

# INTRODUCTION AND BACKGROUND

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## A CODE OF ETHICS FOR PSYCHOLOGY

## How Did We Get Here?

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

—Hobbs (1948, p. 81)

**BEGINNINGS**

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

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

To achieve these goals, a second committee chaired by Nicholas Hobbs decided to draw on the knowledge of the field to create a process of developing a code that would “be effective in modifying human behavior” (Hobbs, 1948, p. 82). According to Hobbs, “This is an old and familiar task to psychologists, their very stock in trade, in fact. The only difference here is that human behavior means specifically the behavior of psychologists” (p. 82). Drawing on the knowledge of

group processes during that period, the committee conceived the task of developing ethical standards as one of group dynamics (Hobbs, 1948). The process chosen was the critical incident method (Flanagan, 1954), a technique that involved asking the members of the APA to describe a situation they knew of firsthand, in which a psychologist made a decision having ethical implications, and to indicate the ethical issues involved.

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

### **The Purpose of an Ethics Code**

At the time of the adoption of the first Ethics Code, continual review and revision based on the experience and perspectives of members was seen as integral to maintaining the value of the Code for both the profession and the public (Adkins, 1952). Each revision of the Ethics Code has been driven by the evolving roles and responsibilities of psychologists within a constantly changing sociocultural, economic, political, and legal landscape. As a result, the Ethics Code of the APA has undergone 12 revisions since 1953, guided by the following objectives.

#### **Establishing the Integrity of a Profession**

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

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

#### **Education and Professional Socialization**

A second purpose of an ethics code is its professional socialization function. A document reflecting the profession's values and standards provides a guide to what psychologists should reasonably expect of themselves and one another.

A code can be conceived as an enabling document that acts as a support and guide to individual psychologists in their efforts to resolve ethical dilemmas (Frankel, 1996; Sinclair et al., 1987). A code of ethics also serves to deter psychologists from engaging in unethical conduct before a problem develops by specifically proscribing what the profession has identified as unethical behaviors (Fisher & Younggren, 1997). In addition, it assists faculty and supervisors in communicating the values of the profession to graduate students and to new PhDs with limited professional experience.

### **Public Trust**

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

### **Enforcement Value**

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

### **Aspirational Principles and Enforceable Standards**

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

The form in which an ethics code is written will determine whether it is an aspirational or enforceable document. Although all codes should have a foundation in moral principles, the document can take one of three forms. An aspirational code is composed of statements of broadly worded ideals and principles that do not attempt to define with any precision right and wrong behaviors. An educational code combines ethical principles with more explicit interpretations that can help individual professionals make informed decisions in morally ambiguous

contexts. An enforceable code includes a set of standards that specifically describe behaviors required and proscribed by the profession and is designed to serve as a basis for adjudicating grievances (Frankel, 1996).

The original APA Ethics Code, and the seven revisions that followed up to 1990, gradually combined statements of aspirational principles with general guidelines and enforceable standards for ethical behavior. During this period, the increasingly legalistic reaction of consumers and psychologists involved in charges of ethical violations raised concerns about the fairness of subjective interpretations of such broadly worded principles and standards. Moreover, a rise in the number of appeals to decisions made by the APA Ethics Committee and regulatory bodies (e.g., state licensing boards) that relied on the APA Ethics Code for their disciplinary procedures suggested that adjudicatory decisions based on the existing format would be increasingly difficult to enforce and thus a disservice to the APA membership (Bersoff, 1994). Accordingly, to strengthen both the enforceability and credibility of APA ethical guidelines, the 1992 Ethics Code represented a radical change from its predecessors in both structure and content. For the first time, clear distinctions were made between aspirational principles that articulated foundational values of the discipline and specific decision rules; the latter were articulated in 180 distinct ethical standards that would be subject to enforcement by the APA, other organizations, and licensing boards that adopted them (Canter et al., 1994).

With the exceptions described in the next section of this chapter, the aspirational principles and standards in the current Ethics Code (APA, 2017a) were approved in 2002 (APA, 2002a). Over the 5-year revision process to develop the Code, the Ethics Code Task Force (ECTF), chaired by Celia B. Fisher, drew on the transparent and inclusive process pioneered for the 1953 code. The task force conducted a critical incident member survey and received continuous input from observers representing a broad spectrum of scientific and professional APA divisions, through open member forums at APA annual meetings, and via calls for comments from APA members and other stakeholders (see Fisher, 2003a for a more detailed summary of this process). Major trends influencing the revisions at that time included: (a) the growth of health maintenance organizations (HMOs) and their increased influence on the provision of health services; (b) the advent of Internet-mediated research and practice and the use of other electronic media; (c) greater sensitivity to the needs of culturally and linguistically diverse populations in research and practice; (d) increasing participation of psychologists in the legal system; (e) the sea change from paternalistic to autonomy-based public attitudes toward access to health records; (f) evolving federal regulations affecting industries, organizations, the health care field, research practices, and educational institutions; and (g) recognition of the continually evolving legal landscape of ethics adjudication and federal regulation of science and health practices.

## **THE 2010 AND 2017 AMENDMENTS: THE CONTROVERSY OVER PSYCHOLOGISTS' INVOLVEMENT IN INHUMANE MILITARY INTERROGATIONS**

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Over the past several decades, APA has issued statements against psychologists' involvement in torture (e.g., American Psychiatric Association & APA, 1985; APA

Council of Representatives, 1986). However, concern heightened over the adequacy of these statements as information surfaced regarding the activities of 2 psychologists' post-9/11 participation in inhumane military interrogations during the "war on terror" (Lewis, 2004). To address these concerns, the APA convened the Presidential Task Force on Ethics and National Security (APA Presidential Task Force, 2005), and this was followed by a resolution of the APA Council of Representatives (2006). Although both the report and the resolution prohibited participation of members in torture and other cruel, inhumane, and degrading treatment or punishment, the resolution made the controversial claim that the participation of psychologists as consultants to interrogation and information-gathering processes for national security-related purposes was consistent with the APA Ethics Code.

As more information came to light from the congressional investigation into the alleged role of the psychologists in developing harsh interrogation programs for the Central Intelligence Agency (CIA; Risen, 2014; Steele & Morlin, 2007), many APA members questioned whether a consultative role can be morally distinguished from involvement in torture if the tactic is used in the psychologist's presence or with the psychologist's awareness, or is based on techniques the psychologist has developed for the purpose of interrogation. While there was little disagreement that military psychologists were highly qualified to assess detainees' mental health during or following inhumane interrogations, once the George W. Bush administration had determined that such interrogations were lawful, some APA members forcefully argued that any psychological activity conducted in a setting in which prisoners were subjected to harsh interrogation or not afforded basic human rights—such as the right to an attorney, to habeas corpus, and to refuse to self-incriminate—should be ethically prohibited irrespective of whether it was considered lawful (APA, 2015a; Olson et al., 2008).

As detailed more fully in Chapter 5 of this volume and in the investigative report commissioned by APA (APA, 2015a), this controversy extended to the wording of APA Ethics Code Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and Standard 1.03, Conflicts Between Ethics and Organizational Demands. These standards permitted psychologists to follow the law or organizational policy, if the psychologist raised and made attempts to resolve the ethical conflict. Some argued that the language in these standards could be interpreted as permitting psychologists to follow laws permitting torture and other violations of human rights if conflicts between the Ethics Code and these laws (or similar organizational policies) could not be resolved. On June 1, 2010, the APA voted to amend the language of these two standards to make clear that when there is a conflict between ethics and law or between ethics and organizational demands, psychologists are prohibited from engaging in activities that would justify or defend violating human rights (APA, 2010a). In 2016, the APA Council of Representatives approved a third amendment, effective January, 2017, which added to Standard 3.04, Avoiding Harm, 3.04(b) that specifically prohibits psychologists from participating in, facilitating, assisting or otherwise engaging in torture, "defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a" (APA, 2017a, p. 6).

In 2018 the APA appointed members to a new Ethics Code Task Force, to begin the process of evaluating the current Ethics Code and recommending revisions as appropriate. As described by then APA President Jessica Henderson

Daniel, “Consistent with APA’s mission to act in the public interest” the revision will be based on “clear values and ethical decision-making . . . creating a code that is transformational and that remains a leading practical resource regarding ethics for psychological science, education and practice while retaining those aspects of our Ethics Code that serve the public and our discipline well” (Mills, 2018).

## **FORMAT AND DISTINCTIVE FEATURES OF THE APA ETHICS CODE**

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

The General Principles provide a conceptual framework that expresses the aspirational values of the common community of psychologists and the behavioral rules articulated in the standards flow from these principles. They impart core moral values reflecting the highest ideals of the profession: promoting the welfare and protecting the rights of others, doing no harm, and acting faithfully and responsibly with integrity and fairness. The principles themselves are not enforceable but represent the ideals shaping the standards, which are enforceable.

The 152 standards differ from the principles in that, because they are cast in behaviorally specific language, they can be enforced by the APA Ethics Committee and other state or professional organizations that adopt the Code. The explicit statements of ethical conduct in these standards provide APA members with sufficient due notice of the behaviors required and prohibited by the APA, support members’ ability to defend their ethical actions, and increase the APA’s success in sustaining decisions by the APA Ethics Committee in court, thus strengthening both the enforceability and credibility of APA’s ethical oversight procedures.

### **General and Area-Specific Standards**

The Ethics Code includes six general standard sections that apply to all psychological activities: (1) Resolving Ethical Issues, (2) Competence, (3) Human Relations, (4) Privacy and Confidentiality, (5) Advertising and Other Public Statements, and (6) Record Keeping and Fees. These standards are worded broadly to apply to the full spectrum of scientific and professional work performed by psychologists. There are four additional sections reflecting specialized activities of psychologists: (1) Education and Training, (2) Research and Publication, (3) Assessment, and (4) Therapy.

### **Are Standards Relevant to Teaching, Research, Assessment, and Therapy Restricted to Their Specific Sections in the Code?**

No! Standards within the first six general sections apply to *all* psychological activities.

### **Where Are Standards That Apply to Activities in Forensic Psychology?**

Forensic psychologists engage in a wide range of activities, including assessment, treatment, teaching, research, consultation, and public statements. In these



activities, they must conform to the relevant general and area-specific standard sections throughout the Ethics Code. Forensic or court-related work activities are explicitly mentioned in Standards 2.01f, Boundaries of Competence; 3.05c, Multiple Relationships; 3.10c, Informed Consent; 9.01a, Bases for Assessments; 9.03c, Informed Consent in Assessments; 9.04b, Release of Test Data; 9.10, Explaining Assessment Results; 9.11, Maintaining Test Security; and 10.02b, Therapy Involving Couples or Families.

Sections throughout this book are meant to assist in identifying standards applicable to forensic work. Hot Topics at the end of Chapters 9 and 13 provide in-depth analysis of the relevance of Ethics Code standards to testimony given by psychologists in legal settings. The Hot Topic at the end of Chapter 5 provides readers with an opportunity to examine the relevance of the human rights language in Standard 1.02, Conflicts Between Ethics and Law, Regulations, and Other Governing Legal Authority, to forensic assessment of intellectual disability in death penalty cases.

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

As with other areas of specialization, the broadly worded enforceable standards are relevant to and should be carefully read by consulting, organizational, and industrial psychologists. Psychologists working in industry, consulting, or delivering services to other organizations should refer to Standard 3.11, Psychological Services Delivered To or Through Organizations. This standard lists the information that must be provided to organizational clients beforehand and, when appropriate, to those directly affected by the organizational services psychologists provide (e.g., employees). Other standards that explicitly refer to work for or within organizations include Standards 1.03, Conflicts Between Ethics and Organizational Demands; 3.07, Third-Party Requests for Services; 5.01, Avoidance of False or Deceptive Statements; 8.05, Dispensing With Informed Consent for Research; and 9.03, Informed Consent in Assessments.

### **Where Are Standards That Apply to Psychologists' Involvement With Regulations and Public and Private Health Insurance Agencies and Companies?**

Psychologists' ethical obligations as they relate to regulations, and public and private agencies and companies involved in healthcare coverage in the United States are addressed in standards throughout the Ethics Code. For example, the implications of health coverage are discussed under standards on record keeping and fees in Chapter 10 of this book, followed by a Hot Topic devoted to the application of the Ethics Code to billing and contractual arrangements with health management organizations, "Managing the Ethics of Managed Care." Involvement with health insurance companies is also relevant to standards on privacy and confidentiality (Standards 1.03, Conflicts Between Ethics and Organizational Demands; 3.07, Third-Party Requests for Services) and standards on informed consent (Standards 3.10, Informed Consent; 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy).



## **Where Are Standards That Apply to Psychologists' Responsibilities Under the Affordable Care Act (ACA) and Their Involvement in Integrated Care Settings?**

Psychologists' responsibilities under the ACA and ethical challenges emerging in the new interprofessional patient-centered medical care facilities are covered by multiple standards in the Ethics Code. The competencies required for psychologists' involvement in interprofessional group practices, primary and integrated care settings, and other health care and research opportunities provided by the ACA are discussed in Chapter 6 of this book under Standards 2.03, Maintaining Competence and 2.04, Bases for Scientific and Professional Judgments. Working in interprofessional environments is also relevant to Standard 3.09, Cooperation With Other Professionals (Chapter 7), Standard 4.02, Discussing the Limits of Confidentiality (Chapter 8), Standards 6.01, Documentation of Professional and Scientific Work and Maintenance of Records, and 6.04, Fees and Financial Arrangements (Chapter 10). Also pertaining to these professional obligations are requirements for preparing students for practice and research in primary care settings (Standard 7.01, Design of Education and Training Programs, Chapter 11) and for conducting quality improvement research in health care settings (Standard 8.04, Client/Patient, Student, and Subordinate Research Participants, Chapter 12).

## **Are the Standards Relevant to Psychologists Working in the Military, Law Enforcement, and Correctional Facilities?**

Military and correctional psychologists engage in a range of psychological activities, including treatment, assessment, research, and consultation, and their work is addressed in relevant standards across the Ethics Code. As detailed in this chapter and in Chapter 5, military and correctional contexts often raise unique ethical challenges when the requirements of the Ethics Code are in conflict with laws and organizational policies (Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority; 1.03, Conflicts Between Ethics and Organizational Demands). The balancing of dual roles as officer and psychologist (Standard, 3.05, Multiple Relationships) is discussed in Chapter 7 and related issues regarding confidentiality (Standards 4.01, Maintaining Confidentiality; 4.02, Discussing the Limits of Confidentiality) in Chapter 8. The broadly worded enforceable standards are relevant to and should be carefully read by psychologists in the military and other areas of public service.

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

The Ethics Code devotes a separate section to standards designed to highlight responsibilities of university administrators and faculty and to strengthen protections for students. Relevant standards include 7.01, Design of Education and Training Programs; 7.02, Descriptions of Education and Training Programs; 7.04, Student Disclosure of Personal Information; 7.06, Assessing Student and Supervisee Performance; 7.05a and b, Mandatory Individual or Group Therapy;

7.07, Sexual Relationships With Students and Supervisees; 8.04, Client/Patient, Student, and Subordinate Research Participants; and 8.12c, Publication Credit. The relevance of enforceable standards to supervision and training is also covered in Hot Topic “Ethical Supervision of Trainees” in Chapter 11.

### **Does the Ethics Code Specifically Address Internet and Other Electronically Mediated Research and Services?**

The past three decades have witnessed an expansion and evolution in psychology’s use of the Internet, mobile phones, and other electronic media for behavioral telehealth, psychological assessment, consulting, video conferencing, public statements, and research. Throughout each section of the Code, the broadly worded enforceable standards are applicable to these activities and do not require specific reference to the medium in which research or services are conducted. Use of the Internet and other electronically mediated forms relevant to research or services is explicitly mentioned in four standards: 3.10a, Informed Consent; 4.02c, Discussing the Limits of Confidentiality; 5.01a, Avoidance of False or Deceptive Statements; and 5.04, Media Presentations. In addition, throughout this volume, applications of standards to electronic media appear in “Digital Ethics” features.

### **Informed Consent for Research, Assessment, and Therapy**

Informed consent is seen by many as the primary means of ensuring the rights and welfare of those with whom psychologists work. Informed consent is designed to ensure that research participants and clients/patients are provided with sufficient information to rationally and voluntarily decide whether they wish to participate in research or to receive psychological services. The general standard on informed consent provides direction on the nature of information that must be included in all informed consent procedures and steps that must be taken to protect the rights of children and adults with cognitive impairments who are legally unable to provide consent (Standard 3.10, Informed Consent). The Hot Topic in Chapter 7 of this book examines specific applications of informed consent standards to adults with impaired decisional capacity. Additional standards lay out information required for basic and intervention research; psychological assessments relevant to mental health, forensic, and employment contexts; and individual and multiperson therapies, as well as additional consent safeguards for therapies for which generally recognized techniques and procedures have not been established (Standards 8.02, Informed Consent to Research; 8.03, Informed Consent for Recording Voices and Images in Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy; 10.02, Therapy Involving Couples or Families; 10.03, Group Therapy).

### **Dispensing With Informed Consent**

In some instances, informed consent is not necessary or is unfeasible as a means to protect the rights and welfare of those with whom psychologists work. The Ethics Code provides specific descriptions of situations in which the requirement for informed consent may be waived and the additional steps needed to ensure individuals are treated with respect and concern for their welfare. These

standards reflect enhanced sensitivity to naturalistic, neuropsychological, forensic, school, and industrial–organizational contexts in which psychologists provide services, conduct research, or administer assessments, including anonymous research surveys, assessments to determine decisional capacity, emergency treatment, and assessment or treatment mandated by law (Standards 3.10a, Informed Consent; 8.05, Dispensing With Informed Consent for Research; 9.03a, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy).

### **Are There Ethical Standards Specific to Issues of Individual and Cultural Diversity?**

Principal D, Justice, and Principal E, Respect for People’s Rights and Dignity, are reflected in enforceable standards designed to ensure the fair treatment of all individuals and groups regardless of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status. Psychologists must obtain the necessary competencies to work effectively with diverse populations and are prohibited from engaging in unfair discrimination or harassment based on any of these characteristics (Standards 2.01b, Competence; 3.01, Unfair Discrimination; 3.02, Sexual Harassment; 3.03, Other Harassment). They must provide informed consent information and administer assessments appropriate to an individual’s language competence and use assessment techniques whose validity and reliability have been established with members of the population tested (Standards 3.10, Informed Consent; 9.02, Use of Assessments). These issues are also covered in the Hot Topics “Multicultural Ethical Competence” (Chapter 6) and “Ethical Issues for the Integration of Religion and Spirituality in Therapy” (Chapter 14); the discussion of discrimination based on a practitioner’s religious beliefs (Standard 3.01, Unfair Discrimination, Chapter 7); and a summary of guidelines prohibiting the use of “conversion therapy” for gay, lesbian, bisexual, and transgender persons (Standard 2.04, Bases for Scientific and Professional Judgments, Chapter 6).

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

The Introduction and Applicability section of the Ethics Code recommends that members refer to guidelines adopted or endorsed by scientific and professional psychological organizations as materials that may be useful in applying the Ethics Code to everyday activities. Specific APA guidelines to which psychologists may refer are not listed in the current Code. The reason for this decision is that APA guidelines are frequently revised or become outdated and, in some instances, older guidelines are inconsistent with standards in the current Ethics Code and prevailing psychological science and practice. Professional and scientific guidelines are essential to ethical practice. As indicated earlier, the language of the Ethics Code is intentionally broad to be as applicable as possible to the wide range of activities that psychologists perform. Guidelines help psychologists place the standards in the context of their field of expertise. Guidelines will be cited throughout this book to illustrate best ethical practices in a given area. Continuously updated links to APA guidelines are provided at <https://www.apa.org/about/policy/approved-guidelines>.

## **Under the Ethics Code, Are Psychologists Obligated to Report Ethics Code Violations of Others?**

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

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

### **The Ethics Code as a Living Document**

During the past 2 decades, the field has witnessed new insights into how the current Ethics Code can be applied to ethical decision making in the science and practice of psychology and faced new challenges for its application to emerging moral debates. Throughout this edition of *Decoding the Ethics Code*, new sections address how aspirational principles, standards, and ethical decision-making can be applied to individual and group injustices illuminated through the national growth of the racial justice movement and increased sensitivity to how the COVID-19 pandemic has exacerbated historic and contemporary health inequities.