Patients. (a) Psychologists do not engage in sexual intimacies with a former therapy patient or client for at least two years after cessation or termination of professional services.	10.08 Sexual Intimacies With Former Therapy <u>Clients/Patients.</u> (a) Psychologists do not engage in sexual intimacies with a former therapy clients/patients or client for at least two years after cessation or termination of therapy <u>professional services.</u>
(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former therapy patients and clients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of treatment bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature and duration of the therapy, (3) the circumstances of termination, (4) the patient's or client's personal history, (5) the patient's or client's current mental status, (6) the likelihood of adverse impact on the patient or client and others, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the patient or client. (See also Standard 1.17, Multiple Relationships.)	(b) Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, <u>Psychologists do not engage in sexual intimacies with former clients/patients or clients even after a two-year interval except in the most unusual circumstances. The pPsychologists who engages in such activity after the two years following cessation or termination of therapy treatment and of having no sexual contact with the former client/patient bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated;</u> (2) the nature, <u>and the duration, and intensity</u> of the therapy; (3) the circumstances of termination; (4) the <u>client's/patient's or client's</u> personal history; (5) the <u>client's/patient's or client's</u> current mental status; (6) the likelihood of adverse impact on the <u>client/patient or client and others;</u> and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the <u>client/patient or client.</u> (See also Standard 3.05, Multiple Relationships.)
4.08 Interruption of Services. (b) When entering into employment or contractual relationships, psychologists provide for orderly and appropriate resolution of responsibility for patient or client care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the patient or client.	10.09 Interruption of <u>Therapy Services.</u> (b) When entering into employment or contractual relationships, psychologists <u>make reasonable efforts to</u> provide for orderly and appropriate resolution of responsibility for <u>client/patient or client</u> care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the <u>client/patient or client.</u> (See also Standard 3.12, <u>Interruption of Psychological Services.</u>)
4.09 Terminating the Professional Relationship. (b) Psychologists terminate a professional relationship when it becomes reasonably clear that the patient or client no longer needs the service, is not benefiting, or is being	10.10 Terminating <u>Therapy the Professional Relationship.</u> (a) Psychologists terminate <u>therapy a professional relationship</u> when it becomes reasonably clear that the <u>client/patient or client</u> no longer needs the service, is not

1992 Ethics Code	2002 Ethics Code
harmed by continued service.	likely to benefit , or is being harmed by continued service.
New subsection.	(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
(c) Prior to termination for whatever reason, except where precluded by the patient's or client's conduct, the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the patient or client needs one immediately.	(c) Prior to termination for whatever reason, Except where precluded by the actions of clients/patients or third-party payors patient's or client's conduct, prior to termination the psychologist discusses the patient's or client's views and needs, provides appropriate pretermination counseling and, suggests alternative service providers as appropriate, and takes steps to facilitate transfer of responsibility to another provider if the client/patient needs one immediately.

Standards from the APA Ethical Principles of Psychologists and Code of Conduct, Deleted from the 2002 Code or Otherwise Not Included in Redline Comparison

1992 Ethics Code	2002 Ethics Code
<p>Footnote 1 Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Specialty Guidelines for the Delivery of Services by Clinical Psychologists, Counseling Psychologists, Industrial/Organizational Psychologists, and School Psychologists (1981), Guidelines for Computer Based Tests and Interpretations (1987), Standards for Educational and Psychological Testing (1985), Ethical Principles in the Conduct of Research With Human Participants (1982), Guidelines for Ethical Conduct in the Care and Use of Animals (1986), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), and Publication Manual of the American Psychological Association (3rd ed., 1983). Materials not adopted by APA as a whole include the APA Division 41 (Forensic Psychology)/American Psychology-Law Society's Specialty Guidelines for Forensic Psychologists (1991).</p>	Footnote deleted.
<p>PRINCIPLE A: COMPETENCE Psychologists strive to maintain high standards of competence in their work. They recognize the boundaries of their particular competencies and the limitations of their expertise. They provide only those services and use only those techniques for which they are qualified by education, training, or experience. Psychologists are cognizant of the fact that the competencies required in serving, teaching, and/or studying groups of people vary with the distinctive characteristics of those groups. In those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take</p>	No corresponding principle.

1992 Ethics Code	2002 Ethics Code
appropriate precautions to protect the welfare of those with whom they work. They maintain knowledge of relevant scientific and professional information related to the services they render, and they recognize the need for ongoing education. Psychologists make appropriate use of scientific, professional, technical, and administrative resources.	
<p>PRINCIPLE F: SOCIAL RESPONSIBILITY Psychologists are aware of their professional and scientific responsibilities to the community and the society in which they work and live. They apply and make public their knowledge of psychology in order to contribute to human welfare. Psychologists are concerned about and work to mitigate the causes of human suffering. When undertaking research, they strive to advance human welfare and the science of psychology. Psychologists try to avoid misuse of their work. Psychologists comply with the law and encourage the development of law and social policy that serve the interests of their patients and clients and the public. They are encouraged to contribute a portion of their professional time for little or no personal advantage.</p>	No corresponding principle.
<p>1. GENERAL STANDARDS These General Standards are potentially applicable to the professional and scientific activities of all psychologists.</p>	Section title and introductory sentence deleted.
<p>1.01 Applicability of the Ethics Code. The activity of a psychologist subject to the Ethics Code may be reviewed under these Ethical Standards only if the activity is part of his or her work-related functions or the activity is psychological in nature. Personal activities having no connection to or effect on psychological roles are not subject to the Ethics Code.</p>	Addressed in the Introduction, Paragraph 2.
<p>1.03 Professional and Scientific Relationship. Psychologists provide diagnostic, therapeutic, teaching, research, supervisory, consultative, or other psychological services only in the context of a defined professional or scientific relationship or role. (See also Standards 2.01, Evaluation, Diagnosis, and Interventions in Professional Context, and 7.02, Forensic Assessments.)</p>	Standard deleted.
<p>1.09 Respecting Others. In their work-related activities, psychologists respect the rights of others to hold values, attitudes, and opinions that differ from their own.</p>	Addressed in Principle E.
<p>1.13 Personal Problems and Conflicts. (b) In addition, psychologists have an obligation to be alert to signs of, and to obtain assistance for, their personal problems at an early stage, in order to prevent significantly impaired performance.</p>	Subsection deleted.
<p>1.15 Misuse of Psychologists' Influence. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence.</p>	Addressed in Principle A.
<p>1.16 Misuse of Psychologists' Work. (a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused by</p>	Subsection deleted.

1992 Ethics Code	2002 Ethics Code
others, unless corrective mechanisms are available. (See also Standard 7.04, Truthfulness and Candor.)	
1.20 Consultations and Referrals. (a) Psychologists arrange for appropriate consultations and referrals based principally on the best interests of their patients or clients, with appropriate consent, and subject to other relevant considerations, including applicable law and contractual obligations. (See also Standards 5.01, Discussing the Limits of Confidentiality, and 5.06, Consultations.)	Subsection deleted.
1.20 Consultations and Referrals. (c) Psychologists' referral practices are consistent with law.	Subsection deleted.
1.21 Third-Party Requests for Services. (b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code.	Subsection deleted.
1.22 Delegation to and Supervision of Subordinates. (b) Psychologists provide proper training and supervision to their employees or supervisees and take reasonable steps to see that such persons perform services responsibly, competently, and ethically.	Subsection deleted.
1.22 Delegation to and Supervision of Subordinates. (c) If institutional policies, procedures, or practices prevent fulfillment of this obligation, psychologists attempt to modify their role or to correct the situation to the extent feasible.	Subsection deleted.
1.23 Documentation of Professional and Scientific Work. (b) When psychologists have reason to believe that records of their professional services will be used in legal proceedings involving recipients of or participants in their work, they have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with reasonable scrutiny in an adjudicative forum. (See also Standard 7.01, Professionalism, under Forensic Activities.)	Subsection deleted.
1.25 Fees and Financial Arrangements. (b) Psychologists do not exploit recipients of services or payors with respect to fees.	Subsection deleted.
2.01 Evaluation, Diagnosis, and Interventions in Professional Context. (a) Psychologists perform evaluations, diagnostic services, or interventions only within the context of a defined professional relationship. (See also Standard 1.03, Professional and Scientific Relationship.)	Subsection deleted.
2.04 Use of Assessment in General and With Special Populations. (a) Psychologists who perform interventions or administer, score, interpret, or use assessment techniques are familiar with the reliability, validation, and related standardization or outcome studies of, and proper applications and uses of, the techniques they use.	Standard (a—c) deleted.
2.04 Use of Assessment in General and With Special Populations. (b) Psychologists recognize limits to the certainty with	

1992 Ethics Code	2002 Ethics Code
which diagnoses, judgments, or predictions can be made about individuals.	
2.04 Use of Assessment in General and With Special Populations. (c) Psychologists attempt to identify situations in which particular interventions or assessment techniques or norms may not be applicable or may require adjustment in administration or interpretation because of factors such as individuals' gender, age, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.	
3.01 Definition of Public Statements. Psychologists comply with this Ethics Code in public statements relating to their professional services, products, or publications or to the field of psychology. Public statements include but are not limited to paid or unpaid advertising, brochures, printed matter, directory listings, personal resumes or curriculum vitae, interviews or comments for use in media, statements in legal proceedings, lectures and public oral presentations, and published materials.	Standard deleted; see Standard 5.01a.
3.02 Statements by Others. (b) In addition, psychologists make reasonable efforts to prevent others whom they do not control (such as employers, publishers, sponsors, organizational clients, and representatives of the print or broadcast media) from making deceptive statements concerning psychologists' practice or professional or scientific activities.	Subsection deleted.
3.02 Statements by Others. (c) If psychologists learn of deceptive statements about their work made by others, psychologists make reasonable efforts to correct such statements.	Subsection deleted.
4.01 Structuring the Relationship. (c) When the therapist is a student intern, the client or patient is informed of that fact.	Subsection deleted.
4.09 Terminating the Professional Relationship. (a) Psychologists do not abandon patients or clients. (See also Standard 1.25e, under Fees and Financial Arrangements.)	Subsection deleted.
These Standards are potentially applicable to the professional and scientific activities of all psychologists.	Introductory sentence from section titled "Privacy and Confidentiality" deleted.
5.07 Confidential Information in Databases. (b) If a research protocol approved by an institutional review board or similar body requires the inclusion of personal identifiers, such identifiers are deleted before the information is made accessible to persons other than those of whom the subject was advised.	Subsection deleted.
5.07 Confidential Information in Databases. (c) If such deletion is not feasible, then before psychologists transfer such data to others or review such data collected by others, they take reasonable steps to determine that appropriate consent of personally identifiable individuals has been obtained.	Subsection deleted.
5.08 Use of Confidential Information for Didactic or Other Purposes. (b) Ordinarily, in such scientific and professional	Subsection deleted.

1992 Ethics Code	2002 Ethics Code
presentations, psychologists disguise confidential information concerning such persons or organizations so that they are not individually identifiable to others and so that discussions do not cause harm to subjects who might identify themselves.	
5.10 Ownership of Records and Data. Recognizing that ownership of records and data is governed by legal principles, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of patients, individual or organizational clients, research participants, or appropriate others.	Standard deleted.
6.03 Accuracy and Objectivity in Teaching. (b) When engaged in teaching or training, psychologists recognize the power they hold over students or supervisees and therefore make reasonable efforts to avoid engaging in conduct that is personally demeaning to students or supervisees. (See also Standards 1.09, Respecting Others, and 1.12, Other Harassment.)	Subsection deleted.
6.04 Limitation on Teaching. Psychologists do not teach the use of techniques or procedures that require specialized training, licensure, or expertise, including but not limited to hypnosis, biofeedback, and projective techniques, to individuals who lack the prerequisite training, legal scope of practice, or expertise.	Standard deleted.
6.06 Planning Research. (a) Psychologists design, conduct, and report research in accordance with recognized standards of scientific competence and ethical research.	Standard (a—d) deleted.
6.06 Planning Research. (b) Psychologists plan their research so as to minimize the possibility that results will be misleading.	
6.06 Planning Research. (c) In planning research, psychologists consider its ethical acceptability under the Ethics Code. If an ethical issue is unclear, psychologists seek to resolve the issue through consultation with institutional review boards, animal care and use committees, peer consultations, or other proper mechanisms.	
6.06 Planning Research. (d) Psychologists take reasonable steps to implement appropriate protections for the rights and welfare of human participants, other persons affected by the research, and the welfare of animal subjects.	
6.07 Responsibility. (a) Psychologists conduct research competently and with due concern for the dignity and welfare of the participants.	Standard (a—d) deleted.
6.07 Responsibility. (b) Psychologists are responsible for the ethical conduct of research conducted by them or by others under their supervision or control.	
6.07 Responsibility. (c) Researchers and assistants are permitted to perform only those tasks for which they are appropriately trained and prepared.	

1992 Ethics Code	2002 Ethics Code
<p>6.07 Responsibility. (d) As part of the process of development and implementation of research projects, psychologists consult those with expertise concerning any special population under investigation or most likely to be affected.</p>	
<p>6.08 Compliance With Law and Standards. Psychologists plan and conduct research in a manner consistent with federal and state law and regulations, as well as professional standards governing the conduct of research, and particularly those standards governing research with human participants and animal subjects.</p>	Standard deleted.
<p>6.10 Research Responsibilities. Prior to conducting research (except research involving only anonymous surveys, naturalistic observations, or similar research), psychologists enter into an agreement with participants that clarifies the nature of the research and the responsibilities of each party.</p>	Standard deleted.
<p>6.11 Informed Consent to Research. (a) Psychologists use language that is reasonably understandable to research participants in obtaining their appropriate informed consent (except as provided in Standard 6.12, Dispensing with Informed Consent). Such informed consent is appropriately documented.</p>	Subsections a and e deleted; see Standard 3.10.
<p>6.11 Informed Consent to Research. (e) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) obtain the participant's assent, and (3) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted by law</p>	
<p>6.16 Sharing and Utilizing Data. Psychologists inform research participants of their anticipated sharing or further use of personally identifiable research data and of the possibility of unanticipated future uses.</p>	Standard deleted.
<p>6.17 Minimizing Invasiveness. In conducting research, psychologists interfere with the participants or milieu from which data are collected only in a manner that is warranted by an appropriate research design and that is consistent with psychologists' roles as scientific investigators.</p>	Standard deleted.
<p>6.19 Honoring Commitments. Psychologists take reasonable measures to honor all commitments they have made to research participants.</p>	Standard deleted.
<p>6.20 Care and Use of Animals in Research. (a) Psychologists who conduct research involving animals treat them humanely.</p>	Subsection deleted.
<p>6.20 Care and Use of Animals in Research. (e) Responsibilities and activities of individuals assisting in a research project are consistent with their respective competencies.</p>	Subsection deleted.
<p>7.01 Professionalism. Psychologists who perform forensic functions, such as assessments, interviews, consultations, reports, or expert testimony, must comply with all other provisions of this Ethics Code to the extent that they apply to such activities.</p>	Standard deleted.

1992 Ethics Code	2002 Ethics Code
<p>In addition, psychologists base their forensic work on appropriate knowledge of and competence in the areas underlying such work, including specialized knowledge concerning special populations. (See also Standards 1.06, Basis for Scientific and Professional Judgments; 1.08, Human Differences; 1.15, Misuse of Psychologists' Influence; and 1.23, Documentation of Professional and Scientific Work.)</p>	
<p>7.02 Forensic Assessments. (a) Psychologists' forensic assessments, recommendations, and reports are based on information and techniques (including personal interviews of the individual, when appropriate) sufficient to provide appropriate substantiation for their findings. (See also Standards 1.03, Professional and Scientific Relationship; 1.23, Documentation of Professional and Scientific Work; 2.01, Evaluation, Diagnosis, and Interventions in Professional Context; and 2.05, Interpreting Assessment Results.)</p>	<p>Subsection deleted.</p>
<p>7.04 Truthfulness and Candor. (a) In forensic testimony and reports, psychologists testify truthfully, honestly, and candidly and, consistent with applicable legal procedures, describe fairly the bases for their testimony and conclusions.</p>	<p>Subsection deleted.</p>
<p>7.04 Truthfulness and Candor. (b) Whenever necessary to avoid misleading, psychologists acknowledge the limits of their data or conclusions.</p>	<p>Subsection deleted.</p>
<p>7.05 Prior Relationships. A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties.</p>	<p>Standard deleted.</p>
<p>8.01 Familiarity With Ethics Code. Psychologists have an obligation to be familiar with this Ethics Code, other applicable ethics codes, and their application to psychologists' work. Lack of awareness or misunderstanding of an ethical standard is not itself a defense to a charge of unethical conduct.</p>	<p>Addressed in the Introduction, Paragraph 3.</p>
<p>8.02 Confronting Ethical Issues. When a psychologist is uncertain whether a particular situation or course of action would violate this Ethics Code, the psychologist ordinarily consults with other psychologists knowledgeable about ethical issues, with state or national psychology ethics committees, or with other appropriate authorities in order to choose a proper response.</p>	<p>Addressed in the Introduction, Paragraph 7.</p>