

Ethical Principles of Psychologists and Code of Conduct

Introduction

The American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (hereafter, Ethics Code or Code) incorporates scientific advances, professional knowledge, growth in scope of the field, the recognition and adoption of the many facets of diversity, respect for human and civil rights, and promotion of social justice. This Ethics Code addresses the varied identities, contexts, and workplaces of psychologists. It reflects the scope, applicability, and breadth of roles and responsibilities in which psychologists are engaged. This Ethics Code broadens its scope to encompass more specifically the work of psychologists when they are interacting with groups, organizations, communities, and systems, in addition to individuals.

Structure of the Code

The Ethics Code is composed of four parts: the Introduction, eight Principles, Explanation of the Relationship Between Principles and Standards and ten sections of Standards.

Introduction

The Introduction explains the interrelatedness of the Principles and Standards, the applicability of the Ethics Code, the use of terminology, and outlines the framework for understanding and interpretation of the Ethics Code.

The Principles

Principles function as both the ethical foundation and ideals of the profession. They serve as moral guides that apply to our work and promote consistency across our discipline. Although not enforceable, the Principles are part of an ethical framework that reflects psychologists' shared values and drives the profession. Principles help psychologists work toward common goals by delineating duties and responsibilities agreed upon by the profession. The eight Principles are interrelated and have varying relevance based on context. All Principles are relevant to all ten sections of the Standards.

They are in alphabetical order and do not reflect primacy or ranking of any nature. When faced with a dilemma of two seemingly equal and important Principles, the more relevant Principle would take precedence depending on factors such as context and culture, thereby allowing psychologists to apply the most applicable Principles tailored to the specific dilemma. The Principles are presented as foundational concepts and provide a framework through which psychologists - - whether in their scientific, educational, or professional roles - - make decisions based on context, including culture.

Relationship Between the Principles and the Standards

Good ethical decision-making requires psychologists to consider both Principles and Standards in tandem. This section of the Code was developed to a) assist psychologists in demonstrating the relationship between Principles and Standards and b) assist with better ethical decision-making.

The Standards

The 10 sections of Standards reflect standards from the prior Code and new Standards embodying advances and growth in the field of psychology. The Standards are enforceable in that allegations of violations may cause cases to be opened by the APA Ethics Committee or by other institutional, governing, or regulatory bodies that choose to adopt them. The Standards are not, and cannot be, exhaustive. The fact that a given

conduct is not specifically addressed by a Standard does not mean that it is necessarily either ethical or unethical.

The following six Standard sections of the Code apply to all psychologists regardless of professional activities: *Competence*; *Professional Responsibility*; *Relationship with the Public*; *Informed Consent*; *Confidentiality and Privacy*; and *Technology*. The following four additional Standard sections apply to psychologists engaged in specific professional activities: *Research, Publication, and Scientific Integrity*; *Education, Training, and Supervision*; *Psychological Services*; and *Testing, Assessment, and Evaluation*. In addition, psychologists should consider the Code as a whole rather than focus on a particular section when making an ethical decision, as multiple Standards across sections may apply. Some Standards have cross-references (“Consult also”) included. The inclusion of cross-references means that psychologists should consider it a related obligation such that they should read both the initial Standard(s) as well as the cross-referenced Standard(s).

Applying the Ethics Code

Psychologists should consider multiple Principles and Standards when engaging in ethical decision-making, although only the Standards provide a basis for enforcement under APA’s Ethics Code. Some applicable Standards may be found in different sections of the Code and therefore psychologists need to have a comprehensive understanding of both the structure and content of the entire Code. The Principles and Standards should be considered within and across relevant contexts and cultures. Psychologists should be familiar with ethical decision-making models and consider their own biases when making decisions.

APA Guidelines

APA guidelines differ from the Code in that they are developed by specialists in the given subject matter area and approved by the APA Council of Representatives. These guidelines are more descriptive and inclusionary than the Ethics Code Standards can reasonably be and therefore are considerations for more specific professional behavior or conduct. APA guidelines are clustered in the areas of Clinical Practice, Education, Professional Practice, Public Interest, Research, and Science. Although not enforceable, the guidelines are valuable references as psychologists incorporate services to specific populations, skill-based areas of practice, and competency-based services.

Scope of the Ethics Code

This Ethics Code applies to psychologists' activities that are part of scientific, educational, practice, and other professional roles. Areas covered include but are not limited to the following: research; teaching; supervision of trainees; public service; psychotherapy; and psychological assessment and intervention at the individual, group, organizational, community, or systems levels. Areas of application include but are not limited to policy development; test construction; consultation; forensic activities; artificial intelligence; mental health applied technologies and digital therapeutics development; program design and evaluation; research and administration of academic or professional psychology programs. The Code also applies to these activities across a variety of contexts and delivery modalities in any medium such as in person, remote, telephone, Internet, social media, and other electronic transmissions. Although the Code applies to their professional behavior only, psychologists should consider whether their personal conduct may impact those with whom they work and the public’s trust and perception of the profession and the discipline.

Terminology

The terms utilized in the Ethics Code are meant to be understood within context or common vernacular and do not require additional definition. Reference to those with whom psychologists work and modifiers within Standards, however, are defined herein to provide a common frame of reference for the reader.

- **Third-party clients** are those with whom psychologists contract for psychological services but are not the recipients of services. Examples include services to school systems for student evaluation, court systems for competency to stand trial, family and child services for parent fitness, and personnel services for business entities.
- **Clients/patients** are those with whom psychologists contract for services and also receive psychological services. A frequent setting would be independent practice or medical centers.
- **Recipients** are not contractors of the services, but are those who receive psychological services, such as minors and those being evaluated by psychologists for a third-party client for fitness, employment, and competency.
- **Psychological services** are professional services psychologists offer to the public inclusive of individuals, groups, organizations, communities, and systems; and includes testing, assessment, and evaluation. Psychological services do not apply to research and educational settings. Those settings are addressed in the *Research, Publication, and Scientific Integrity* and the *Education, Training, and Supervision* Sections of the Code, respectively.

Modifiers are terms to assist psychologists in making interpretations or in decision-making since the strict terminology of a standard may not give adequate guidance and latitude that psychologists must have in making judgments. Common modifiers are *reasonable, appropriate, potential, in context, and as applicable*. As used in the Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time. The modifiers are included to address injustice or inequality, ensure applicability across a broad range of activities, guard against a set of rigid rules, and clarify, describe, or further define the Principles and Standards.

Enforcement of the Ethics Code

Membership in the American Psychological Association commits members, including associate members and graduate student members, to comply with APA's Ethics Code and to be subject to the "Rules and Procedures of the Ethics Committee" (www.apa.org/ethics) used to enforce them by APA. Lack of awareness or misunderstanding of a Standard is not itself a defense to a charge of unethical conduct.

The Code may also apply to psychologists where the Code is adopted in academic institutions, professional and scientific organizations, and by licensing boards. Psychology licensing boards, other professional groups, or universities may independently choose to impose their own sanctions for actions they deem to have violated the APA Ethics Code that they incorporate into their rules, regardless of whether the psychologist is a member of APA. Such non-APA proceedings are brought and pursued separately and independently from APA, and APA does not control the use or interpretation of the Code by these parties.

The Ethics Code is not intended to be a basis for civil liability nor interpreted as a civility code. Whether a psychologist has violated the Standards of the Ethics Code does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

Psychologists consider this Ethics Code in addition to applicable laws and psychology board regulations when in the process of making decisions regarding their professional behavior. 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. If this Ethics Code establishes a higher standard

of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

Principles

The Principles in this section are aspirational and inspirational in nature and are phrased to represent the ideals of the profession. They are not enforceable obligations, mandatory for individual psychologists, or the basis for imposing sanctions on individuals under this Ethics Code. The Principles seek to guide and inspire psychologists toward the very highest ethical ideals of the professional.

Beneficence

Beneficence is the promotion and protection of the well-being of others with whom psychologists work. Psychologists safeguard, protect, and contribute to the well-being, welfare, and rights of Persons and Peoples. They act to safeguard and protect the welfare of the natural environment and animals in research and professional practice.

- Psychologists maximize benefit in ways that respect the dignity, identity, and diversity of all Persons and Peoples.
- Psychologists protect and promote human and animal well-being in their training, research, professional services, and advocacy.
- In their work, psychologists address conflicts and attempt resolutions by identifying and weighing the diversity of values, rights, resources, and interests that promote the well-being of those with whom they interact and the public at large.
- Psychologists establish and maintain knowledge and awareness of their professional and personal values, experiences, culture, and social contexts. They identify and limit biases that may detract from the well-being of those with whom they professionally interact.
- Psychologists take responsibility for their professional activities, including decision-making, and how these activities promote and protect the well-being of others.
- Psychologists strive to contribute a portion of their professional service for little or no compensation primarily for the benefit of others.

Human and Civil Rights

Human rights are the inherent and fundamental rights, freedoms, and protections foundational to all humankind. These rights are universal, inalienable, indivisible, and include, but are not limited to, political, social, economic, cultural, and Indigenous rights. Civil rights are the rights defined by laws of government. Because human and civil rights are fundamental, psychologists consider them in all their work and with all populations with whom they engage.

- Psychologists acknowledge the worth, dignity and rights of individuals, groups, and communities with whom they work.
- Psychologists recognize that advancing human and civil rights can improve the lives of their clients, their families, and communities, thereby enhancing the discipline of psychology.
- Psychologists understand the historical and contemporary consequences of human and civil rights violations, as well as the detrimental effects of structural and systemic inequities on those with whom they interact.
- Psychologists, in their professional work, strive to identify, prevent, and remedy violations of human and civil rights.
- Psychologists promote equitable access to the benefits of psychological science and mental health services as a human and civil right.

Integrity and Trustworthiness

Integrity is adherence to ethical principles, values, and practices. Psychologists consistently demonstrate authenticity, conscientiousness, honesty, and truthfulness in their professional responsibilities and relationships. They create conditions of trust and maintain trustworthiness by consistently demonstrating these behaviors. Psychologists develop and demonstrate cultural competence and cultural humility in their work.

- Psychologists build trust with and maintain the highest level of integrity towards those individuals, groups, organizations, and communities with which they interact professionally.
- Psychologists understand that integrity is essential for the advancement of scientific knowledge and public confidence in the discipline of psychology.
- In situations that challenge integrity, psychologists remain steadfast in their adherence to ethical principles, values, and practices.
- Psychologists strive to keep their promises and avoid commitments that are unclear or unwise.
- Psychologists demonstrate integrity by reasoning, acting, and speaking with honesty, transparency, and consistency in accordance with the Ethics Code in the science, teaching, and practice of psychology.

Justice and Social Justice

Justice refers to treatment that is equitable and fair (i.e., free from self-interest, prejudice, or favoritism). Social justice is justice applied at the intergroup, systems, and societal levels. Social justice includes equitable and inclusive policies and procedures within a society as well as equitable resources and privilege. Psychologists balance individual, intergroup, systems, and societal factors when evaluating fairness, equity, and inclusion. In making evaluations, psychologists consider their individual power and privilege as well as the power and privilege conferred by the psychologist's role in research, education,

and practice. Psychologists are committed to the reduction of disparities that impact the psychological well-being of marginalized groups.

- Psychologists acknowledge in their work the worth, dignity and rights of individuals, groups and communities and strive to promote the fair and equitable treatment of all Persons and Peoples and quality of the psychological services to which they have access.
- Psychologists seek to proactively identify and account for their subjectivity. Through intentional self-reflection and critical analysis, psychologists aim to minimize the potential influence of their subjectivity in decision-making.
- Psychologists take precautions to ensure that their potential intergroup and systemic biases and boundaries of their competence do not lead to or condone unjust practices and do not knowingly condone activities of others based upon such biases.
- Psychologists consider in their work that biases can result in differential distributions of power and resources within society and strive to address such inequities when they recognize them.
- Psychologists use their knowledge, skills, experience, and influence to identify and counteract the underlying causes and conditions of social injustices that are deleterious to the health and well-being of clients/patients/recipients, individuals, groups, and communities with whom they work.
- Psychologists promote resistance and resiliency through their work against discriminatory societal behaviors that create and maintain inequities.
- Psychologists are intentional in their work efforts to eliminate historical and contemporary barriers and institutional practices that potentially impede equitable access to the contributions of psychology.
- As relevant and appropriate, psychologists contribute their expertise to the development of new technologies (e.g., robotics, digital therapeutics, conversational AI, agentic AI, algorithms in general) that could result in processes or decisions that unjustly impact individuals or groups and make reasonable efforts to prevent or correct such applications. Psychologists make reasonable efforts to ensure any technologies they either help create or utilize adhere to the core principles of the Code..

Nonmaleficence

Nonmaleficence is the obligation to weigh benefits, risks, and consequences to avoid or minimize harm in the performance of their professional responsibilities. Harm is the intentional or unintentional act of maltreatment. Perceived negative outcomes resulting from psychologists' professional decisions and actions do not constitute harm. Psychologists recognize actual or potential harms before acting, and, as appropriate, advise affected parties of available options. While recognizing that both perceived or actual harm is sometimes unavoidable or unanticipated, psychologists nonetheless address these matters with affected parties and seek to minimize harm.

- Psychologists do not engage in intentional professional wrongdoing, fail to act when there is a duty to act, or behave in a manner that is not professionally appropriate in service to those with whom they work.

- Psychologists identify the influence of professional and personal biases that advantage the psychologists' interests over the interests and well-being of those with whom they work and act to avoid and minimize their impact.
- Psychologists recognize power differences between themselves and those with whom they work. They guard against personal, financial, social, organizational, cultural, and political factors that might lead to undue influence, misuse of their influence, or exploitation of others.
- Psychologists avoid coercion or other means that inappropriately diminish or deny the autonomy and voluntary decisions of those individuals, groups, organizations, and communities, with whom they work.
- Psychologists avoid the harm that may occur by not taking into account the potential impact of equity, diversity, culture, and inclusion in their research, education, and practice.
- Psychologists ensure that they do not misuse their professional services and scientific knowledge to harm Persons, Peoples, communities, animals, or the natural environment.

Recognition of Social Systems and the Natural Environment

Social systems include the groups, organizations, and communities in which people are embedded and that influence behavior. The natural environment includes all non-artificial living and non-living things. Psychologists strive to identify, understand, and account for the influences on Persons and Peoples that arise from social systems. They also may assess and intervene with social systems themselves. Psychologists consider and consider in their work the effects of the natural environment on individuals and social systems, and the impact of People, Persons, and social systems on the natural environment.

- Psychologists strive to understand and to consider in their work the ways in which behavior is influenced by all levels of human interaction.
- Psychologists who work with or in complex social systems identify and act upon their multiple, sometimes competing, roles and ethical obligations. They address ethical complexities and conflicts that may arise in their work settings.
- Psychologists seek to understand behavior in a global context in recognition of interrelatedness of all people.
- Psychologists make reasonable efforts to understand the effects of behavior on the natural environment on those with whom they work.

Respect for Persons and Peoples

Persons refers to individual human beings and Peoples refers to groups or communities of people who have a shared ethnic or cultural identity. Psychologists recognize and respect individual differences and roles, complex social identities, and the diversity of cultures as essential to the effectiveness of their work. Respect for Persons and Peoples includes the recognition that Persons and Peoples are autonomous (i.e., able to make decisions of their own volition). When autonomy is diminished, Persons and Peoples are

entitled to protection. Psychologists recognize that values of those with whom they work may be universal or culturally specific.

- Psychologists understand and consider how people are influenced by multiple and intersecting factors including, but not limited to, age, gender, gender identity/diversity, race, color, ethnicity, culture, national origin, immigration status, language, religion, sexual orientation, disability, socioeconomic status, and military or veteran status.
- Psychologists recognize there are ideologies, concepts, values, languages, and practices that are shared within communities. They respect differences among Peoples and the broader society. When conflicts occur, within or among contexts, psychologists acknowledge and foster respectful understanding of differences without diminishing the autonomy of decision making.
- Psychologists recognize that additional safeguards may be necessary to protect the welfare of vulnerable Persons and Peoples with whom they work.

Scientific Mindedness

Scientific Mindedness is the commitment to generate, understand, and apply empirical evidence derived from high-quality and diverse methods of inquiry. These methods serve to anchor psychologists' efforts to promote the health and well-being of all Persons and Peoples, groups, organizations, and communities, equitably across the various cultural contexts, environments, and settings impacted by the discipline of psychology.

- Psychologists are committed to integrating scientific thinking and approaches in the application of their work, and seek out and incorporate current knowledge, available evidence, and research pertaining to their work. They also guard against the misuse of science.
- Psychologists recognize the need to critically evaluate the credibility, efficacy, relevance, and generalizability of the evidence upon which their work is based.
- Psychologists engage with individuals, groups, organizations, and communities in pursuit of contextually meaningful and socially relevant methods of inquiry, question formulations, and understanding of findings.
- Psychologists commit to transparency and the elimination of bias and unfair discrimination in the generation and application of science.
- Psychologists recognize the tentative nature of hypotheses and the developing nature of our knowledge.

Relationship Between Principles and Standards

This Code was developed to increase robust ethical thinking. The Principles are foundational to the Standards and reviewing only one Standard within a particular context and situation may be insufficient. Psychologists should consider multiple Principles and Standards when engaging in ethical decision-making, although only the Standards provide a basis for enforcement under APA's Ethics Code. Some applicable Standards may be found in different sections of the Code and therefore psychologists need to have a comprehensive understanding of both the structure and content of the entire Code. The Principles and Standards should be considered within and across relevant contexts and cultures. Many of the Ethical Standards are written broadly to apply to psychologists serving in varied roles and settings.

In order to identify the connection between Principles and Standards, the following paragraphs provide suggestions to integrate specific Principles with Standards in order to consider ethical issues in a more robust manner. Rather than narrowly reviewing only specific Standards that may apply to particular circumstances, psychologists consider both the Principles and Standards in tandem.

In these paragraphs, the most relevant Principles are highlighted, however, all the Principles relate to each of the Standards. Psychologists should consider these additional Principles as they apply in particular contexts. The ten ethical Standards sections found in the Code are listed below, followed by a paragraph representing connections between Principles and Standards.

Section 1: Competence

Competence is the integration of knowledge, skills, and attitudes in performing the tasks and roles of the psychologist in measurably effective ways. Psychologists are ethically obligated to establish and maintain competence in their work. Although all the ethical Principles identified for the profession of psychology ground the ethical obligation for competence, of note are the following Principles and their relationship to competence inasmuch as psychologists have the ethical obligations to maximize benefit and minimize/avoid harms in keeping with Beneficence and Nonmaleficence; adhere to high quality scientific inquiry within Scientific Mindedness; act consistently in accord with and uphold the professional ideal of Integrity and Trustworthiness; recognize and respond to the inherent worth of individuals, groups, and communities through respect for Human and Civil Rights; and integrate knowledge about the diversity of human experiences and their respective inter-relationships as it pertains to their professional activities in Respect for Persons and People. Psychologists do not claim competence in areas outside the limits of their scope. By effectively fulfilling their professional tasks and roles, psychologists promote and protect the well-being of the profession and of those with whom psychologists interact.

Section 2: Professional Responsibility

Professional Responsibility is the identification of the behavioral expectations associated with psychologists' roles and activities. As professionals, psychologists are given considerable latitude to act independently and, in turn, are expected to behave appropriately in their work. Psychologists exercise sound judgment in their decision making, considering ethical Standards and Principles, current knowledge, cultural issues, relevant laws, regulations, and guidelines. They consult other professionals for guidance as needed. They recognize their own limitations and errors and take relevant corrective actions. Psychologists are aware of their self-care needs. They are expected to be honest, reliable, ethical, and competent through Integrity and Trustworthiness. Additionally, psychologists recognize their obligations to maximize good and to avoid or minimize harm in keeping with Beneficence and Nonmaleficence. They consider both the intended outcomes and the possible unintended consequences of their work. They take care to consider their

obligations to the parties involved in, or affected by, their work, recognizing the potential impact of power differentials. They understand and integrate cultural factors by which they are influenced, and that influence those with whom they work as demonstrated through Respect for Persons and Peoples.

Section 3: Relationship with the Public

The psychology profession's reputation is based on society's trust, and its relationship with the public forms the foundation of that trust as demonstrated through Integrity and Trustworthiness. This relationship includes Respect for Persons and Peoples found within interconnected systems and Recognition of Social Systems and the Natural Environment. Psychologists work toward the good of society as they strive to exercise Beneficence, minimize harms through Nonmaleficence, and maintain Scientific Mindedness through their psychological services. They uphold professional standards of conduct that are transparent, make accurate statements, and correct any public misrepresentations.

Section 4: Informed Consent

Informed consent is a continuous process by which psychologists communicate the purpose, nature, benefits, and risks of psychological activities and obtain agreement to participate in a professional relationship. Psychologists demonstrate and foster Integrity and Trustworthiness through ongoing communication that provides current and accurate information about the nature of the relationships and services psychologists provide. Providing clear and thorough information conveys the concepts reflected in Respect for Persons and Peoples, and allows individuals, organizations, and communities to make autonomous decisions. The process of informed consent promotes and protects the well-being of others with whom they work and guards against potential harm, reflected in Nonmaleficence.

Section 5: Confidentiality and Privacy

Confidentiality is the protection of agreed upon identifiable information from unauthorized persons. In contrast, privacy is the right of persons and peoples to control the sharing of themselves and their information. Privilege is the legal right of a client/patient or third-party client to prevent a psychologist from disclosing confidential information without permission in a legal proceeding and is not an ethical concept. Confidentiality is a cornerstone of the discipline and profession of psychology in that the effectiveness of services is dependent on the trust clients/patients/recipients or third-party clients have in our discretion. It promotes the Principles of Respect for Persons and Peoples, Justice and Social Justice, Integrity and Trustworthiness. Confidentiality is an ongoing process wherein psychologists safeguard the disclosures of individuals, groups, organizations, and communities, promoting the equitable pursuit of self-determination, health, and welfare.

Section 6: Technology

Technology involves the application of psychological activity via mobile devices, applications, wearables, video conferencing, email, text, internet, social media, artificial intelligence), data gathering and analysis, and use of machine-based tools. Psychologists utilize technology across a range of domains such as clinical, assessment, consulting, research, forensic, education, and other areas of psychological activity. All ethical Principles are important to the use of technology. The application of technology as an integral part of all psychological activity has potential for both benefit and harm. As such, through the Principle of Human and Civil Rights, psychologists using technology make every effort to ensure that the human and civil rights of individuals, groups, and communities are protected. Moreover, psychologists, as recognized in the Principles Justice and Social Justice, Respect for Persons and Peoples and Integrity and Trustworthiness, endeavor to ensure that diverse persons and peoples have equitable access to psychological services and resources available via technology; technological resources are culturally sensitive so as to respect the welfare of Persons and Peoples: and electronic services are delivered with accuracy, honesty, and fairness.

Section 7: Research, Publication, and Scientific Integrity

Scientific integrity is psychologists' maintenance of professionalism, responsibility, and competence in conducting and disseminating their research. Psychological research is the creation of new knowledge that may be generalizable, contributes to the well-being of individuals, groups, organizations, communities, and systems, and is disseminated through professional publication and other outlets. Psychological research is built on the foundation of Beneficence, Justice and Social Justice, and Respect for Persons and Peoples. The Principle of Beneficence prioritizes the maximization of benefit and minimization of risk for research participants. Selection of participants is guided by the Principle of Justice and Social Justice reflecting the importance of fair and equitable inclusion and exclusion of research participants. Respect for Persons and Peoples is demonstrated through affirmation of autonomy and the right to independent decision making as well as a full explanation of the impact of agreement to participate through informed consent. Psychologists also engage with integrity those with whom they conduct or publish research, and engender trust through honesty, fairness, equitable treatment, and respect for autonomy as reflected in Integrity and Trustworthiness, and Justice and Social Justice.

Section 8: Education, Training, and Supervision

Ethical practice related to education, training, and supervision at all levels is fundamental to creating an educated citizenry, as well as preparing individuals entering the psychology workforce. Education, training, and supervision need to include elements of equity, diversity, and inclusion in both content and educational practice, fundamental elements of Justice and Social Justice, Human and Civil Rights, Respect for Persons and Peoples, and Recognition of Social Systems and the Natural Environment. Psychologists focus on teaching critical thinking, the scientific method, and psychological science in keeping with Scientific Mindedness. Finally, psychologists engaged in education, training, and supervision act with Integrity and Trustworthiness and avoid conflicts of interest; engender respectful relationships and nurture trust with their students, their institutions, and the community; recognize their responsibilities to their students and the profession; and maintain levels of professionalism in all their teaching, training, supervision, research, and engagement with the community.

Section 9: Psychological Services

Psychological services are the means by which psychologists engage with individuals, groups, organizations, communities, and systems to improve or optimize goals and outcomes. The Standards in this section apply to all services provided by psychologists to clients/patients/recipients. When providing psychological services to clients/patients/recipients, psychologists maintain trust through Integrity and Trustworthiness, and foster conditions of mutual trust and cultural humility through Justice and Social Justice. Through Respect for Persons and Peoples, psychologists respect diversity and promote health and well-being through the application of current knowledge, evidence, and research to psychological services. They understand the systems in which people work and live as reflected in Recognition of Social Systems and the Natural Environment.

Section 10: Testing, Assessment, and Evaluation

Testing, Assessment, and Evaluation (TAE) involves the use of systematic, comprehensive, and multidimensional processes to gather credible information and data for TAE and research purposes. Instruments, measurement techniques, and approaches are utilized to facilitate inquiry and understanding about psychological constructs, behavior and functioning, and performance. Although such work dovetails with each of the ethical Principles established within this Code, work conducted within the domain of TAE gives saliency to the Principles of Integrity and Trustworthiness, Scientific Mindedness, Human and Civil Rights, Respect for Persons and Peoples, and Nonmaleficence. Thus, a commitment to professional work that is grounded in scientific knowledge is competently performed with fairness, impartiality, and with

regard for the preservation of individual and human rights. Further, the commitment to accuracy and the avoidance or minimization of potential harm is advanced by the integration of psychological knowledge and information. This integration includes the role and influence of the sociocultural identities, historical contexts, and experiences in which individuals, groups, organizations, communities, and systems are positioned.

Standards

The Standards in each section are enforceable obligations that are ethical commitments for individual psychologists.

Competence

1.01 Scope of Competence

(a) Psychologists only work within their scope of competence and know the limits of their competence as defined by their education, training, supervised experience, consultation, study, and professional experience.

(b) Since foundational competencies are central to the work of the field, psychologists establish and maintain competence through the acquisition of knowledge and skills and by meeting qualifications in foundational and, when applicable, specialized areas.

(c) Psychologists demonstrate competence through assessment of their work and measurement of outcomes and effectiveness.

(d) Given that individual and cultural diversity is an area of foundational competency, psychologists attain relevant knowledge and skill in the utilization of evidence on the importance and influence of multicultural diversity, individual differences, and cross-cultural methods and practices before engaging in professional work.

(e) Psychologists identify the multiple factors that inform ethical decision-making, make applicable decisions, and then evaluate the final decision for effectiveness. These factors include, but are not limited to, applicable norms, personal biases, and consideration of those whom the decision will affect.

(f) Psychologists interact productively and collaborate constructively with professionals in other disciplines, when indicated and make reasonable efforts to become knowledgeable about other professional norms, specialized areas of expertise, and expectations that are relevant for their practice.

(g) Psychologists who lack necessary competencies make appropriate referrals, obtain the necessary education, training, or supervision to work competently, and/or seek consultation. Psychologists with closely related training or experience may provide services that would otherwise be unavailable, but they should make reasonable efforts to obtain the competence required (i.e., obtaining relevant research, training, consultation, or study).

(h) To promote access and continuity of mental health services and to ensure services are not denied in emergency circumstances, psychologists may provide such services, even if they have not received the

necessary training. The services are discontinued when the emergency has ended or appropriate services become available.

1.02 Professional Development

(a) Psychologists engage in the requisite level of professional development, such as continuing education, consultation, supervision, and training, to maintain and expand their competence in accordance with their professional demands.

(b) Psychologists maintain competence over the duration of their professional career in that the standards and benchmarks for competence may change.

(c) Psychologists planning to provide services, teach, or conduct research that involves the accurate use of electronic forms of assessment or testing that are new to them, undertake relevant education, training, supervised experience, consultation, or study.

(d) In emerging areas for which recognized standards for training do not yet exist, psychologists nevertheless make reasonable efforts to (1) to protect clients/patients/recipients, students, supervisees, research participants, and others from harm; and (2) ensure the competence of their work.

1.03 Evidence-Based Work and Scientific Knowledge and Method

(a) Psychologists integrate applicable evidence-based strategies (including research, expertise, and contextual cultural factors) in the development, maintenance, and performance of their professional activities. Where the evidence does not exist or its generalizability is not clear, psychologists use related evidence to support their actions and recommendation.

(b) When applying evidence-based strategies, psychologists examine the available evidence and its generalizability to the context and population to which it will be applied. Where the evidence does not exist or its generalizability is not clear, psychologists use existing evidence to support their actions and recommendations.

1.04 Delegation of Work to Others

Psychologists who delegate work to others (e.g., employees, supervisees, students, research teams) or use the services of others (e.g., interpreters) take reasonable steps to (1) avoid delegating such work to individuals who have a multiple relationship with those being served that may lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such individuals may reasonably be expected to perform competently based on their education, training, or experience, either independently or with the level of supervision being provided; and (3) actively supervise, monitor, and review these services as appropriate to ensure they are performed competently. (Consult also Standards 2.03, Multiple Relationships, Roles and Parties; 5.01, Maintaining Confidentiality.)

1.05 Self-Assessment of Professional Competence

(a) Psychologists engage in ongoing self-reflection and assessment activities by including feedback through activities such as, on ongoing peer consultation, professional activity engagement, and other opportunities to receive feedback regarding the maintenance of their professional competence.

(b) When psychologists experience personal or professional challenges that could reasonably be determined to influence their ethical decision-making or affect their professional behavior, including issues such as substance abuse, illness, or emotional distress, they take measures, such as consulting with colleagues or

seeking other relevant resources in determining a course of action. They then take prompt action, including limiting, suspending, or terminating work-related duties, as necessary. (Consult also Standard 5.04, Consultations.)

Professional Responsibility

2.01 Maximizing Benefits and Avoiding/Minimizing Harm

(a) Psychologists make reasonable efforts to maximize benefits and avoid or minimize harm, adverse outcomes, or negative unintended outcomes, where they are foreseeable, and unavoidable to clients/patients/recipients, students, supervisees, research participants, organizational or individual recipients of their services, and others with whom they work.

(b) While psychologists understand that their decisions may result in negative outcomes for some of those with whom they work, those decisions do not constitute harm, and should be based on sound judgment.

(c) Psychologists do not participate in, facilitate, assist, or otherwise engage 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 2.01 (a).

2.02 Conflicts of Interest

(a) Psychologists refrain from taking on a personal, scientific, professional, legal, or financial role when another existing role, interest, or relationship could reasonably be expected to (1) impair their objectivity or competence in performing their functions as psychologists; or (2) expose individuals, groups, organizations or communities with whom the professional relationship exists to harm or exploitation, including undue personal gain.

(b) When appropriate, psychologists disclose financial or other types of support that present competing professional interests (e.g., salary, consultation fees, sponsorships, academic and corporate incentives, existing funding or pending grant application, gifts, trips, and other circumstances).

(c) If unanticipated conflicting roles emerge over time, psychologists take reasonable measures to explain to the parties the nature of the conflict, the potential for bias, and, as necessary, psychologists clarify, modify, or withdraw from their roles.

2.03 Multiple Relationships, Roles, and Parties

(a) *Multiple relationships* occur when a psychologist is in a professional relationship with one person and at the same time is in a potentially conflicting relationship either with the same individual or other people or entities related to or associated with them, or when a future relationship is promised. *Multiple roles* involve duties and responsibilities that entail different, and sometimes conflicting, activities, responsibilities, or obligations to the same person or to multiple persons or entities. *Multiple parties* exist when psychologists have simultaneous professional or relationships with two or more parties. Psychologists understand that there may be a greater likelihood of multiple roles, parties, and relationships in some contexts, such as when working with families, groups, organizations, and communities, and take care to ethically negotiate these relationships.

Psychologists' refrain from multiple relationships, multiple roles, and multiple parties if such relationships, roles, or parties could reasonably be expected to (1) impair the psychologist's objectivity, competence or effectiveness in performing their functions as a psychologist; or (2) otherwise risk exploitation or harm to

the individual or entity with whom the professional relationship exists. Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, potentially harmful multiple roles or relationships have arisen, the psychologist attempt to resolve any issues by considering the best interests of the affected persons.

(c) If required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, psychologists clarify role expectations and the extent of confidentiality, and thereafter, as needed. (Consult also Standard 4.01, Elements of Informed Consent.)

2.04 Exploitative Relationships

Psychologists do not exploit those with whom they work, including those over whom they have supervisory, evaluative, or other authority, such as recipients of services, students, supervisees, research participants, community members, or employees.

2.05 Discrimination

In their work-related activities, psychologists do not engage in discriminatory, biased, or prejudiced treatment of persons based on, but not limited to, age, gender, gender identity/diversity, race, color, ethnicity, culture, national origin, immigration status, language, religion, sexual orientation, disability, military or veteran status, or socioeconomic status.

2.06 Sexual and Other Harassment

(a) Psychologists do not engage in sexual harassment in their professional conduct or activities. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature and that either (1) the psychologist knows or is told is unwelcome, is offensive, or creates a hostile workplace or educational environment; or (2) is sufficiently severe or intense to be unwelcome, offensive, or sufficient to create a hostile workplace or education environment to a reasonable person. Sexual harassment may consist of a single intense or severe act or multiple persistent or pervasive acts.

(b) Psychologists do not knowingly engage in behavior that creates an intimidating, hostile, or offensive environment for persons with whom they interact in their work, or in behavior that is demeaning conduct that is based on, but not limited to, age, gender, gender identity/diversity, race, color, ethnicity, culture, national origin, immigration status, language, religion, sexual orientation, disability, military or veteran status, or socioeconomic status.

2.07 Cooperation with Other Professionals

When indicated and professionally applicable, psychologists cooperate with psychologists and other professionals to serve effectively research participants, students, and clients/patients/recipients.

2.08 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code to the relevant parties, and make reasonable efforts to resolve the conflict consistent with the Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2.09 Conflicts Between Ethics and Institutional or Organizational Demands

If the demands of an institution or organization with which a psychologist works or is otherwise affiliated are in conflict with this Ethics Code, psychologists clarify the nature of the conflict with the relevant parties, make known their commitment to the Ethics Code to the relevant parties, and attempt to resolve the conflict consistent with the Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2.10 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA, any affiliated state psychological association to which they belong, or the state licensing board(s) in which they are licensed. In doing so, they address any potentially relevant confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute non-cooperation. (Consult also Standards 5.02, Permitted Disclosures of Confidential Information; 5.03, Minimizing Intrusions on Privacy.)

2.11 Informal and Formal Resolution of Ethical Violations

(a) 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 psychologist's attention if (1) an informal resolution appears appropriate; and (2) the intervention does not violate any confidentiality rights that may be involved. (Consult also Standard 5.02, Permitted Disclosures of Confidential Information.)

(b) If an apparent ethical violation has substantially harmed or is likely to substantially harm an individual or organization and is not appropriate for informal resolution under 2.11 (a), or is not resolved properly in that fashion, psychologists take further action relevant to the situation to resolve formally the matter. Such action might include referral to state or national committees on professional ethics, state licensing boards, or appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

2.12 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints without the good-faith belief the evidence that would substantiate the complaint.

2.13 Discrimination Against Complainants and Respondents

Psychologists do not deny individuals' employment, advancement, tenure, promotion, or admissions to academic or other programs based solely upon their having made, or being the subject of, an ethics complaint. This does not preclude taking action based upon the outcome of an ethics proceeding.

Relationship with the Public

3.01 Avoidance of False or Deceptive Statements

(a) Psychologists do not make knowingly false, deceptive, fraudulent, or reckless public statements about their work. They make reasonable efforts to correct inaccurate statements to the extent they are within the psychologist's control about their work activities, as well as the activities of those with whom they are affiliated (e.g., persons, organizations). Such work activities include information regarding workshops, seminars, or other programs describing the intended audience, the educational objectives, the presenters, and the fees involved.

(b) Psychologists make accurate statements regarding their (1) training, experience, or competence; (2) academic degrees, credentials, certifications; (3) institutional and association affiliations; (4) services; (5) scientific or clinical basis for their services; (6) fees; and (7) publications and research findings.

(c) When using or disseminating the work of others, psychologists accurately represent the authorship and properly utilize the substance of the work of others.

3.02 Statements by Others

Psychologists retain professional responsibility for statements made by those with whom they engage regarding their professional activities or products and make reasonable efforts to correct inaccurate statements of which they become aware. When psychologists' professional activities are publicized for a fee or when psychologists' pay for narratives published under their name, the paid status is noted.

3.03 Public Presentations

(a) Psychologists make reasonable efforts to ensure that their professional public comments are consistent with (1) culturally relevant psychological literature and practice; (2) their professional knowledge, training or experience, and (3) the Ethics Code. They clarify if a multiple professional role has been established with any member(s) of the audience.

(b) Psychologists describe their psychological expertise accurately to the media and in other public settings. If a psychologist is functioning in a role other than as a psychologist, they identify that role.

(c) When generative artificial intelligence is used in any professional work, including workshops, seminars and other programs they present, its use must be accurately and adequately disclosed to the extent generative artificial intelligence contributed substantively to the work or affected the psychologist's exercise of professional skills or judgment. (Consult also Standard 7.14 (d), Publication Credit.)

3.04 Testimonials

Psychologists do not solicit or accept testimonials from current clients/patients/recipients or anyone with whom they foreseeably could have undue influence.

3.05 Professional Solicitation

(a) Psychologists do not knowingly engage, directly or through agents, in uninvited solicitation of business of current or potential clients/patients/recipients and other individuals who because of their particular circumstances are vulnerable to undue influence, including in institutional settings where they exert influence or in circumstances where a power imbalance favoring the psychologist exists. However, this prohibition does not preclude (1) attempting to implement relevant collateral contacts for the purpose of benefiting an already engaged therapy client/patient/recipient; or (2) providing disaster or community outreach services.

(b) When soliciting research participants, contracts, and other professional relationships, psychologists ensure that the information contained in the solicitation is accurate and sufficiently understandable for the public and organizations to make an informed appraisal before entering into an agreement.

3.06 Public Statements Regarding Public Figures

When making public statements regarding public figures, psychologists state clearly whether the statements are based on professional knowledge or personal opinions, theories, or hypotheses.

3.07 Accountability to the Public

(a) Psychologists assess and take reasonable steps to minimize any negative impact of their decisions and interventions on the relevant communities involved.

(b) Psychologists make good faith efforts to keep commitments to individuals, groups, organizations, and communities about the work and its findings.

(c) When knowledge is obtained from communities, psychologists make reasonable efforts, to provide the appropriate representatives with relevant reports, publications, or other documents sufficient to convey the knowledge in a reasonably timely manner.

Informed Consent

4.01 Elements of Informed Consent

(a) When psychologists conduct research or provide assessment, psychotherapy, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual groups, organizations, or communities, using language that is reasonably understandable, and provide sufficient opportunity for them to ask questions and receive responses.

(b) Before providing services or activities to individuals, interrelated persons (e.g., spouses, significant others, parents and children, employees and supervisees), or to entities (groups, organizations, or communities), whether directly or through third-parties, psychologists provide information relevant for securing, voluntary informed consent from, clients/patients/third-party clients. Such relevant information includes, but is not limited to, (1) the nature and objectives of the services; (2) the intended recipients; (3) which of the individuals are client or the third-party client; (4) the relationship the psychologist will have with each person; (5) the probable uses of services provided and information obtained; (6) who will have access to the information; (7) the risks to privacy via electronic transmission; and (8) the limits of confidentiality. As soon as feasible, they provide the results and conclusions of their work as agreed upon. (Consult also Standard 5.01 (a) (c) (d), Maintaining Confidentiality.)

(c) If psychologists are precluded by law or by organizational roles from providing the information in 4.01 (b) to those with whom they work, they inform them at the outset of the work.

(d) Because informed consent is a continuous and voluntary process, when new circumstances affecting the original informed consent change, psychologists provide updated information and, if relevant, obtain updated consent.

(e) When psychological work is court-ordered or otherwise mandated, before proceeding psychologists inform the individual of the mandated status, the nature of the anticipated work, any limits of confidentiality, and any restrictions on the individual's access to the results.

(f) When psychological services, including testing, assessment, and evaluation, is provided by a trainee and the legal responsibility resides with the supervisor, clients/patients/recipients/third-party clients are informed as part of the informed consent process that the provider is in training and is being supervised, and the name and contact information of the supervisor are provided.

(g) Psychologists obtain consent from the client/patient/recipient/third-party client for the use of an interpreter.

4.02 Obligations to Those Legally Incapable of Giving Consent

If clients/patients/recipients are legally incapable of providing informed consent, psychologists take the following additional steps as relevant to ensure informed assent is understood and agreed upon by (1) providing an explanation of the professional services; (2) taking necessary measures to receive the individual's assent; (3) accommodating, to the extent feasible, the person's preferences and/or best interests; and (4) obtaining informed consent from a legally authorized representative, as necessary. When consent by a legally authorized representative is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

4.03 Informed Consent for Recording

Psychologists obtain consent before recording individuals in audio, photographic, written, and/or video content.

4.04 Informed Consent in Research

(a) When obtaining informed consent psychologists take the following relevant measures to inform research participants about (1) the purpose of the research, expected duration and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) the reasonably foreseeable factors that may be expected to influence their willingness to participate, such as, but not limited to potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) the limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. When conducting informed consent procedures, psychologists provide an opportunity for the prospective research participants to ask questions and receive answers. In addition, psychologists also follow the general informed consent requirements of Standards 4.01, 4.02, and 4.03, as applicable. (Consult also Standards 7.02, Diversity Factors in Conducting Research; 7.03, Research Participants and Collaborators; 7.11, Data Sharing for Verification and Secondary Use.)

(b) Psychologists conducting intervention research involving the use of experimental treatments make reasonable efforts to clarify to research participants before the initiation of the research about (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s); (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 the intervention will involve billing of participants or reimbursement from participants or third-party payors.

(c) When engaged in human clinical research, psychologists make reasonable efforts to ensure that the potential participants understand the difference between research trials (e.g., experimental) and established treatment regimens (e.g., implemented based on demonstrated effectiveness).

(d) Supervising psychologists make reasonable efforts to ensure that procedures for obtaining informed consent from prospective research participants or their custodians and to obtain assent from participants who are minors are followed. (Consult also Standards 4.02, Obligations to Those Legally Incapable of Giving Consent; 4.04(d) Informed Consent in Research.)

(e) Psychologists may dispense with informed consent only when confidentiality is protected and the research would not reasonably be assumed to create distress or harm, risk criminal or civil liability, or potential damage the financial standing, employability or reputation of the participant and only in the following situations: (1) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (2) anonymous questionnaires, naturalistic observations, or archival research; (3) the study of factors related to job or organization effectiveness conducted in organizational settings; or (4) where otherwise permitted by law or federal or institutional regulations.

(f) When their clients/patients/recipients are participants in research endeavors, psychologists provide informed consent and fully disclose the research conditions to the clients/patients/recipients. They reasonably ensure that clients/patients/recipients are informed that participation or declining participation does not impact services being rendered.

(g) When psychologists engage in research with groups, communities, systems, and other entities, in addition to any relevant Institutional Research Board procedures, they seek permission from identified leaders or organizational authorities to ensure that all participants receive informed consent, including relevant disclosures of relevant aspects of the research endeavor. Psychologists having a secondary research role (e.g., co-investigator, project manager, analyst) are not relieved of such responsibilities.

(h) Psychologists may dispense with informed consent to recording if (1) the research consists solely of naturalistic observations in a public place and the recording will not be used in a manner that could lead to personal identification or harm, or (2) the research design includes deception and consent for the recording is obtained during the debrief. (Consult also Standard 6.05 (f), Social Media and Online Platforms.)

(i) As part of informed consent for research, psychologists inform participants of the risks and benefits associated with the use of technological data gathering, transmission, and storage. In addition, when appropriate, psychologists make reasonable efforts to mitigate the known or reasonably foreseeable risks associated with electronic tools and their impact on related ethical issues (e.g., confidentiality, privacy, informed consent) that arise from their use.

4.05 Informed Consent in Testing, Assessment, and Evaluation (TAE)

Psychologists make reasonable efforts to obtain informed consent in testing, assessment, and evaluation (TAE), including but not limited to (1) the nature and purpose of the process; (2) possible benefits and unintended consequences; (3) freedom to withdraw; (4) those expected to receive the results; (5) privacy and confidentiality (especially when using electronic testing services); (6) fees; (7) involvement of third parties; and (8) the right of the individual(s) to ask questions and receive answers. Consent can be waived if TAE is (1) implied based on routine educational, institutional, or organizational activity; (2) mandated by law or governmental regulations; or (3) conducted to evaluate decisional capacity. In addition, psychologists also follow the general informed consent requirements of Standards 4.01, 4.02, and 4.03, as applicable. (Consult also Standards 10.01, Bases for TAE Selection and Administration; 10.03, Departures from Standardization.)

4.06 Informed Consent for Psychological Services

(a) When obtaining informed consent for psychological services, psychologists inform clients/patients/third-party clients as early as is feasible in the therapeutic relationship about the nature and anticipated course of services, fees, involvement of third-parties, limits of confidentiality, and any disclosures required by law. Psychologists also provide sufficient opportunity for the individuals to ask questions and receive answers. In addition, psychologists also follow the general informed consent

requirements of Standards 4.01, 4.02, and 4.03, as applicable. (Consult also Standard 9.08, Referrals and Fees.)

(b) When obtaining informed consent for services for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients/third-party clients of the developing nature of the services, the reasonably anticipated risks involved, and the voluntary nature of their participation.

Confidentiality and Privacy

5.01 Maintaining Confidentiality

(a) Unless it is not feasible or is contraindicated, psychologists discuss confidentiality and its limits at the outset of the relationship and thereafter, as required or applicable given new or changing circumstances. (Consult also Standards 2.03, Multiple Relationships, Roles, and Parties, 4.01, Elements of Informed Consent; 4.03, Informed Consent for Recording; 4.04, Informed Consent in Research; 4.06, informed Consent for Psychological Services.)

(b) Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific commitments. (Consult also Standards 1.01, Scope of Competence; 6.01, Technological Competencies; 6.04, Security, Transmission, and Disposal of Electronic Data; 6.05, Social Media and Online Platforms; 7.08, Data Collection, Use, and Management; 9.01, Bases for Psychological Services; 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)

(c) When providing psychological services to clients/patients/recipients who have a relationship with each other, psychologists make reasonable efforts to protect the confidentiality of all parties, and disclose any reasonably foreseeable risks to confidentiality as appropriate. (Consult also Standards 2.03, Multiple Relationships, Roles, and Parties; 9.02, Providing Treatment Services to Those Served by Others.)

(d) Psychologists inform their clients/patients/recipients/third-party clients of the relevant limits of confidentiality including from interpretation services, technology used, storage of confidential information and data, reporting mandated by law, and court orders for confidential information. (Consult also Standards 4.01, Elements of Informed Consent; 4.04, Informed Consent in Research; 6.03, Confidentiality, Privacy, and the Use of Technology; 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)

5.02 Permitted Disclosures of Confidential Information

(a) Psychologists may disclose confidential information with the appropriate consent of person(s) legally able to give such consent. Depending upon the circumstances, this may be the individual client/patient, or the third-party client. (Consult also Standard 10.07, Release of Test Data.)

(b) Psychologists may disclose confidential information without the consent of the individual or their authorized representative only as mandated by law, or as permitted by law for a valid purpose, such as (1) protecting the client/patient/recipient, psychologist, student, or others from harm; (2) providing needed professional services; (3) obtaining appropriate professional consultations; or (4) obtaining payment for services from a client/patient or third-party client. (Consult also Standards 9.01, Bases for Psychological Services; 10.07, Release of Test Data.)

5.03 Minimizing Intrusions on Privacy

Psychologists include in reports and shared health records only the minimum scientific or professional information specifically relevant for the purpose of that communication. (Consult also Standard 9.07, Accuracy in Reports to Payors and Funding Sources.)

5.04 Consultations

When consulting with colleagues, psychologists offer the minimal amount of information reasonably necessary to achieve the purpose of the consultation. They do not disclose information that could reasonably lead to the identification of a person(s) or organization with whom they have a confidential relationship unless prior consent has been obtained or the disclosure cannot be avoided to achieve the purpose of the consultation.

5.05 Professional Instructive Purposes

When presenting confidential information obtained in their psychological work for professional educational activities, psychologists (1) obtain consent in writing; or (2) make reasonable efforts to anonymize the identifiable information.

5.06 Confidentiality and Electronic Transmissions

(a) Psychologists use appropriate safeguards when sharing confidential electronic records, reports, or information and develop policies on who may access and use the data. (Consult also Standards 6.03, Confidentiality, Privacy, and the Use of Technology; 7.11, Data Sharing for Verification and Secondary Use; 9.05, Documentation Maintenance, Dissemination, and Disposal of Records.)

(b) Psychologists who recommend the use of digital therapeutics and other electronic software and devices provide reasonably known information concerning the limits to confidentiality, including possible access by third parties.

(c) Psychologists transmitting Protected Health Information (PHI), attain reasonable familiarity with the Health Insurance Portability and Accountability Act (HIPAA) Privacy regulations, and reasonably ensure those to whom they are providing services know their rights under HIPAA. (Consult also Standard 1.01, Scope of Competence.)

5.07 Integrated and Interdisciplinary Settings with Prior Consent

When working with other professionals in an integrated or interdisciplinary setting, psychologists may share, with relevant prior consent, confidential information relevant to the client/patient/recipient care with those colleagues. Psychologists limit the level of detail to that which is necessary to support the care of the client/patient/recipient. (Consult also Standard 1.01, Scope of Competence.)

5.08 Maintenance, Dissemination, and Disposal of Confidential Records

(a) Psychologists maintain confidentiality when creating, storing, accessing, transferring, and disposing of confidential records under their control, whether these are written, automated, or in any other medium. (Consult also Standards 7.08, Data Collection, Use, and Management; 7.10, Digital Health Research; 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)

(b) Psychologists use coding or other data protection and security techniques as appropriate to maintain confidentiality when data are accessible to third parties. (Consult also Standards 6.03, Confidentiality, Privacy, and the Use of Technology; 6.04, Security, Transmission, and Disposal of Electronic Data; 7.10, Digital Health Research; 7.11, Data Sharing for Verification and Secondary Use; 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)

(c) Psychologists take precautions to protect the confidentiality of records and data when transferring, terminating, or otherwise disengaging from providing psychological services. (Consult also Standard 8.05, Documentation, Maintenance, Dissemination, and Disposal of Records).

Technology

6.01 Technological Competencies

(a) Psychologists only use technologies within their scope of competence and reasonably ensure that those with whom they have professional responsibility have sufficient technological skills, as applicable. (Consult also Standard 1.04, Delegation of Work to Others.)

(b) Psychologists inform themselves about the limitations, risks, and benefits associated with the use of technologies in their work and communicate this information to relevant parties. (Consult also Standard 4.04 (g), Informed Consent for Recording.)

(c) Psychologists do not permit their use of technology to override their professional judgment or compromise their compliance with other Standards in this Code, especially in matters including, but not limited to, informed consent and confidentiality. (Consult also Standards 4.01 (a), Elements of Informed Consent; 5.01 (a), Maintaining Confidentiality.)

(d) Before adopting or recommending any technology that collects personal data, psychologists reasonably understand the ownership and the chain of custody of personal data created by using the technology, especially when data are handled by third parties. (Consult also Standard 7.10 (a) (c), Digital Health Research.)

(e) Due to rapidly changing technologies, psychologists engage in necessary ongoing training about the technologies they use, such as online applications, data/cloud storage, software tools (e.g., recordkeeping), and biometric devices (e.g., applications, digital therapeutics). Psychologists make sufficient efforts to educate themselves on any technology they adopt or recommend for selection by others within an interdisciplinary setting. (Consult also Standards 1.02 (a) (b) (c), Professional Development; 7.10 (a), Digital Health Research; 9.03 (b), Interdisciplinary Services.)

(f) Psychologists are competent in the technology they use to gather data (e.g., mobile applications, cameras, social media, digital therapeutics, artificial intelligence). Psychologists make sufficient efforts to ensure that electronic technologies they use are functioning properly and analyzing data accurately. (Consult also Standard 1.02 (a), Professional Development.)

6.02 Use of Technologies

(a) Psychologists verify that the digital technologies they use in their work are recognized as appropriate by a reputable source such as mobile application clearinghouse websites or federal or institutional policies or guidelines.

(b) Psychologists determine whether technology is the best modality for provision of services including consideration of diversity factors, accessibility, and usability of technology.

(c) When providing services remotely through technology, psychologists prepare for the potential emergency care of remote clients/patients/recipients at their physical location and maintain emergency plans for in-person care at those locations.

(d) Psychologists involved in the development or use of artificial intelligence make reasonable efforts to establish or review validity evidence for the intended use(s) and identify its limitations.

(e) Psychologists inform clients/patients/recipients and others with whom they work when they use or recommend the use of technologies utilizing real time recording of mobile health data (e.g., ecological momentary assessment) including data that predicts future behavior and is transmitted to server-based entities.

(f) When artificial intelligence is used in any professional work (e.g., interdisciplinary settings), psychologists are responsible for the content, such as findings, recommendations, and evaluative statements.

(g) Psychologists who generate or utilize materials created by artificial intelligence are responsible for their scientific accuracy.

6.03 Confidentiality, Privacy, and the Use of Technology

(a) Psychologists to the degree feasible mitigate the unique risks to confidentiality and privacy created by technology, including the risk of possible access by third parties. Psychologists use software such as encryption, firewalls, and other software/hardware to protect confidentiality. (Consult also Standards 5.06 (a) (b), Confidentiality and Electronic Transmissions.)

(b) Psychologists notify clients/patients/recipients/third-party clients, students, research participants, organizations, or communities with whom they work when a breach of confidential documents, materials, and records has occurred.

(c) Psychologists confirm the identity of the clients/patients/recipients/third-party clients, students, organizations, or communities with whom they are engaged when using technology.

6.04 Security, Transmission, and Disposal of Electronic Data

Psychologists take reasonable steps to protect confidential data and information and to ensure that those with whom they work are informed of data security parameters, the extent of distribution, and the means of data storage and disposal. Psychologists appropriately dispose of data and document the methods and procedures used for the disposal of data. (Consult also Standards 5.08 (a), Maintenance, Transmission, and Disposal of Confidential Records; 9.05 (b) Documentation, Maintenance, Dissemination, and Disposal of Records.)

6.05 Social Media and Online Platforms

(a) Psychologists clearly distinguish between personal and professional communications when using social media and do not make social media postings that would negatively impact their professional work.

(b) Psychologists are responsible for the professional social media content attributable to them as well as their professional public comments (e.g., accuracy, currency, cultural appropriateness). (Consult also Standard 3.03 (a), Public Presentations.)

(c) Psychologists develop and share their explicit media policies (e.g., conflicts of interest, informed consent, limits of confidentiality, recording) with their clients/patients/recipients/third-party clients, students, and others with whom they work.

(d) Psychologists do not misrepresent their biographical information (e.g., credentials, licensing status, education, competencies) on websites or in social media, and correct misrepresentations about which they become aware and where feasible in any online information. (Consult also Standard 3.03 (b), Public Presentations.)

(e) Psychologists do not engage in social media communication with current clients/patients/recipients/third-party clients. (Consult also Standard 2.03 (a), Multiple Relationships, Roles, and Parties.)

(f) Psychologists do not engage in online searches for clients/patients/recipients without informing them, unless specifically warranted (e.g., forensic settings in which the recipient of services is not the client).

(g) Psychologists clarify if they are representing employers, organizations, or other entities when making social media statements and recommendations that are for purposes of transparency.

(h) Psychologists make reasonable efforts to identify, and refrain from using in the context of their professional activities, platforms that employ algorithms that perpetuate biases or target groups for biased and unfair manipulation. They make reasonable efforts to intervene when they become aware that their work is being used by others for such purposes. (Consult also Standard 7.12 (b), Misconduct in Reporting Research Results.)

Research, Publication, and Scientific Integrity

7.01 Institutional Approval or Unregulated Research

Psychologists obtain approval from the appropriate institution, granting agency, community-based review boards, or other oversight entities, prior to conducting research. During the institutional approval process, they represent all aspects of their intended research accurately, fairly, and with full disclosure. Further, psychologists follow the approved research protocol and report any variance from their approved protocol. Psychologists conducting research independent of an institution or funding agency comply with protocol standards in their area of research, in accordance with comparable federal or Institutional Review Board (IRB) approved studies.

7.02 Diversity Factors in Conducting Research

(a) Psychologists maintain relevant competence in understanding diversity factors when conducting research that could (1) impact participants differentially based on group identity and vulnerability of populations; (2) result in potential consequences of discriminatory treatment of participants by individuals in positions of authority; or (3) result in harm or mistreatment to research participants. (Consult also Standards 1.01 (a) (d), Scope of Competence.)

(b) Psychologists make decisions regarding research participant selection based upon representativeness and criteria appropriate to the research questions to the extent feasible, rather than on ease of availability, influence over the prospective participants, or the otherwise vulnerable position of the participants.

(c) Psychologists assess how their biases may influence their research questions, interpretations, and relationships with participants and collaborators and disclose their biases to relevant parties, seek consultation, and monitor potential effects on participants and the findings of the study as applicable.

(d) Psychologists describe clearly and accurately participant demographics and diversity factors to represent inclusion and exclusion of identity groups in the research findings.

(e) Psychologists guard against the use of archival data collected from open public sources (e.g., social media) that may contain identifiable or sensitive information that is biased, non-representative, or lacking validity for their intended purpose. They refrain from using such archival data when the original creators of the data have not consented to its use and would not reasonably have understood that their data could be used for research which a reasonable person would consider sensitive. Psychologists do not use data that has been collected unethically.

7.03 Research Participants and Collaborators

(a) Psychologists conduct research and engage in publication with an appropriate understanding of the potential power differential impacting research participants, collaborators, and others. Psychologists make reasonable efforts to address the adverse effects of power differentials when conducting research. (Consult also Standard 8.08 (a), Responsibilities to Students Research Participants.)

(b) Psychologists (1) recognize and resolve or manage conflicts of interest between clinical welfare of the clients/patients/recipients and research interests; and (2) are knowledgeable of their own biases and potential differential treatment of clients/patients/recipients.

7.04 International Research

(a) Psychologists conducting research outside the United States take appropriate measures to understand the relevant legal, socio-political, and regulatory systems in the applicable countries and the impact such systems could place on their research methodology (e.g., constraints on confidentiality, reporting requirements, and ownership of intellectual property and data), including addressing conflicting laws and policies, if any, that pertain to their research.

(b) Psychologists conducting research outside the United States follow the IRB research policies of their home institution and those of their host country or institution, as applicable, and make reasonable efforts to identify and review relevant guidance documents pertaining to the conduct of their research in the host country. Should the host country not have an IRB or research policies, psychologists adhere to their own IRB to support the ethical practice of research in the host country.

(c) Psychologists (1) attain an appropriate degree of knowledge of the differences in interpretation and practices of informed consent and confidentiality in the host country; (2) have a reasonable understanding of the practices and expectations of the cultures and communities within which they conduct research; and (3) conduct their research in accordance and respect to the preferences of the culture and communities in the host country. (Consult also Standards 1.01 (d), Scope of Competence; 4.01(a), Elements of Informed Consent.)

(d) Psychologists make reasonable efforts to be socially responsible to their host communities through actions such as (1) collaborating with leaders of the community; (2) promoting inclusion; and (3) assessing the impact of any privilege on the local community and making reasonable efforts to minimize such effects. (Consult also Standard 4.04 (a), Informed Consent in Research.)

7.05 Offering Inducements for Research Participation

Psychologists do not offer services, financial benefits, or other incentives that could reasonably be determined to coerce, or unduly influence, research participants' decision to participate. When professional

services are offered as an inducement for participation, psychologists provide relevant information regarding the nature of the services, including relevant risks, obligations, and limitations. (Consult also Standard 4.04 (a), Informed Consent in Research.)

7.06 Use of Deception

Psychologists do not employ deception unless the scientific, educational, or applied value of the research cannot be achieved through non-deceptive methods, and they do not use deception when physical pain or severe emotional distress is reasonably foreseeable. Psychologists explain the use of deception to research participants as soon as feasible and no later than immediately after data collection, allowing participants to withdraw their data.

7.07 Debriefing

(a) Based on the agreed protocol, psychologists (1) provide a reasonably prompt and timely opportunity for participants to obtain information about the nature of the research and potential effects on participants; (2) correct any misconceptions participants express about the research; and (3) communicate results and conclusions to the participants and their communities following the termination of the research. (Consult also Standards 3.07 (c), Accountability to the Public; 4.04 (a), Informed Consent in Research.)

(b) If the research protocol justifies delaying or withholding debriefing information from participants, psychologists take reasonable measures to reduce the risk of harm.

(c) If psychologists become aware that research procedures have harmed participants, they address and report the harm, as appropriate. (Consult also Standard 2.01 (a), Maximizing Benefits and Avoiding/Minimizing Harm.)

7.08 Data Collection, Use, and Management

(a) Psychologists who develop and use analytic tools (e.g., algorithms, digital therapeutics) take reasonable steps to ensure that (1) the data are utilized in a fair and equitable manner; (2) all relevant groups are considered in the development; and (3) marginalized groups and other participants selected for group identify or other specific criteria are not exploited, misrepresented, or inaccurately portrayed.

(b) In the absence of regulatory oversight, psychologists develop data and safety procedures to monitor and minimize potential risks of harm or unanticipated adverse events. (Consult also Standards 2.01 (c), Maximizing Benefits and Avoiding/Minimizing Harm.)

(c) When conducting research with communities, psychologists determine (1) whether the same data safeguards for individuals apply to groups; (2) which entities review and approve the research proposal; (3) who owns the data; and (4) the level of involvement of participant groups in shared leadership, decision making, and data dissemination.

(d) Psychologists take reasonable steps to ensure that the data collected and maintained during the research project are secured, including implementing back-up systems, or appropriately destroyed when no longer utilized. (Consult also Standard 6.04 (a), Security, Transmission, and Disposal of Electronic Data.)

(e) When collecting data electronically, psychologists take reasonable steps to verify the accuracy of relevant demographic factors or sample characteristics of the participants and the validity of the data.

Psychologists also make reasonable efforts to verify that participants in distance/online research are of the legal age required for informed consent or obtain assent and consent from a legally authorized person. (Consult also Standard 6.03 (d), Confidentiality, Privacy, and the Use of Technology.)

7.09 Treatment Intervention Research

(a) Psychologists who engage in treatment interventions research to address ethical concerns including, but not limited to, (1) post-treatment access to care; (2) decisions regarding early termination; (3) cultural considerations; (4) level of voluntariness of the participants who are also patients; and (5) selection criteria and decisions. (Consult also Standard 4.01 (b), Elements of Informed Consent.)

(b) Psychologists take adequate steps to explain to clients/patients/recipients the difference between experimental treatment intended to advance knowledge, and established treatment intended to improve their condition.

7.10 Digital Health Research

(a) Psychologists attain and maintain competence in the use and implementation of digital health technologies for research purposes. (Consult also Standard 6.01 (a), Technological Competencies.)

(b) When psychologists use digital health tools, such as smartphones and wearables, when engaging in ecological momentary assessments, they make reasonable efforts to protect research participants' privacy and confidentiality and to safeguard PHI. (Consult also Standard 6.03, Confidentiality, Privacy, and the Use of Technology.)

(c) When conducting unregulated research, psychologists assess the appropriateness of digital tools, the means of collecting, storing, and sharing data, and the risks and benefits of the research method, and proceed accordingly. (Consult also Standard 6.01, Technological Competencies.)

(d) When engaged in ambulatory assessment (i.e., digitized gathering and use of biological and behavioral data), psychologists use data security mechanisms (e.g., password-protected methods, data encryption secure servers) to protect the data. They inform research participants of the relevant risks, costs, measures to maintain security, and limits of privacy and confidentiality. (Consult also Standard 6.03 (a), Confidentiality, Privacy, and the Use of Technology.)

7.11 Data Sharing for Verification and Secondary Use

(a) After research results are published, psychologists share their concluding data with other qualified, competent professionals who seek to verify the substantive claims through reanalysis if (1) they agree to use such data only for that purpose; (2) the confidentiality of the research participants can be protected; and (3) the proprietary nature of the data does not preclude their release.

(b) Psychologists who request data from other psychologists to verify their substantive claims through reanalysis use shared data only for the declared purpose and obtain prior written agreement for any other uses of the data.

(c) Psychologists who contribute research data to shared data sets (e.g., big data) acquire documented consent from participants for this usage and only after informing participants of the following: (1) researchers may use the data for secondary purposes not originally intended; (2) the reasonably foreseeable risks of harm; and (3) reidentification of protected deidentified information may be possible.

(d) When the permission of research participants is given for secondary use, psychologists explain to participants the known possible risks of harm, the intent and scope of use, and potential for reidentification.

7.12 Misconduct in Reporting Research Results

(a) Psychologists do not fabricate or falsify data. If psychologists discover significant errors in their published data, they take reasonable steps to rectify such errors in a correction, retraction, erratum, or other appropriate publication means. (Consult also Standards 3.01 (a) (b), Avoidance of False or Deceptive Statements; 6.05 (a), Social Media and Online Platforms.)

(b) Psychologists provide an accurate description of data, sampling groups, and interpretation of results. Participant groups involved in research are described accurately to avoid misrepresentation of the sample or population. (Consult also Standards 3.01 (a) (d), Avoidance of False or Deceptive Statements; 6.05, Social Media and Online Platforms.)

(c) If psychologists are involved in research in which they believe dishonesty or misrepresentation has occurred, they make reasonable efforts to correct the occurrence and minimize harm to research participants and others. (Consult also Standard 2.08 (a) (b), Misuse of Psychologists' or Others' Work.)

7.13 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, study, and euthanize animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for and take appropriate measures to ensure their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals 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. (Consult also Standard 1.04, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists only use a procedure subjecting animals to pain, stress, or privation when an alternative procedure is unavailable and the approach can be reasonably justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow accepted techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate to euthanize animals, psychologists proceed rapidly and to minimize pain using approaches in accordance with accepted professional and regulatory standards.

7.14 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have made substantial scientific or professional contributions. When multiple authors or contributors are acknowledged for their research, psychologists receive credit and

other recognition relative to their contribution. Psychologists do not use their position of authority to justify authorship credit. Faculty advisors discuss publication credit with students as early as feasible, and throughout the research and publication process as appropriate.

(b) A student is listed as principal author on any multiple-authored publication that is substantially based on the student's doctoral dissertation; however, psychologists who are faculty advisors may become first author if (1) no significant progress has been made by the student on developing the dissertation into a publication one year after graduation; (2) the student has given written permission after graduation for the advisor to do so; (3) the amount of effort by the advisor after one year on the development of the publication is substantial and consistent with acceptable first author efforts; and (4) recognition is given in the publication that it is based on the student's dissertation. These requirements also apply to multiple publications from the same dissertation.

(c) When generative artificial intelligence is substantially used in the development of a manuscript, psychologists cite its use in the method section or other appropriate section of the manuscript.

7.15 Duplicate Publication of Data

Psychologists do not publish as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgement. When psychologists present results from one dataset in multiple publications, they appropriately cite the dataset and reference published articles.

7.16 Plagiarism and Self-Plagiarism

(a) Psychologists do not represent the original work of others as their own in scientific publications, presentations, or other modalities. Plagiarism includes use of online materials, content, and proprietary or original ideas that are presented as open access as well as material from digital sources (e.g., social media, generative artificial intelligence, digital technologies), that psychologists represent as their own scientific work. (Consult also Standard 6.05 (e), Social Media and Online Platforms.)

(b) Psychologists do not present their previously published work as original. When psychologists use earlier writings of their work in current publications, they cite the originally published work.

7.17 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposals take appropriate measures to (1) protect the confidentiality of materials submitted and the proprietary rights of those making submissions; (2) disclose potential conflicts of interest; and (3) possess the relevant expertise. (Consult also Standards 1.01 (a), Scope of Competence; 2.02 (a), Conflict of Interest.)

Education, Training, and Supervision

8.01 Design and Implementation of Education and Training Programs

Psychologists responsible for education and training programs provide students with appropriate activities/training, consistent with the standards of the profession, and meet other claims made by the program.

8.02 Descriptions of Education and Training Programs

Psychologists responsible for describing education and training programs provide accurate and current descriptions of program content, training goals and objectives, and requirements that must be met for satisfactory completion of the program. They provide that potential students have sufficient and accurate information to make informed decisions, such as the nature, scope, policies, costs, availability of stipends and benefits, relation to educational and career pathways, and license eligibility. (Consult also Standard 3.01, Avoidance of False or Deceptive Statements.)

8.03 Accuracy in Teaching and Training

(a) Psychologists clearly define expectations through the syllabus for specific activities and evaluation at the outset of the course. Psychologists ensure that course syllabi are accurate regarding expectations, the subject matter to be covered, bases for evaluating progress, and the structure of the course. This standard does not preclude an instructor from modifying course content or requirements, so long as students are notified of these modifications, preferably in writing, in a manner that enables them to fulfill course requirements. (Consult also Standard 3.01, Avoidance of False or Deceptive Statements.)

(b) Psychologists are accurate in their teaching and training. They select course materials that are current and inclusive of psychological information and research and select activities that are appropriate for the goals of the course. (Consult also Standards 1.03, Evidence Based Work and Scientific Knowledge and Method; 3.01, Avoidance of False or Deceptive Statements.)

8.04 Diversity within Educational Practice

(a) Psychologists use reasonable care in selecting course/training materials that reflect the diversity of human experience and culture. They critically evaluate the use of course/training materials so as to avoid the perpetuation of stereotypes, prejudice, or systematic oppression of individuals, groups, communities, or people.

(b) Psychologists identify to power, privilege, culture, and related dynamics in both content and teaching methods, and (2) assess and mitigate the potential for harmful power differentials with their students.

8.05 Supervision of Students and Trainees

(a) Psychologists clearly define and communicate the nature and scope of supervisory roles to students and trainees, including students facilitating research. (Consult also Standards 1.04, Delegation of Work to Others; 3.01, Avoidance of False or Deceptive Statements.)

(b) Supervisors maintain any needed licensing/credentialing or, as applicable, notify supervisees in the case of limits to such licensing/credentialing.

8.06 Assessment of Student and Supervisee Learning and Performance

(a) Psychologists establish timely and specific processes for providing relevant formative and summative assessment and feedback that are communicated to students and supervisees. Psychologists evaluate students and supervisees on the basis of their actual performance on established requirements. They make reasonable efforts to avoid or minimize biases when assessing the learning and performance of students and supervisees.

(b) Psychologists make reasonable efforts to prevent and address academic dishonesty by students and supervisees.

8.07 Practicum, Applied, or Service-Learning Experiences

When students are engaged in practicum, applied, or service-learning experiences, psychologists involved in the learning experience make reasonable efforts to (1) assess the nature of the setting and clarify their responsibilities for supervision or oversight between the site and students; (2) define outcomes; (3) outline the scope of expected activities, responsibilities, and limitations during the learning experience; (4) ensure students' safety in those work settings; and (5) engage with practicum, applied, or service-learning partners in a manner that promotes transparency and students' well-being. (Consult also Standards 2.01, Maximizing Benefits and Avoiding/Minimizing Harm; 2.07, Cooperation with Other Professionals; 3.01, Avoidance of False or Deceptive Statements.)

8.08 Responsibilities to Student Research Participants

When psychologists conducting research have an evaluative or supervisory role over students who are also participants in the psychologists' research, they take appropriate measures to ensure the students understand that (1) participation is not mandatory; (2) students have other equitable alternatives to fulfill program or job requirements; (3) any conflict of interest for researchers or student participants are disclosed and resolved before participation in the research; (4) non-participation or withdrawal from a research project does not adversely affect the students; and (5) students have a reporting process to raise concerns about a supervising researcher that do not involve the supervising researcher. Psychologists do not engage in undue influence or coercion to induce participation. (Consult also Standards 7.03, Research Participants and Collaborators; 7.06, Use of Deception; 7.07, Debriefing.)

8.09 Individual or Group Therapy in Education

(a) Psychologists only require individual or group therapy in courses or programs when appropriate to the context and level of training.

(b) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in the program the option of selecting such therapy from practitioners unaffiliated with the program.

(c) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide therapy to that student. (Consult also Standard 2.03, Multiple Relationships, Roles, and Parties.)

8.10 Student Disclosure of Personal or Sensitive Information

Psychologists do not require students or supervisees to disclose personal or sensitive information in course, program, or training-related activities, either orally or in writing, 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 prevent them from performing their education, training, or professionally related activities in a competent manner, or pose a threat to themselves or others.

8.11 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees over whom the psychologists have, or likely to have, evaluative authority. (Consult also Standard 2.03, Multiple Relationships, Roles and Parties.)

Psychological Services

9.01 Bases for Psychological Services

(a) Psychologists tailor psychological services to clients'/patients'/recipients' characteristics, culture, and preferences, based on current research and the psychologists' area of expertise. (Consult also Standard 1.03 (b), Evidence Based Work and Scientific Knowledge and Method.)

(b) Psychologists do not utilize methods established as harmful or non-effective by the profession or that violates a client's/patient's/recipient's human rights.

9.02 Providing Treatment Services to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists take appropriate measures to identify treatment issues, determine services to be offered in light of compatibility with those provided by other professionals, consult with the client/patient/recipient and the other professionals, and if suitable, proceed with caution in determining the need for providing psychological services.

9.03 Interdisciplinary Services

(a) Psychologists make reasonable efforts to cooperate with professionals from other disciplines to serve clients/patients/recipients and minimize barriers to services.

(b) If psychologists' role and scope of work changes, psychologists assess the boundaries of their competence, identify the clients/patients/recipients, and determine the parameters of confidentiality. (Consult also Standards 1.01, Scope of Competence; 5.01, Maintaining Confidentiality.)

(c) Psychologists who continue psychological services after termination of other interdisciplinary services, recognize that termination may not be permanent, and make reasonable efforts to identify the implications of continued care that could impact future provision of interdisciplinary services and make decisions accordingly.

(d) When psychologists are asked to function outside their scope of competence in interdisciplinary settings, such as with severe or specialized primary care cases, they communicate the limits of their competency while continuing to also assist the treatment team as appropriate.

9.04 Sexual Conduct and Sexualized Relationships

(a) Psychologists do not engage in sexual or sexualized conduct with current clients/patients/recipients/third-party clients. Psychologists do not begin services with individuals with whom they are currently engaged in sexual or sexualized conduct.

(b) Psychologists engaged in psychological health services (including a treatment, method, or approach intended to improve the behavioral/cognitive/affective mental health of the client/patient/recipient) do not engage in sexual or sexualized conduct (e.g., text messages, etc.) with former clients/patients/recipients of those services within two years of termination of services. Even after a two-year interval, psychologists are prohibited from engaging in sexual or sexualized conduct except in rare circumstances, and bear the burden of demonstrating that none of the following factors result in the client'/patients'/recipients' exploitation or vulnerability, continued power imbalance, conflict of interest, or loss of objectivity of the psychologist: (1) the amount of time that has passed since services were terminated; (2) the nature, duration, and intensity of the services; (3) the circumstances of termination; (4)

their personal history; (5) their current mental health; (6) the likelihood of harm or adverse impact on them; and (7) any statements or actions made by the psychologist during the course of services suggesting or inviting the possibility of post termination sexual or sexualized conduct with them.

(c) Psychologists not engaged in psychological health services bear the burden of demonstrating sexual or sexualized conduct with former clients/recipients of those services within two years of termination and thereafter, does not arise out of or result in the clients'/recipients' exploitation or vulnerability, continued power imbalance, conflict of interest, the likelihood of harm or adverse impact on the client/recipient of services, or loss of objectivity of the psychologist.

(d) Psychologists regardless of the type of services provided do not engage in sexual or sexualized conduct with individuals they know or reasonably should know to be close relatives, legal guardians, or partners of current clients/patients/recipients of services.

(e) Psychologists do not terminate services with current clients/patients/recipients to circumvent these Standards related to sexual or sexualized conduct.

(f) Psychologists do not engage in psychological health services with individuals with whom they have previously engaged in sexual or sexualized conduct. Psychologists may provide other psychological services apart from psychological health services to individuals with whom they have engaged in sexual or sexualized conduct only if there is no apparent or reasonably foreseeable risk that doing so will result in, the client/recipient's exploitation or vulnerability, harm or adverse impacts to the client/recipient of services, a power imbalance, a conflict of interest, or the psychologist's loss of objectivity. Psychologists bear the burden of demonstrating that none of these factors are present. (Consult also Standards 2.02, Conflicts of Interest; 2.03, Multiple Relationships, Roles, and Parties.)

9.05 Documentation, Maintenance, Dissemination, and Disposal of Records

(a) Psychologists create and, to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their psychological services to (1) facilitate provision of future services by them or by other professionals; (2) verify the content and process of services; (3) address risk management requirements; (4) meet institutional requirements; (5) ensure accuracy of billing and payments; (6) ensure compliance with law; and (7) support supervisor oversight of services.

(b) When using technology, including generative artificial intelligence, for the preparation of client/patient/recipient records, psychologists only input confidential information into secured and closed systems. (Consult also Standards 5.01, Maintaining Confidentiality; 5.06 (a), Confidentiality and Electronic Transmissions; 5.08, Maintenance, Dissemination, and Disposal of Confidential Records.)

9.06 Fees and Financial Arrangements

(a) As early as feasible, psychologists reach an agreement with clients/patients/recipients/third-party clients regarding compensation and billing, recognizing that laws may govern financial arrangements, and as applicable, discuss any impact to services that may arise from changes to client/patient/recipient/third-party client finances. Psychologists do not misrepresent their fees.

(b) Psychologists make reasonable efforts to inform the responsible party in advance and provide them sufficient opportunity to make prompt payment, prior to the use of a collection agency or legal measures due to nonpayment. (Consult also Standard 5.02, Disclosures of Confidential Information.)

(c) Psychologists may not withhold records under their control for the emergency treatment of a client/patient/recipient due to non-payment.

(d) Psychologists may accept payment of goods, services, or other non-monetary remuneration in return for psychological services only if (1) it is not contraindicated; and (2) the resulting arrangement is not exploitative.

9.07 Accuracy in Reports to Payors and Funding Sources

Psychologists are accurate in their reporting to payors or funding sources, including the nature of the service provided, any fees, charges, or payments, and, where applicable, the identity of the provider, the findings, and the diagnoses. They disclose the minimal amount of information to reasonably safeguard the client's/patient's/recipient's confidentiality. (Consult also Standards 5.03, Minimizing Intrusions on Privacy; 5.06, Confidentiality and Electronic Transmissions.)

9.08 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (e.g., clinical, consultative, administrative) and not on the referral itself. (Consult also Standard 2.07, Cooperation with Other Professionals.)

9.09 Interruption of Psychological Services

Psychologists make reasonable efforts to plan in advance for facilitating services due to interruptions of the psychologists, such as vacation, illness, death, unavailability, relocation, or retirement; or the clients/patients/recipients/third-party clients, such as inability to pay or relocation.

9.10 Terminating Services

(a) Psychologists terminate services when it becomes reasonably clear that those whom they are serving no longer need, are not likely to benefit from, or may be harmed by continuation of services.

(b) Psychologists may terminate services before it is indicated so long as they provide consultation or referrals to the client/patient/recipient prior to termination, except where precluded by actions of the client/patient/recipient/third-party client.

(c) Psychologists may terminate services when harassed, threatened, or endangered by the client/patient/recipient/third-party client, a related person, community, or organization.

Testing, Assessment, and Evaluation (TAE)

10.01 Bases for TAE Selection and Administration

(a) Psychologists base their selection and administration of fair, valid, and reliable TAE on well-reasoned determinations about the alignment among the (1) referral or research question; (2) purpose, intended use, and suitability of the TAE for the client/patient/recipient; (3) applicable situational and contextual factors; (4) normative sampling data and its reflection of the sociocultural and intersecting identity characteristics of the TAE client/patient/recipient; and (5) current evidence or research regarding usefulness, relevance, potential limitations, and proper application of TAE methods and techniques.

(b) To the extent feasible, psychologists select and administer TAE based on the language in which the client/patient/recipient is proficient and competent, and if appropriate, use qualified interpretative services to minimize potential harm to them.

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not necessary or warranted for the opinion, psychologists (1) identify their sources of information; (2) explain the impact of this limitation upon the validity, reliability, nature, and extent of their findings; and (3) specify their rationale for proceeding.

(d) Psychologists select appropriate electronic tools, including the use of culturally appropriate methods, based on (1) the suitability of the TAE for remote use; (2) their competence and that of the clients/patients/recipients to utilize technology; (3) the availability of appropriate technology resources; (4) the suitability for the client/patient/recipient relative to the referral or research question; and (5) the ability of the client/patient/recipient to participate sufficiently in remote TAE. (Consult also Standards 6.01, Technological Competencies; 6.02, Appropriate Use of Technologies.)

(e) When using technology, psychologists conduct testing and assessment used for evaluation that meet the same psychometric properties as in-person testing.

10.02 Multimethod/Multisource Data Gathering

(a) When appropriate, psychologists employ multiple methods to construct a credible, fair, valid, and reliable basis upon which understanding is established and to mitigate the potential for harm resulting from error and bias.

(b) When the TAE matter or question does not require a multimethod, multisource data gathering approach, psychologists explain this fact, provide a rationale regarding the validity of their approach, and identify relevant strengths and limitations associated with their approach or use of the data.

(c) When utilizing publicly available information (e.g., social media), psychologists assess and document the nature, source, and credibility of that information. (Consult also Standard 6.05, Social Media and Online Platforms.)

(d) When reporting their TAE findings, psychologists acknowledge the limitations and strengths of their approaches and the resulting data, and any bearing it has upon conclusions drawn.

10.03 Departures from Standardization

(a) When deciding to depart from standardization conditions, methods, norms, or procedures that may include emergent circumstances, psychologists reasonably base their decision on (1) the pre-determined needs of the client/patient/recipient/third-party client; (2) identified barriers to fair and equitable access to TAE services, such as the lack of norms for populations being evaluated; (3) relevant issues addressed in current professional and scientific literature surrounding fairness and equivalence; and (4) applicable authoritative sources, such as professional standards, criteria, and guidelines. When this literature is not available, psychologists base their decisions on the nature and possible influences of the departures, including limitations and potential errors.

(b) Psychologists disclose, provide a rationale for, and document the nature of the departure from standardization, including relevant modifications or adaptations to the TAE setting or procedures, use of tools and scoring, and remote administration. Psychologists reasonably explain potential implications pertaining to the

generated data and overall quality and integrity of the TAE and obtain informed consent prior to proceeding whenever possible. (Consult also Standard 4.05, Informed Consent in Testing, Assessment, and Evaluation (TAE).)

(c) Psychologists refrain from implementing departures in standardized procedures that may reasonably be expected to result in bias, disadvantage, or unjust discrimination. (Consult also Standard 2.01, Maximizing Benefits and Avoiding/Minimizing Harm.)

10.04 Analysis and Interpretation of TAE Results

(a) Psychologists render opinions, provide interpretations, and base their results on accurate, fairly reported, and substantiated information, data, methods, and techniques, and offer evaluative statements, opinions, and recommendations (1) only about clients/patients/recipients to whom they have provided TAE services or reviewed records; and (2) only as reasonably supported by the data, analysis, and interpretation of results.

(b) Psychologists consider and provide reasonable alternative explanations when analyzing, interpreting, or communicating TAE results when they determine that doing so is indicated by the data.

(c) As relevant, psychologists integrate considerations about situational and contextual factors, including sociocultural, linguistic, and identity characteristics of the client/patient/recipient, tests and test-taking factors in the analyses and interpretations they provide, considering the influence of these factors upon their judgment and the accuracy of interpretations. Psychologists tailor computer-based results and interpretations to the client/patient/recipient.

(d) Psychologists address and document relevant unexpected aspects of the TAE results and related implications regarding the fairness, credibility, validity, and reliability of psychologists' analyses and interpretations, as well as potential limitations.

(e) When interpreting TAE results with insufficient empirical support, psychologists exercise caution, provide a reasonable rationale for the use of the results, and accurately qualify the findings.

10.05 Maintaining Security of Test Materials

(a) *Test materials* refer to manuals, instruments, protocols, and test questions or stimuli used during TAE, and does not include *test data* as defined in Standard 10.07 Release of Test Data. Psychologists make reasonable efforts to institute safety strategies and technological solutions to protect the integrity and security of TAE test materials and techniques, including separation or redaction of test materials from the client's/patient's/recipient's test data, while recognizing that protection measures are guided by the law and contractual obligations.

(b) Psychologists take appropriate measures to protect the integrity and security of TAE by refraining from (1) making public the administration, scoring, and interpretation of test materials; and (2) providing individuals with coaching or prior knowledge of the content of TAE.

(c) In preparation for TAE, psychologists take appropriate measures to engage with client/patients/recipients in a manner that is instructive and that supports compliance with test security protocols, particularly within the context of electronic administration and telepsychology practices.

10.06 Third-Party Observation

(a) *Third-party observation* includes in-person or remote observation and audio or video recording. Psychologists inform relevant parties about the potential effects of a third-party's presence upon the results, conclusions, opinions, and court testimony. They explain that any potential influences and limitations introduced by the presence of the third party will be discussed and documented in a report. Psychologists obtain the client's/patient's/recipient's consent or assent to be observed, as relevant.

(b) In deciding to proceed with TAE, psychologists make reasonable efforts to mitigate likely adverse effects of third-party observation on test security, standardized test administration, data validity, and clients'/patients'/recipients' performance. They are guided by prevailing laws, professional guidelines, and available scientific information, as applicable.

(c) Psychologists make reasonable efforts to minimize breaches to test security that may be introduced by the presence of a third party. Available options could include obtaining an individual agreement or protective order that requires the third party to maintain test security and restricts the party's presence, role, and future use of the information.

10.07 Release of Test Data

(a) *Test data* refer to raw and scaled scores, client/patient/recipient responses to questions or stimuli, and psychologists' notes, recordings, and observations concerning client/patient/recipient statements and behavior during TAE. Test data also includes those portions of test materials on which client/patient/recipient responses are recorded. Psychologists take appropriate measures to limit or prevent access to test data when concerns arise about its possible misuse or misrepresentation, potential threats to its validity and reliability, and any potential harm or injustice to the client/patient/recipient/third-party client if data are released. Psychologists may, for example, establish agreements with a third-party regarding test data to identify and restrict, as applicable, (a) intended use; (b) others who would have access; and (c) purpose for additional dissemination. (Consult also Standards 2.08, Misuse of Psychologists' or Others' Work; 2.09, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

(b) Psychologists review applicable laws, regulations, and court orders when determining the release of confidential test data and obtain an authorized release to make the data available to those properly identified or designated, if necessary. (Consult also Standard 5.02, Disclosures of Confidential Information.)

(c) If protective measures are considered necessary due to an authorization to release data of the client/patient/recipient/third-party client, psychologists document their rationale and take reasonable steps to address the matter, which may include obtaining consultation or other remedies prior to complying with or refraining from releasing test data.

10.08 Obsolete Tests and Outdated Results

(a) Psychologists refrain from the inappropriate use of obsolete tests and outdated data or results to avoid inaccuracies, errors, bias, and unfair discrimination in their decisions about recommendations, opinions, treatments, and interventions for the current purpose.

(b) Psychologists identify the merits and potential limitations and provide their rationale for using obsolete tests and outdated results to further the understanding of the client/patient/recipient.

10.09 Scoring and Interpretation Services

(a) Psychologists who offer testing, scoring, or interpretation services to other professionals accurately describe the purpose, norms, validity, reliability, and application of scoring methods and techniques, as well as any special qualifications applicable to their use. (Consult also Standard 9.05, Documentation, Maintenance, Dissemination, and Disposal of Records.)

(b) Psychologists select scoring and interpretation services (including automated or other outside services) based upon relevant evidence pertaining to the validity of the program and procedures and other relevant considerations. (Consult also Standard 1.03, Evidence Based Work and Scientific Knowledge and Method.)

(c) Psychologists retain responsibility for the application, interpretation, and use of scoring methods, whether conducted themselves or by use of automated or other services. (Consult also Standard 1.04, Delegation of Work to Others.)

10.10 Development of TAE Techniques

(a) Psychologists who develop TAE techniques use appropriate psychometric procedures and current scientific and professional knowledge for the design, standardization, validation, minimization or elimination of bias, and recommendations for use. (Consult also Standard 1.03, Evidence Based Work and Scientific Knowledge and Method.)

(b) Psychologists who develop TAE techniques apply scientific principles and knowledge to address equivalence across linguistic, racial, cultural, and other diverse populations and indicate when equivalence is not attainable.

(c) To advance understanding and to promote fair and accurate applications, psychologists who develop TAE techniques report the relevant characteristics of the representative norming samples, including intersecting characteristics.

10.11 TAE by Unqualified Persons

(a) Psychologists only enlist, engage, or endorse TAE by, persons with sufficient qualifications, except unqualified persons may be involved if they are engaged in formal training and are under the active and direct supervision of a psychologist or other appropriate supervisor. (Consult also Standard 1.04, Delegation of Work to Others.)

(b) Psychologists, and individuals under their supervision, who administer, score, and interpret TAE only do so consistent with their level of training and competence.

10.12 Communicating TAE Results

(a) Psychologists make reasonable efforts to provide timely, fair, and integrated explanations of TAE results, orally or in writing, to the clients/patients/recipients/third-party clients. When an explanation of results is not possible, such as with some organizational and forensic work or when addressing pre-employment and security concerns, psychologists then provide a clear explanation of this fact to recipients in advance of testing.

(b) Psychologists engage interpreter services when necessary to help ensure that their explanations of test results are delivered in a language that is understood by the client/patient/recipient/third-party client. (Consult also Standards 1.04, Delegation of Work to Others; 4.01, Elements of Informed Consent; 5.01, Maintaining Confidentiality.)

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(c) Unless precluded by law or other circumstances, when communicating results, psychologists address reasonable requests by TAE clients/patients/recipients/third-party clients and to clarify or correct information that is not complete, factual, or accurate to minimize the potential adverse impact of distortions or misinformation.