A Brief History and Overview of the APA Ethics Code

2

Dr. Burgess offered biofeedback training and psychotherapy to her clients for pain management and psychological symptoms associated with chronic illness. She also maintained an interest in nutrition and was self-taught in the areas of vitamins, herbal supplements, and weight loss. She had recently created a website on which she claimed results for products that were not always evidence based. There was little quality control, and the research was scanty for some products' safety and effectiveness.

She began suggesting that her clients access the website to purchase unique combinations of supplements that she thought would be beneficial for both physical and mental health. Her clients liked her and regarded her as the "local guru" for health and nutritional supplements. Dr. Burgess was unprepared for a late-night urgent phone call from a client with bipolar disorder who was having an apparent allergic reaction to a particular supplement. Little did she suspect that patients taking other medications might be susceptible to an adverse drug interaction caused by one of her "special combinations" of supplements. The patient recovered from this crisis but ended treatment shortly thereafter and eventually complained to the state licensing board about Dr. Burgess's lack of competence in treating her.

http://dx.doi.org/10.1037/12345-002
Essential Ethics for Psychologists: A Primer for Understanding and Mastering Core Issues, by T. F. Nagy

Introduction

The American Psychological Association (APA) was incorporated in 1925, and by 1930 it had a total of 1,101 members and associates (Fernberger, 1932). Before a formal ethics code was developed, the APA created the temporary Committee on Scientific and Professional Ethics in 1938. This committee began to receive complaints of unethical conduct and handled them "privately and informally, with apparently good results" (W. C. Olson, 1940). The committee recommended that it continue adjudicating complaints of an ethical nature and defer work on the development of a formal ethics code.

In 1940, the committee was charged with not only continuing to investigate complaints but also with formulating over time a set of rules or principles that would be adopted by the association (W. C. Olson, 1940). The APA Council of Representatives reached a consensus that it would "never be practical or desirable to devise a 'complete' or a 'rigid' code" (APA, Committee on Scientific and Professional Ethics, 1947). One member of this committee, Ernest R. Hilgard of Stanford University, revealed in a letter that although the committee had no formal ethics code to use as a standard for judging ethical compliance of APA members, the committee members had a well-developed sense of professional and ethical conduct and "knew" what was ethically acceptable and what crossed the line (E. Hilgard, personal communication, August 16, 1998). However, as psychologists became more professionally active in such areas as industrial consulting and diagnosis and treatment of mental disorders, the need for an ethics code increased (Hobbs, 1948). In this chapter, I describe the development and evolution of this code.

Developing the First Ethics Code

At the end of World War II psychologists were in great demand. Much of the burgeoning of psychological services was driven by the immediate need for treatment of returning troops by the Veterans Administration, the U.S. Public Health Service, and state hospitals (Albee, 1991). More psychologists than ever were joining the APA, and the need for ethical guidance became increasingly apparent.

In 1947, the first Committee on Ethical Standards for Psychologists was formed as a separate committee from the ongoing Committee on Scientific and Professional Ethics. It was chaired by Edward C. Tolman, the well-known behaviorist from the University of California, Berkeley

(Canter, Bennett, Jones, & Nagy, 1994).[1] The new committee began its work by developing a process for this ambitious undertaking. It was determined that a critical-incident method would be used, whereby each of the APA's 7,500 members would be invited to "describe a situation they knew of first-hand, in which a psychologist made a decision having ethical implications, and to indicate . . . the ethical issues involved" (APA, 1953a, p. v). Ultimately, over 2,000 members contributed substantially to formulating the document (APA, 1953a).

This empirical approach was innovative and ultimately became a prototype for developing codes of many other associations later on (Holtzman, 1979). Engaging APA members in this process resulted in the submission of more than 1,000 vignettes that determined the content, structure, and format of the first Ethics Code. Draft versions of this Code were printed in the *American Psychologist* for review by the membership, and the final edition was published in 1953. It was a lengthy document—171 pages—by far the longest of any subsequent revision of the Code. It contained six sections, 310 rule elements, 162 principles, and 148 subprinciples (Canter et al., 1994). The sections were (a) Public Responsibility, (b) Client Relationships, (c) Teaching of Psychology, (d) Research, (e) Writing and Publishing, and (f) Professional Relationships (APA, 1953a; the introduction and summary of the 1953 Ethics Code are available on this book's supplemental website, http://pubs.apa.org/books/supp/essentialethics/). A shorter version was also printed; it omitted all of the incidents and detailed elaboration and was known as *A Summary of Ethical Principles* (APA, 1953b). This summary version, intended for distribution to other professional workers, legislators, and the public, was further revised, modifying some of the principles, omitting some others, and included a number of subprinciples (Adkins, 1952).

Revisions to the Ethics Code

The Ethics Code was intended to be used for a period of 3 years and then revised, with additional incidents involving ethical issues to be solicited from the membership. The goal of this planned revision was to address criticisms of the original edition—its length, codifying etiquette (i.e., matters of courtesy or professionalism but not necessarily ethics), and redundant principles—as well as revising the overall structure.

[1]Although Edward Tolman was the first chairperson of this new committee, Nicholas Hobbs chaired it from 1948 until completion of the Ethics Code and authored the article describing the process of creating the Code, which was published in 1948.

The committee wished to preserve "the major strengths of the present Code while changing its form to a more useful, readable one" (APA, Committee on Ethical Standards of Psychologists, 1958, p. 266). As it turned out, the next edition was available for review in 1958 and accepted in 1959. It consisted of 19 principles, compared with 162 in the first edition. The first six principles broadly addressed the concerns of all psychologists; three more addressed the concerns of every psychologist except those engaged in research; two more focused on industrial, clinical, and counseling psychology; and the last two dealt with research and publication. Teaching was addressed in a limited way, and there was no mention of the ethical issues involved in the supervision of psychologists in training.

The structure of the 1959 edition was simple. It began with a four-sentence preamble and then listed and described the numbered principles. Each principle had a brief title, generally one or two words long, and was followed by one or two sentences describing the general nature of the principle. These descriptions were at times lofty and somewhat vague, but they provided a clear and helpful context for the principle being addressed. Following each principle were two to eight paragraphs of specifics stating the expected behavior, beliefs, and prohibitions for the ethical psychologist These paragraphs constituted the substance of the Code—what was mandated and what was forbidden. They had no titles but were set off by letters of the alphabet. The titles and general themes of these principles were as follows:

- Principle 1: General (assumptions and goals of researchers, teachers, and practitioners)
- Principle 2: Competence (boundaries of competence, personal impairment, reporting unethical psychologists)
- Principle 3: Moral and Legal Standards (one sentence about community standards, social codes, and moral and legal standards)
- Principle 4: Misrepresentation (accuracy when promoting one's own services)
- Principle 5: Public Statements (accuracy when interpreting psychological findings or techniques to the public)
- Principle 6: Confidentiality (informing patients about the limits of confidentiality, danger to self or society, informed consent for disclosures, use of clinical data for teaching and publishing)
- Principle 7: Client Welfare (the longest standard by far, it included conflict of interest, termination of services, informed consent, referring patients, assessment, teaching, and professionalism in the clinical setting)
- Principle 8: Client Relationship (providing informed consent about therapy, avoiding multiple-role relationships—family, friends, or close associates)

- Principle 9: Impersonal Services (providing diagnosis or treatment only in the context of a professional relationship, not in public presentations, such as on radio or television)
- Principle 10: Advertising (accuracy, "modest" listings prohibiting "display" advertising of psychological services)
- Principle 11: Interprofessional Relationship (prohibiting offering psychological services to someone already receiving them)
- Principle 12: Remuneration (fees, prohibiting rebates for referrals and exploitation of clients)
- Principle 13: Test Security (prohibiting revealing test items to the general public)
- Principle 14: Test Interpretation (revealing test results only to those who are qualified to interpret and use them properly)
- Principle 15: Test Publication (selecting test publishers who promote tests accurately and professionally, preparing a comprehensive test manual; also refers readers to "*Technical Recommendations for Psychological Tests and Diagnostic Techniques*," APA, 1954)
- Principle 16: Harmful Aftereffects (debriefing research subjects about deception; also refers reader to *Rules Regarding Animals*, drawn up by the Committee on Precautions in Animal Experimentation)[2]
- Principle 17: Publication Credit (accuracy in claims for authorship credit)
- Principle 18: Organizational Material (ownership of professional work products when working within an institution—clinical work, research, authorship, etc.; APA, 1959)

In 1964, a 19th principle was added by the Ad Hoc Committee on Ethical Practices in Industrial Psychology; this committee concluded that the major ethical consideration involved in the practice of industrial psychology was protecting the public and created an ethical standard to address this issue (APA, 1964).

Around this time, the Committee on Ethical Standards of Psychologists suggested that a casebook be written that would contain disguised material drawn from actual deliberations of the Committee on Scientific and Professional Ethics from 1959 to 1962 (APA, 1967). It was first published in 1963 and then updated in 1967 and consisted of 46 actual cases, along with details of the adjudication process and the final opinions of the Ethics Committee. It was a valuable resource in educating psychologists in general, of course, but it was also useful in providing training for those charged with adjudicating ethics complaints—the APA Ethics Committee

[2]In 1924 the APA president was asked to appoint a three-person committee to focus on animal experimentation as a result of unfavorable publicity about certain surgical procedures that were used. This committee developed the document in 1927 and distributed it to various laboratories conducting research on animals (Fernberger, 1932).

as well as ethics committees at the state and local level. In the words of the Committee,

> A code has both a judicial and an educational function. It represents the set of "laws" on the basis of which decisions are made; it also constitutes a guide to ethical practice. The *Casebook* and the Code, taken together, are designed to clarify the judicial function and to serve an educational purpose at the same time. (APA, 1967, p. viii)

The number of violations of critical standards in the code was relatively low for the 25-year period between 1956 and 1981. Only 12 psychologists received the most punitive sanction, expulsion or dropped membership; about one individual lost membership every other year (Nagy, 1989). However, between 1981 and 1989 the rate increased by an extraordinary amount, approximately 2,200%, to about 11 lost memberships per year. Serious violations that warranted expulsions included having sexual relationships with a patient, being convicted of a felony, or being expelled from a state psychological association for some other reason. It was unclear whether such an increase in serious infractions reflected a general falling away from high standards by psychologists, revisions of ethics codes resulting in loftier standards that were slow to be absorbed by psychologists, a higher awareness by consumers leading to more frequent reporting of questionable conduct, a change in how the APA Ethics Office processed complaints, or some other factor. But it is safe to say that changes in society, emerging awareness by psychologists of ethically complex areas, and the frequency and type of complaints against psychologists all contributed to the need for ongoing revisions of the Ethics Code.

There have been 10 revisions since the publication of the original Ethics Code in 1953, and each revision has been based on the 1959 Code's structure and format, including principles, but no incidents (vignettes).[3] Some of these revisions have been minor tune-ups, and some have been major overhauls. The minor tune-ups focused on change in the code's content by adding or deleting rules or concepts or modifying nuances in the text that reflected changes in psychological research, teaching, or practice. The major overhauls consisted of deeper changes, including the structure and format of the Ethics Code. An example of this was the 1992 revision in which an entirely new section of aspirational ethical principles was added and the general principles and introductory paragraphs of each section were deleted or revised to be incorporated within those aspirational principles.

[3] The revisions were adopted in 1958 (APA, 1959), 1962 (APA 1963), 1965 (APA, 1968), 1972 (APA, 1972), January 1977 ("Ethical Standards of Psychologists," 1977), August 1977 (Conger, 1978), 1979 (APA, 1979) 1981 (APA, 1981), 1989 (APA, 1990), 1992 (APA 1992), and 2002 (APA, 2002), and there was a change in two standards only, in 2010 (APA, in press).

Research

The APA demonstrated an interest in research with animal subjects as early as 1925 by adopting animal use guidelines, developed by the Animal Experimentation Committee (Canter et al., 1994). Nearly 30 years later, with the advent of the first Ethics Code, APA members were required to abide by the *Rules Regarding Animals,* a document developed by the Committee on Precautions in Animal Experimentation in 1949. The Ethics Code itself, however, did not contain specific rules or guidance about the treatment of animals used for research (APA, 1953b). This did not occur until the 1963 revision with the insertion of one small sentence in the introduction to a section titled Research Precautions: "The psychologist assumes obligations for the welfare of his research subjects, both animal and human" (APA, 1963).

In addition to the APA's interest in guiding researchers toward ethical practices in general, another incentive to expand the ethical rules for research with human participants was new regulations by the U.S. Department of Health, Education, and Welfare stating that "no grant involving human subjects at risk will be made to an individual unless he is affiliated with or sponsored by an institution which can and does assume responsibility for the protection of the subjects involved" (APA, Ad Hoc Committee on Ethical Standards in Psychological Research, 1973, p. 3). This policy placed the onus squarely on the shoulders of the APA to further study the topic and establish ethical rules for those doing research that would hopefully define and protect the rights of research participants and reduce the risk of harm as well.

The Ad Hoc Committee on Ethical Standards in Psychological Research undertook the task of creating such a document following essentially the same empirical procedure developed 20 years previously in developing the original Ethics Code. This consisted of the two-step process of (a) inviting APA members to supply ethical problems related to research as the raw materials for the synthesis of ethical principles and (b) revising these principles and eventually adapting them as formal rules that reflected the Association's input (APA, Ad Hoc Committee on Ethical Standards in Psychological Research, 1973). This approached yielded 5,000 descriptions of research cases, including a broad array of conduct and issues on such topics as informed consent, confidentiality, investigator bias, deception, avoiding exploitation, declining participating in research, and many of the other concepts that psychologists currently consider to be fundamental considerations in planning and carrying out research.

This was a major undertaking and resulted in the publication of the *Ethical Principles in the Conduct of Research With Human Participants* (APA,

Ad Hoc Committee on Ethical Standards in Psychological Research, 1973). This 100-page booklet provided specific guidance to investigators who were members of the APA carrying out research in any setting, such as hospitals and clinics, universities, primary and secondary schools, industrial settings, and prisons. It consisted of 10 ethical concepts (principles), accompanying vignettes (incidents) and a discussion section for each of the principles. The 10 principles were promptly incorporated into the 1972 edition of the *Ethical Standards of Psychologists* (Canter et al., 1994). The pioneering work carried out by this committee formed the basis of ethical practice for researchers and has been included, often with verbatim excerpts, in every subsequent revision of the Ethics Code after 1972.

The 1977 revision of the Ethics Code resulted in a major reorganization of the document, although there were few changes in the area of research (Canter et al., 1994). In 1981, a new principle emerged, titled The Care and Use of Animals. It specifically listed many topics concerning animal research, including acquisition and disposing of animals, minimizing pain and discomfort, proper supervision of assistants, and related matters (APA, 1981). This principle survives in an updated and shortened version in the 2002 Ethics Code.

Emerging Ethical Issues

The Ethics Code continued to evolve as a living document, reflecting both cultural and societal changes as well as changes in the field of psychology itself. The very mutations that were observed often paralleled changes in the American way of life. As LSD, marijuana, and other drugs became popular for recreational use in the 1960s, the 1965 Ethics Code added two principles addressing the "use of accepted drugs for therapeutic purposes" and research "using experimental drugs (for example, hallucinogenic . . . or similar substances)" (Newman, 1965). In addition to the changes in ethical standards involving research, several other specific areas of focus have emerged over the years that have resulted in new ethical standards. These relate to multiple-role relationships, sexual misconduct, advertising and other business aspects of clinical practice, and information technology.

MULTIPLE-ROLE RELATIONSHIPS

The term *multiple-role relationships,* first addressed as *dual relationships,* refers to a secondary social role that a psychologist plays with a recipient of his or her services in addition to the primary professional role, such as psychotherapist, researcher, clinical supervisor, or teacher. Certainly

psychologists have long engaged in multiple roles. Professors have coauthored articles and books with their own graduate students, teachers have entered business relationships with their students, and researchers have befriended and mentored their research assistants and research participants. It is not that a multiple-role relationship per se is the problem; rather, it is that the psychologist may hold authority or power in the primary role that trumps the secondary role and that participating in two roles simultaneously may interfere with the psychologist's objectivity and competence, ultimately resulting in harm to the other person.

> A clinical supervisor who specializes in eating disorders is supervising a bright, ambitious graduate student who is completing her required postdoctoral supervised experience as a prerequisite for licensure. The supervisor has the creative idea of developing a website on anorexia as an additional resource for patients but lacks the technical competence to execute his idea. The graduate student is very literate in the use of computers and willing to spend extra time creating a website for her supervisor. She ultimately creates an elegant, interactive website, and soon it is besieged with many hits as the general public discovers this informative resource.
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> Gradually it consumes an increasing amount of her time to keep it current and accurate and to respond to questions and comments from those who access the website. Much of her weekly supervisory hour is now taken up with the clinical and business aspects of keeping the website up and running. Furthermore, some differences of opinion emerge about the business aspects, such as whether to charge a fee for website visitors as a professional consultation and whether to encourage visitors to contact the clinic for further information. The supervisor comes to expect that the website will be his trainee's first priority and voices his disapproval when she complains that it is taking up too much of her time. Unrelenting, he disapproves of her failing to be "on call" whenever he needs her advice about a problem, and his resentment begins to contaminate the clinical supervision, what little is left of it.
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> The supervisee is no longer receiving adequate supervision for her difficult anorectic patients, and several suicidal patients are showing signs of deteriorating. The stage is now set for a tragic event that could have been avoided if only the supervisor had recognized the dangers of entering into a multiple-role relationship at the outset—that of supervisor and business partner.

Not every multiple-role relationship is unethical, but when a psychologist's objectivity and competence are compromised, the psychologist may find that personal needs and ambitions surface, diminishing the quality of his or her work. The framers of the first Ethics Code were aware of this in 1953 in prohibiting a psychologist from having "clinical relationships with members of his own family, with intimate friends, or with persons so close that their welfare might be jeopardized by the

dual relationship" (APA, 1953a, p. 4). In 1963 the ethical standard was broadened to include any professional relationship; this change of one word from *clinical* to *professional* immediately invoked all the nonclinical roles played psychologists—those of professor, supervisor, consultant, and researcher, to name a few.

By 1977, the Ethics Code had addressed the issue of social power intrinsic to many multiple-role relationships by citing psychologists' "inherently powerful position vis-à-vis clients" and adding further prohibitions against "treating employees, supervisees, close friends or relatives" (Canter et al., 1994). Changes in the 1981 revision further broadened the concepts of power, making the prohibitions more general in nature and specifically adding students and subordinates to the list. Also, the inventory of prohibitions was increased to include multiple-role relationships in research or treatment of students to employees, supervisees, close friends and relatives (APA, 1981).

With the major revision in 1992, *dual relationships* became *multiple relationships,* now addressing the reality that sometimes psychologists would simultaneously play any number of roles, not just two—that of clinical supervisor, psychotherapist, and friend, for example. The new standard clearly prohibited psychologists from "entering into or promising another personal, scientific, professional, financial or other relationship with such persons" if it might "impair the psychologist's objectivity or otherwise interfere with . . . effectively performing his or her functions . . . or might harm or exploit the other party" (APA, 1992, Standard 1.17, Multiple Relationships). Further, as of this revision, psychologists had to resolve a harmful multiple-role relationship that developed, with "due regard for the best interests" of the other person. And finally, in 2002, the list was expanded further to include a second-order closeness so that a multiple relationship was now defined as being in a relationship with a person who is "closely associated" with or "related to" the person with whom the psychologist has the professional relationship (APA, 2010). However, no prohibitions were placed on relationships that were not reasonably expected to result in impairment, exploitation, or harm.

SEXUAL MISCONDUCT

Sexual misconduct by psychologists may be seen as a subset of multiple-role relationships (Borys & Pope, 1989). It has a high risk of harming others and is always prohibited within professional relationships. It consists of explicitly adding a sexual component to the professional relationship, regardless of who might have initiated it, with the key factor being the psychologist's motive of deliberate sexual arousal and gratification. The devastating effects to therapy patients are well documented, with

a significant increase in depression, mistrust, rage, psychosomatic disorders, suicidality, and other psychological symptoms (Bouhoutsos, Holyroyd, Lerman, Forer, & Greenberg, 1983; Pope & Vetter, 1991). Multiple-role relationships are explored more fully in Chapter 7, "Avoiding Harm and Exploitation."

The earliest codes did not mention sexual intimacies but instead asked psychologists to show "sensible regard for the social codes and moral expectations of the community," thereby avoiding "damaging personal conflicts" that would "impugn his [sic] own name and the reputation of his profession" (APA, 1959, p. 279). It was not until 1977 that sex with the recipients of psychological services was first addressed directly with the addition of the simple statement, "Sexual intimacies with clients are unethical" ("Ethical Standards of Psychologists," 1977, p. 4). This curt, straightforward prohibition only seemed to address current clients, not those who recently terminated treatment, and it was the only standard in the entire Code that directly addressed the topic of sexuality in any professional role played by psychologists. However, it said nothing about banning sex with students, supervisees, research participants, or anyone else with whom psychologists form professional relationships. Nevertheless, it was the first step in tackling this problematical area, and the language remained unchanged for the next 15 years.

With the 1992 revision of the Ethics Code, no fewer than six standards specifically addressed the sexualizing of a professional relationship. They prohibited the following behaviors: (a) sexual harassment; (b) sexual exploitation of students, supervisees, employees, research participants, and clients or patients; (c) sex with students and supervisees in training, even at the student's initiative; (d) sex with current patients or clients under any circumstances; (e) psychotherapy with former sexual partners; and (f) sex with former patients under any circumstances within a 2-year period following the formal termination of psychological treatment. This novel standard further stated,

> Because sexual intimacies with a former therapy patient or client are so frequently harmful to the patient or client, . . . psychologists do not engage in sexual intimacies with former therapy patients and clients *even after a two-year* [emphasis added] interval except in the most unusual circumstances. (APA, 1992, Standard 4.07, Sexual Intimacies With Former Therapy Patients)

This seemed to effectively raise the standard from a 2-year posttermination rule for sexual relationships to almost never because some members on the task force that revised the Ethics Code thought that it would be nearly impossible to satisfy all the stated conditions before initiating a sexual relationship with a former patient. These specific conditions are discussed in Chapter 10, "Ethics in Psychotherapy."

ADVERTISING AND OTHER BUSINESS ASPECTS OF CLINICAL PRACTICE

Ethical rules limiting the advertising and promoting of psychological services have resulted in some of the more interesting and controversial evolutionary changes in the Code over time. Advertising was addressed in the very first Ethics Code, which required psychologists to describe public announcement of their services with "accuracy and dignity, adhering to professional rather than to commercial standards" (APA, 1953a, p. 9). Even the details of what could be printed on a business card were limited, and listings in the telephone directory were restricted to name, highest relevant degree, certification status, address, and telephone number. Furthermore, "display advertising of psychological services" was outlawed altogether. This was a far cry from today's advertisements in the yellow pages, in newspapers, and on the Internet, where one can find psychologists' photos, detailed descriptions of services, and even claims for therapeutic interventions and outcomes.

Relatively major changes occurred in the 1963 revision with the addition of a new principle titled Promotional Activities, which focused on the "promotion of psychological devices, books, or other products" (APA, 1963). With the 1977 revision the "professional rather than commercial" phrase was deleted. This eliminated a gray area and represented a liberalizing of the standards because psychologists were no longer required to make such fine distinctions ("Ethical Standards of Psychologists," 1977). Two years later, there was a further relaxing of these rules, by stating that "psychologists *may* list the following information" instead of *must,* as in the previous editions (APA, 1979). A major concession to further permitting advertising messages was made by stating that psychologists could add other "relevant or important consumer information" as long as it was not prohibited by other sections of the ethical standards.

The 1981 revision introduced major changes by addressing topics that were previously ignored. Required conduct included the following: (a) maintaining accuracy in advertising statements, (b) providing a clear statement of purpose of "personal growth groups" (i.e., providing accurate descriptions in course catalogs, presenting the science of psychology fairly and accurately), and (c) correcting others who do not comply with the guidelines. Prohibited conduct included (a) exaggeration in advertising messages, (b) using a current patient's testimonial endorsing the psychologist for advertising purposes, (c) using language that is likely to appeal to a client's fears if he or she failed to begin treatment with the psychologist, (d) offering services to patients already in treatment with someone else, (e) in-person solicitation of prospective patients (i.e., face-to-face), (f) giving any remuneration to another for referral of a client or patient for professional services, (g) compensating a journalist

for an interview or professional publicity in a news item, and (h) participating for personal gain in commercials for products or services (i.e., a psychologist endorsing Corona beer or the Google search engine).

Despite the general liberalization of restrictions concerning advertising, in 1986 the Federal Trade Commission's (FTC's) Bureau of Competition set its sights on the APA Ethics Code concerning what it considered to overly restrictive standards.[4] The FTC required the APA to formally rescind the following prohibitions: (a) using patient testimonials regarding the quality of services, (b) making statements implying one-of-a-kind abilities, (c) making statements likely to appeal to a client's fears concerning the possible results of failure to obtain the offered services, (d) making statements concerning the comparative desirability of offered services, (e) making statements of direct solicitations of individual clients, (f) giving or receiving remuneration for referring clients for professional services, and (g) offering services directly to persons receiving the same services from another mental health professional (Canter et al., 1994). As a result of this ruling, the APA stopped accepting ethics complaints based on these seven criteria in 1986, and 3 years later they were formally rescinded, with the 1989 amended version of the Ethics Code (APA, 1990). However, after extensive negotiations between the APA and the FTC, a compromise was reached, and a consent agreement was issued in 1992 by the FTC that reversed some of the seven exceptions. This allowed the APA to create ethical standards prohibiting the following: (a) any false or deceptive representations by psychologists, (b) uninvited in-person solicitation of business from persons who, because of their particular circumstances, would be vulnerable to undue influence (such as approaching a mourning widow at her husband's funeral), and (c) solicitation of testimonial endorsements from current psychotherapy patients or from other persons who, because of their particular circumstances, are vulnerable to undue influence ("FTC Consent Order," 1993). To this day these ethical standards are present in the Ethics Code.

COMPUTERS

The blossoming of information technology brought many innovative applications to those doing psychological work. Mainframe computers had offered researchers computing power for data gathering and statistical analysis that was unparalleled for many years. But it was not until the availability of the personal computer for small business and home use and of the portable laptop computer in the early 1980s that psychologists

[4]The FTC had previously initiated investigations with other groups prior to the investigation of APA, including what it considered to be overly restrictive requirements by the American Medical Association and the American Dental Association.

began to fully appreciate their benefits.[5] Using the Internet and communicating by e-mail eventually became common practices in American society, and psychologists and the institutions in which they worked naturally incorporated technology into everyday practice. This included (a) business aspects, such as appointments, billing patients for services, and managing health insurance; (b) clinical aspects, such as administering psychological tests by computer and maintaining treatment records; (c) communicating via e-mail (i.e., clients, patients, students, supervisees, research participants); (d) websites for providing psychological information to the public as well as promoting and advertising psychological services and products; and (e) the use of videoconferencing for real-time interaction with recipients of psychological services, such as for those living in rural areas or those who were incarcerated.

This proliferation of computers brought unique ethical and legal issues to the everyday work of psychologists involving competence, confidentiality, informed consent, and public statements, to name a few (Nagy, 2001). Some therapists developed websites displaying their résumés and offering psychoeducational materials for general consumption (e.g., information about anxiety disorders or weight loss, career counseling, or resolving marital problems). Some websites purported to offer psychological assessment and career counseling, such as taking and scoring the Myers-Briggs Type Inventory or Strong Internet Inventory online and obtaining an interpretation. Some revealed actual test items of the Minnesota Multiphasic Personality Inventory, boasting that those facing a psychological evaluation could learn how to select responses so as to bias the results in their favor (e.g., for a child custody assessment in which divorcing parents were in litigation against each other). And some therapists were attempting to offer counseling and psychotherapy by e-mail, even though they had never been trained to do this and little empirical basis existed for such a practice. Unique problems began to surface, such as dealing with a suicidal emergency by a therapist in one state who was doing e-mail therapy with a patient in another. The psychologist would not be able to necessarily respond adequately to a crisis situation because he or she would not be familiar with the local resources (e.g., hospital, emergency psychiatric team).

Although the Ethics Codes rarely addressed computers directly (never even using the word *computer*), in 1987 the APA as a professional organization began formally addressing the issue of computer-assisted assessment by publishing *Guidelines for Computer-Based Tests and Interpretations* (APA, 1987). Practice guidelines were not considered to be the equivalent of ethical standards—they were recommended practices, but they were not compulsory or sanctionable, as are ethical standards. A

[5]The first laptop computer, the Osborn 1, was created in 1981, and the first Macintosh in 1984.

psychologist could depart from a particular guideline if he or she could provide a suitable rationale. They were created for the purpose of providing professional guidance to psychologists in relation to the following topics: (a) development of new technology (e.g., using computers for maintaining or transmitting clinical records); (b) new, expanded, or complex multidisciplinary roles (e.g., collaborative roles in genetic counseling commensurate with scientific advances in genetic testing); (c) advances in theory and science (e.g., new data concerning sexual orientation and gender issues); and (d) professional risk management issues (e.g., guidelines on record keeping that helped protect psychologists from complaints or lawsuits from consumers when state or federal regulations were insufficient; APA, Board of Professional Affairs, Committee on Professional Practice and Standards, 2005).

The first mention of *electronic,* implying computer usage, or *Internet* appeared in the 2002 edition of the Ethics Code. It states: "This Ethics Code applies . . . across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions" (APA, 2002, Introduction and Applicability). And only four standards specifically mention *electronic* in their paragraphs—Standards 3.10, Informed Consent; 4.02, Discussing the Limits of Confidentiality; 5.01, Avoidance of False or Deceptive Statements; and 5.04, Media Presentations. The impact of technology on these four areas along with benefits and risks is discussed more fully in later chapters.

A Major Overhaul: The 1992 Revision

When the Ethics Committee Task Force began the process of revising the Ethics Code in 1986, it had little awareness that it would turn into a 6-year project, resulting in major changes in both structure and content (Nagy, 1989). The three major structural changes were (a) adding a seven-paragraph Introduction to the entire document describing aspirational versus enforceable rules of conduct and other general matters about application and the history of the Code, (b) labeling each and every ethical standard with its own title, and (c) adding a section in the beginning titled General Principles. Previously, only the sections of the Ethics Code had titles, such as Confidentiality or Responsibility, and the various paragraphs were simply set off by sequential letters of the alphabet (a, b, c, etc.). The task force thought it would be a more useful document in general and easier to comprehend if each standard had its own title, thereby helping psychologists to thread their way through the verbiage (e.g., Describing the Nature and Results of Psychological Services, Fees and Financial Arrangements, or Deception in Research).

The general principles were derived in part from the introductory paragraphs to each of the 10 sections of the 1981 edition. These introductory paragraphs were titled Preambles and were occasionally cited by ethics committees in adjudicating ethics complaints. However, sometimes technical questions were raised by psychologists against whom complaints were lodged, or their defending attorneys, about whether a preamble should be considered to be the equivalent of an actual ethical standard and whether a psychologist should be held to both the preamble and the ethical standard. The language of the preamble was more general in nature and the tone more aspirational than the ethical standards, and in some cases, the behavioral objectives of the preambles appeared to be far too lofty. The Task Force solved this problem by deleting all the preambles and creating six general principles that more or less served the same purpose. They were Competence, Integrity, Professional and Scientific Responsibility, Respect for People's Rights and Dignity, Concern for Others' Welfare, and Social Responsibility. Further, the general principles were clearly described as being aspirational and not enforceable (APA, 1992). They would constitute the highest ethical targets on which all psychologists might set their sights but would not be sanctioned for failure to achieve (Nagy, 1989).

In addition to changes in structure, the 1992 Code also included some needed innovations by addressing areas that had been vague or ignored in prior editions. These included the following five areas (Nagy, 1990).

FORENSIC MATTERS

Psychologists became increasingly drawn into litigation, such as in child custody assessments and evaluation of defendants in criminal cases and other settings. Also, there was a sharp increase in the number of attorneys in the United States in the 1970s and a tripling of the number of attorneys in the last quarter century. In 1961, there were 1.25 lawyers per 1,000 people, and within 15 years, in 1986, the ratio had more than doubled, with 2.76 lawyers per 1,000 people, that is, about one lawyer for every 362 persons (Hagan & Kay, 1995).

Psychologists were being subpoenaed to appear in legal proceedings, they were sought as expert witnesses for the defense or prosecution, and they were being hired by attorneys as consultants in cases involving psychological malpractice, workers' compensation, long-term disability, and the like. Although some of the ethical standards present in the forensics section were redundant with others in the Ethics Code, they focused on important areas, such as avoiding conflicts of interest and making unfounded statements. Some titles of standards in this section were Clarification of Role, Truthfulness and Candor, and Compliance With Law and Rules.

SEXUAL RELATIONSHIPS

No area generated more feedback and created more dissent among APA members than multiple-role relationships with clients and patients that involved sex (Nagy, 1989). There was a general consensus that sex with current clients and patients was taboo; however, there was much disagreement about the status of former recipients of psychological services. If the therapist terminated treatment on Friday, could the therapist invite his "former" patient out on a date Saturday night? What if the termination of therapy had been hastened in the service of developing a romantic relationship? What if a patient who had naturally terminated treatment might want to begin again 6 months later?

The true question that emerged was, "When is a patient no longer a patient?" The task force, with a consensus of feedback from the membership, eventually answered this question by ultimately implying that "once a therapist, always a potential therapist," resolving that once a psychologist has treated someone, he or she should not engage in a posttermination sexual relationship for a period of 2 years. Complaints and lawsuits about sexual relationships after therapy had ended generally focused on abuses that occurred within that 2-year period; therefore, it was judged by the task force to be an adequate time frame.

Other new regulations included prohibiting offering treatment to former sexual partners and prohibiting sex with students or supervisees in training "over whom the psychologist has evaluative or direct authority." In previous editions, the rule relating to students had required that psychologists must not "exploit their relationships with clients, supervisees, students, employees, or research participants sexually or otherwise." This seemed to allow a "true love" exception—that sex would be permissible with a current student as long as it was not exploitative (the therapist truly loved the patient). By having a flat rule banning all sex with current students, supervisees, or others engaged in professional relationships, the new rule simultaneously raised the bar considerably and simplified decision making by psychologists, in hopes of protecting the public against exploitative or predatory professionals.

TEACHING SETTINGS

For the first time, ethical standards were developed that applied to academic settings specifically requiring or limiting the professional conduct of professors and instructors. Teachers were now obliged to provide accurate descriptions of education and training programs in advance, whether in academic settings or workshops that included course outlines and the nature of course experiences. They also had to establish objective means of providing student feedback and evaluations and state these in advance as well.

RESEARCH

New rules for researchers included more detailed elaboration of informed consent (e.g., understandable language, informing of significant factors that would influence their willingness to participate), informing participants about any intention of sharing the research data with others in the future, and an obligation to provide research participants with conclusions of the research when the study has been completed. Furthermore, in the interest of maintaining accuracy and honesty in analyzing data and stating implications of the research, investigators were now required by a new rule to make their data available to other "competent professionals who seek to verify the substantive claims through reanalysis." This allowed other psychologists, for the first time ever, to have access to the raw data of a primary investigator to review his or her statistical analysis on which the resulting conclusions and implications were based (APA, 1992).

INFORMED CONSENT

An important change in all psychological settings was the new requirement to inform clients and patients in advance about the exceptions to confidentiality. This included such exceptions as a patient who was a danger to him- or herself (e.g., suicidal), a danger to others (e.g., threats to harm another), and revelations about ongoing child or elder abuse. Frequently confidentiality and privacy matters were addressed by state law also, and the psychologist was required to be aware of current regulations to adequately inform clients and patients.

Other areas of informed consent addressed interruptions in treatment and how psychologists would inform clients and patients at the outset about how these transitions would be managed (e.g., extended vacations, moving to a different geographic location, untimely death of the psychologist), including the transfer of records or referral to new therapists. Finally, there was a new rule about third-party requests for services. A psychologist providing service at the request of the court (e.g., assessment, expert witness testimony) must discuss the matter with his or her patient and the implications for confidentiality, conflicting roles, and possible complications of accepting the new role or refusing it. An example of such a complication would be the patient who discovers his or her therapist's diagnostic impression of him or reads his or her own clinical record for the very first time in preparation for a court appearance by his or her therapist. It could be disturbing to learn that one's therapist considered one to have a personality disorder (e.g., narcissistic or borderline) before adequate time had passed to fully understand and access this in the course of treatment.

Overview of the 2002 Ethics Code Revision

The 2002 revision maintained the general format and content changes of the 1992 edition, valuing brevity and clarity in formulating the standards (Knapp & VandeCreek, 2003). Both editions begin with an Introduction and Applicability section. In the 2002 revised Ethics Code this consists of one page describing the target audience of the Code (augmented to include students for the first time); the filing of complaints; how to deal with conflicts between ethics and laws; and specifically addressing a variety of professional roles and contexts, including personal interactions, correspondence, telephone conversations, the Internet, and other electronic transmissions. It also makes clear for the first time that "the Ethics Code is not intended to be a basis of civil liability"; that is, a finding that a psychologist violated a particular standard does not mean ipso facto that he or she has violated the law or is legally liable in a court action (APA, 2002). This needed clarification plainly separates the process and outcome of adjudicating an ethics complaint from the legal arena, reducing the likelihood that the Ethics Code could be used to discipline psychologists unfairly (Knapp & VandeCreek, 2003).

The next section, a three-paragraph Preamble, consists of broad general statements about the commitments, values, and goals of psychologists. The opening sentence concisely states the fundamental assumption of the APA currently by announcing that "psychologists work to develop a valid and reliable body of scientific knowledge based on research." It further lays out the goals as maintaining the welfare and protection of those with whom psychologists work and educating members and the public about psychologists' ethical standards.

The third section, the General Principles, was revised and shortened with the elimination of one principle, Competence, and addition of another principle, Justice. The five principles are Principle A: Beneficence and Nonmaleficence (formerly Concern for Others' Welfare), Principle B: Fidelity and Responsibility (formerly Professional and Scientific Responsibility), Principle C: Integrity, Principle D: Justice (a new principle emphasizing entitlement of everyone to access to and benefit from psychology and warning psychologists to be aware of their biases and boundaries of competence), and Principle E: Respect for People's Rights and Dignity. Each of these principles is fully explored in Chapter 3.[6]

[6]These five general principles reflect more closely the areas of focus that have emerged from the abuses in the name of medical research during World War II and the ethical rules that were developed to protect human participants in research settings in such documents as The Nuremberg Code (1947), the Declaration of Helsinki (1964), and The Belmont Report (1979).

The ethical standards themselves come next and were written in such a way that a majority of the standards potentially applied to every psychologist. This may seem obvious at first, but the 1992 revision had a slightly different approach. It contained eight sections, the first of which was titled General Standards. This was the longest section, 27 standards, that contained ethical standards applying to the professional and scientific activities of all psychologists.[7] It was followed by the remaining seven sections of the Code that presumably did not apply to all psychologists, such as Evaluation, Assessment or Intervention (containing standards only applying to those psychologists doing assessment), or Therapy (only applying to those doing therapy).

By contrast, the 2002 edition of the Ethical Standards is divided into 10 sections: (a) Resolving Ethical Issues, (b) Competence, (c) Human Relations, (d) Privacy and Confidentiality, (e) Advertising and Other Public Statements, (f) Record Keeping and Fees, (g) Education and Training, (h) Research and Publication, (i) Assessment, and (j) Therapy. The entire Forensic Activities section from the 1992 edition, consisting of six ethical standards, was deleted. However some of the substance from the standards was retained and moved to other parts of the Code. I examine the ethical standards in some detail, beginning in Chapter 4, but first I consider the five general principles, those broad concepts from which each of the 89 ethical standards are derived.

The APA Ethics Code continues to evolve as a living entity, growing more adaptive and relevant with each revision. These changes reflect legal actions and changes in the nature of complaints received by ethics committees and licensing boards as well as changes in culture, technology, and how psychological services are conceptualized and delivered. All of these changes help increase the safety and effectiveness of what psychologists have to offer, further benefitting clients and patients, students, research participants, and everyone who interacts with them.

[7] This lengthy standard was a catchall consisting of standards relating to competence, ethics and legal issues, informed consent, basis for scientific and professional judgments, nondiscrimination, avoiding harm, multiple roles, exploitation and sexual harassment, personal impairment, supervision, record keeping, and fees, The 2002 edition for the most part has retained these standards but has placed them under various sections in the document reflecting their content—such as Competence, Human Relations, or Record Keeping and Fees.