

**1. Developing and Practicing Ethics**

We bring our personal ethics to graduate school and start to create our professional ethics. We face important questions: Are ethics central to who we are and what we do? Do our professional ethics depart from the values that we lived by before graduate school? How do we respond when the choice we view as most ethical means risking or sacrificing a golden opportunity, money, a valued relationship, our job, or reputation? What do we do when ethical decision-making leads us into overwhelming complexity, gray areas, and conflicting values? How do we do no harm when clients' traditional cultural values conflict with the profession's ethical values?

Graduate school often presents us with intriguing situations involving the ethics of research and publication, faculty–student interactions, psychological assessment and intervention, and other aspects of what we do as psychologists. Consider the following scenarios.

- As a research assistant for one of the department's most respected and influential professors, you compute the inferential statistics on a large data set. The findings are not statistically significant and fail to support the professor's new theory. The professor then throws out the data from 20 percent of the participants. When you rerun the stats, the test results become significant and support the theory. You receive your first authorship credit (congratulations!) when the results are published in a prestigious scientific journal and you're listed as coauthor. The article makes no mention of the initial tests or excluded participants.
- For the past 10 months, you have been working with an undocumented artist who immigrated to the United States two years ago. Your client was the primary caregiver for their mother, an 80-year-old woman who suffered from dementia and recently passed away. Prior to your next scheduled session, your client sends you an email thanking you for helping them cope with their mother's illness. They shared that your support has been invaluable and you have become their

family in this country where they feel so lonely. On their next appointment the client brings you a gift, a stunning painting they created specifically for you and your office. Because local galleries and art houses display and sell this person's art, you know that this gift is worth thousands of dollars. You also know that in the person's culture, gifts have deep meaning and that rejecting a gift is a deep insult. You consider the power dynamic and feel torn between the client's cultural way of expressing gratitude while being mindful of not exploiting the relationship by accepting a lucrative gift. You also reflect on ways in which accepting a gift of such value might affect the therapy.

- Your dissertation is on how young children think about their own creativity. The contract and form for informed consent – which you sign along with your supervisor and a representative of the university prior to the parents signing – assures each parent that in exchange for their consent, you, the supervisor, and the university attest that (a) your contact with the child will be limited to a single hour session, and (b) the session will be absolutely confidential and that the names and any other personally identifying information will never be shared with anyone else. In each session, the child makes up a story during the first half-hour, then you ask questions about how they thought up the theme, characters, plot, and details. One girl, whose father is a famous attorney who has won multimillion dollar judgments in both defamation suits and contract law cases, makes up a story about how a little girl is terrified of her father, an attorney, because he comes into her room almost every night and has sex with her. He has told her that if she ever tells anyone their secret, he will kill her dog and that no one would believe her anyway. When you ask her how she thought up the story about the little girl, your research participant says, “Well, she's almost exactly like me in a lot of ways.” When you ask her what she means, she says she is afraid to talk anymore and remains silent until the hour is up.
- You and your best friend are talking about how much you're both looking forward to graduating next spring. Your friend confides: “I had no idea how I'd ever get my dissertation done but luckily I had enough money to hire a consultant to design the study and analyze the data. And I was so relieved to find a good professional author who could write it up for me.”

What do you consider the most ethical response to each situation? If the scenarios involve conflicting values, responsibilities, or loyalties, how do you sort through the conflicts and decide what to do? What are the costs, risks, and possible outcomes of the various approaches you can imagine to each situation? How we work our way through such complex situations not only reflects but also actively shapes our professional ethics and character.

Developing ethics is, for most, a career-long process. Ethical development that stops at graduate school can be a little like the professor relying on the same yellowing lecture notes, PowerPoint slides, and stale jokes decade after decade, never bothering to update, rethink, or renew. The rest of this chapter is organized

into two parts. The first discusses seven steps that seem key to developing professional ethics, including:

- Start with what we actually do.
- Stay awake, distrust quick answers, and keep questioning.
- Know the ethics codes – their similarities and differences – but don't let them replace critical thinking, professional judgment, and taking personal responsibility.
- Know the legal standards, but don't let them replace critical thinking, professional judgment, and taking personal responsibility.
- Prevent needless mistakes by actively and proactively addressing our weaknesses, limitations, and blind spots, which we all, beginner and seasoned psychologist alike, have and fall prey to from time to time.
- When looking for ethical missteps, start with ourselves. Question what seems beyond questioning.

The second part looks at 16 of the most common ethical fallacies that help us justify unethical behavior.

## 2. Developing Professional Ethics

Taking the following steps can help develop professional ethics that are informed, useful, and practical. Some of the material in this section is adapted from Pope (2010) and Pope et al., (2021).

### 2.1 Start with What We Actually Do

Professional ethics are meaningless unless they fit what we actually do. We're not in a good position to consider the ethical implications of our acts unless we clearly understand what we do as psychologists. Teaching, research, supervision, mentoring, assessment, consultation, and intervention are abstractions until we understand what they mean in our day-to-day lives. This is not always easy. In 1947, APA president Carl Rogers appointed David Shakow to chair a committee on defining and teaching psychotherapy. Shakow's report resulted in the influential Boulder Conference and the "Boulder Model" of training (i.e., the scientist-practitioner model) of clinical psychology. On August 28, 1949, the recorder for the Boulder task force attempting to define therapy and establish criteria for adequate training wrote the following summary: "We have left therapy as an undefined technique which is applied to unspecified problems with a non-predictable outcome. For this technique we recommend rigorous training."

It is important to ask ourselves: Do our own professional ethics fit what we actually do as psychologists? Do they take account of the pressures, conflicting needs, ambiguities, subtleties, gray areas, and other realities we – and our students, supervisees, research participants, therapy clients, and others – face? The ethics codes, standards, and guidelines tend to be abstract so that they can apply to a variety of extremely diverse situations, fact patterns, and contexts. They lack the almost

infinite variety of details involved when two or more unique people, each with their own cultural contexts and assumptions, each changing over time, meet in a relationship that constantly evolves.

Life in the real world tends to be messy, with gray areas, contradictions, blurrings, unknowns, overlaps, complexities, surprises, and rough edges that don't match up with the clarity, clean corners, and smooth edges we've come across in some courses, books, and codes. For example, professors and therapists, trained and accustomed to working in person with their students, and clients suddenly found themselves cut off from in-person meetings when the novel coronavirus (COVID-19) pandemic hit, and were forced to meet with students and clients using Zoom and other videotelephony and online chat service apps. Do our professional ethics give us reliable guidance or other forms of help when the specifics of a situation throw us into confusion and the texts, codes, authorities, support, and traditions we've drawn on fail us?

## **2.2 Stay Awake, Distrust Quick Answers, and Keep Questioning**

However fun and fulfilling psychology can be *at times*, there are other times when it can be daunting, draining, and discouraging. Conflicts with administrators, supervisors, endless paperwork, urgent needs that go unmet, meetings that make the Ice Age seem like the blink of an eye, bureaucratic barriers, worry about making ends meet, shortages of resources and support, concerns about the well-being of clients and colleagues, sheer exhaustion, and so much else can overwhelm us, drain us dry, dull our awareness, and lull us into ethical sleep. To the extent that what we do as psychologists is meaningful and important, our work requires us to remain actively alert, mindful, inquisitive, and aware of the implications of what we are choosing to do and not do.

When we're tired, running late, distracted, or burnt out, we can grow careless or desperate, grabbing the first answer that occurs to us, that we hear from a consultant, or that we read in a book. However, a mindful approach to ethics recognizes that ethical alertness is a continuous, active process that involves constant questioning, seeking new information and perspectives, and avoiding premature closure.

## **2.3 Know the Ethics Codes: Their Similarities and Differences – But Don't Let Them Replace Critical Thinking, Professional Judgment, and Taking Personal Responsibility**

Understanding relevant codes of ethics is a key step in developing and practicing ethics, but codes cannot replace a thoughtful, informed, creative approach to meeting the ethical challenges of specific situations. Codes can expand and sharpen our awareness, inform the ways we think through a problem, and provide helpful guidance. Codes can *not* serve as a substitute for thinking, provide an excuse to duck a difficult decision, or remove our personal responsibility for our ethical choices. Developing and practicing ethics never means following codes in

a reflexive, thoughtless manner or using codes as a shield against personal responsibility. Knowing how ethics codes evolved, the values they embody, the forms they take, and how they resemble and differ from each other can strengthen our ethical development and practice. The American Psychological Association's (APA) and the Canadian Psychological Association's (CPA) ethics code provide examples.

Founded in 1892, APA saw no need for an ethics code for its first 60 years of existence. APA created its first Committee on Scientific and Professional Ethics (CSPE) in 1938. Without a written code, the committee tried to come up with informal approaches that relied on persuasion to address complaints. Beginning in 1939, the committee spent 8 years considering whether a written code would be helpful. They decided that a written code would be useful in part because an "unwritten code is tenuous, elusive, and unsatisfactory" (APA, 1952). APA designated Edward Tolman to chair a Committee on Ethical Standards that would develop an ethics code.

The decision sparked controversy. Some exceptionally prominent members argued that a written code would be a terrible mistake. Calvin Hall, for example, believed that even the best possible code would favor the crooked psychologist. An unethical psychologist would study a written code "to see how much he can get away with . . . and since any code is bound to be filled with ambiguities and omissions, he can rationalize his unethical conduct" (Hall, 1952, p. 430).

CPSE came up with a revolutionary way to develop a code. The method broke sharply with the traditional methods that had been used by over 500 professional and business associations (Hobbs, 1948). The problem with the traditional methods, according to CPSE, was that they resorted to what Hobbs termed the "armchair approach" (p. 82) in which a committee of those *presumably* most qualified – or at least most well connected – would consider the available codes, critical issues, and scholarly literature; then issue general calls for case studies, comments, suggestions, and other input. The calls would appear in various publications, but would not involve sending a call to every individual member of the organization.

Instead of the old methods of general calls for input, CPSE recommended that developing the ethics code actively put to use the methods of psychological science, specifically empirical survey research. APA would reach out to each member individually, sending each a letter that would ask about the psychologist's personal experiences. This empirically informed method of contacting members individually could establish a direct and explicit connection between the committee and each member that would be more effective than running a general announcement in some APA publications that members might or might not happen to see and would not be personally addressed to the individual. It conveyed how much the committee valued each individual member's views and experiences and the care and seriousness of the committee's attempt to actively draw input from the full diversity of *all* members.

The revolutionary method held other advantages as well. Contacting every member individually and asking for personal experience would give all members, rather than just a relative few, a personal stake in the code. Their views and experiences would make up the *primary* data from which the code emerged, would

serve as a firm foundation, reflecting the association's full diversity, and would actively shape the code by which they would have to live. Nicholas Hobbs described this method of contacting each member as one firmly rooted in the scientific principles and able to produce "a code of ethics truly indigenous to psychology, a code that could be lived" (Hobbs, 1948).

In 1948, every APA member received a letter asking that the psychologist share "experiences in solving ethical problems by describing the specific circumstances in which someone made a decision that was ethically critical" (APA, 1949). The critical incidents led to a draft code, published in *American Psychologist* (APA Committee, 1951a, 1951b, 1951c), consisting of six sections:

- Ethical standards and public responsibility
- Ethical standards in professional relationships
- Ethical standards in client relationships
- Ethical standards in research
- Ethical standards in writing and publishing
- Ethical standards in teaching

After extensive discussion and revision, the first APA ethics code was adopted in 1952 and published in 1953. New versions of the code appeared in 1959, 1963, 1968, 1977, 1979, 1981, 1990, 1992, 2002, and 2010. The current version includes:

- Introduction
- Preamble
- Five general principles
- Ethical standards

The preamble and general principles, which include beneficence and nonmaleficence, fidelity and responsibility, integrity, justice, and respect for people's rights and dignity, are *aspirational* goals representing psychology's ethical ideals. The specific ethical standards are *enforceable*.

The code was always to be revised by mailing a survey form to each APA member (Holtzman, 1960, p. 247). Maintaining this unique empirical approach would preserve the stake that all members had in a code, reflect the experiences and values of the full diversity of APA members, and cultivate loyalty to the code. It reflected beliefs about empowerment, management style, group process, and allegiance (e.g., Golann, 1969; Hobbs, 1948; Holtzman, 1960).

APA's unique approach was believed (a) to empower all members by involving them meaningfully and individually (through the mailed survey) from the start, (b) benefit from better group or organizational dynamics by creating a psychological sense of community among all members, and (c) produce a better revision. The code and its revisions would be "based upon the day-to-day decisions made by psychologists in the practice of their profession, rather than prescribed by a committee" (Golann, 1969, p. 454). Surveying all members individually was considered essential to maintain an ethics code "close enough to the contemporary scene to win the genuine acceptance of the majority who are most directly affected by its principles"

(Holtzman, 1960, p. 250). However, no APA ethics code revision to date has been based on critical incident survey forms mailed individually to all APA members.

Formed in 1939, the CPA functioned for two decades without a written ethics code. Still representing only a small number of psychologists living in diverse parts of a large country, CPA incorporated in 1950 and recognized the need for an explicit code. Deciding that it was unrealistic at that point to bring together a sufficient number of psychologists often enough to carefully think through how a code should be created and then develop the code, CPA decided “to adopt the 1959 . . . APA code for a 3-year trial. This was followed by adoptions (with minor wording changes) of the 1963 and 1977 APA revised codes” (Sinclair & Pettifor, 2001). Dissatisfaction with the APA code grew, and when APA released the 1977 revision, Canadian disagreements with the APA approach to ethics reached the stage of irreconcilable differences (Sinclair et al., 1996). Canadian psychologists viewed the APA ethics code as running “the risk of changing the nature of the professional relationship from a primarily fiduciary contract to a commercial one” (Sinclair et al., 1996).

Sinclair (1998) reported that CPA set four criteria for its first indigenous code:

- Conceptual coherence, which would make it better suited to use in education.
- Inclusiveness, so that it would embrace more new areas of psychological practice.
- Explicitness, so that it would provide clearer guidelines for what to do when two or more ethical values were in conflict.
- Usefulness, so that it would include helpful rules for the ethical decision-making process.

Taking an empirical approach, CPA sent 37 ethical dilemmas to its members, inviting them to describe not only what they would do when confronting the dilemmas but also what decision-making steps they followed (Truscott & Crook, 2004). Content analysis revealed that the Canadian psychologists had relied on four basic values, which became the foundation of the new code (Canadian Psychological Association, 1986):

- Respect for the dignity of persons
- Responsible caring
- Integrity in relationships
- Responsibility to society

To meet the four criteria it had defined for the code, CPA created a code that represented “a radical departure from previous codes of ethics in both its underlying philosophy and structure” (Sinclair, 2011, p. 152). Aspects of the new code included:

First, an overriding theme . . . was the concept of a discipline or profession having a “contract with society,” in which members of the psychology community strive for excellence in ethical behaviour, not just meeting minimal standards or rules. Second, rather than containing primarily a list of rules to be followed, the Code emphasised the importance of ethical decision making . . . Several aids to ethical decision making were



provided in the Preamble, including a model for ethical decision making, ordering the ethical principles according to the weight each generally should be given when they conflict, differential weighting of the ethical principles to be considered, and a role for personal conscience. Third, all ethical standards, which included both minimum and aspirational standards, were organized around four ethical principles: Respect for the Dignity of Persons, Responsible Caring, Integrity in Relationships, and Responsibility to Society. (Sinclair, 2011, pp. 152–153)

The original CPA code (CPA, 1986) was “welcomed both within Canada and beyond its borders” (Pettifor & Sinclair, 2011). Pettifor (2011) notes that the current CPA code receives “continuing international attention and acclaim” (p. 230). The CPA model has influenced a wide variety of subsequent codes (Pope, 2011). For example, Seymour (2011) wrote: “Undoubtedly the most powerful influence on the development of our Code of Ethics for New Zealand Psychologists working in Aotearoa/New Zealand (2002) was the 1991 Canadian Code of Ethics for Psychologists. The working party that developed our new code was directed to produce a code that was modeled on the 1991 Canadian Code of Ethics for Psychologists” (p. 232). Similarly, Hernandez-Guzman (2011) wrote that the Mexican Psychological Society’s ethics code, the *Codigo Etico del Psicologo*, “is based on the experiences and problems faced by Mexican psychologists during their professional practice, with the Canadian Code of Ethics for Psychologists as the main guideline. Today, many universities and professional associations, not only in Mexico but in several Latin American countries, have adopted the *Codigo Etico del Psicologo* as their main decision-making reference concerning ethical issues” (p. 232).

Pettifor (2011) summarized some of the CPA ethics code’s most valued contributions:

First, the most valued contribution of the Canadian Code appears to be the formulation of an explicit moral framework or foundation of ethical principles that are defined separately but linked to specific conduct and behaviours. The second theme seems to be the delineation in the Code of a process for value-based decision-making in contrast to an emphasis on complying only with rules about what psychologists must or must not do. It is recognised that rules cannot cover all possible situations, and especially cannot be used to negotiate solutions to dilemmas. The third valued contribution is the emphasis in the Code on positive aspirations rather than on the bottom line for acceptable behaviour. Fourth is the conceptual clarity, user-friendly language, and practical approach, which are thought to enhance the effectiveness of teaching, supervising, and learning ethics and ethical decision-making. (pp. 230–231)

Finally, members representing the four Ethnic Minority Psychological Associations (EMPAs) in the United States including the Asian American Psychological Association (AAPA), Association of Black Psychologists (ABPsi), the National Latinx Psychological Association (NLPA), and the Society of Indian Psychologists (SIP) met with the APA Ethics Committee at the 2011 annual APA convention. During this meeting the EMPAs and APA agreed to review whether the ethics code addresses issues of culture adequately, appropriately, and knowledgeably.



Specifically, the EMPAs shared their thoughts on how the ethical code both “assists or hinders their work as Psychologists of Color” with the goal of broadening knowledge on “how culture intersects with ethical dilemmas” (APA, 2012, para. 15). Several EMPAs have developed and published their own set of ethical commentaries (see SIP, 2014), guidelines (see NLPA, 2018), or standards (see ABPsi, n.d.). More recently, scholars and practitioners have written about the core ethical principle of “justice” in psychology (Hailes et al., 2021, p. 1; see also Leong et al., 2017; Pope et al., 2021; Varghese et al., 2019; Walsh, 2015). They offered seven guidelines for social justice ethics including “(1) reflecting critically on relational power dynamics; (2) mitigating relational power dynamics; (3) focusing on empowerment and strengths-based approaches; (4) focusing energy and resources on the priorities of marginalized communities; (5) contributing time, funding, and effort to preventive work; (6) engaging with social systems; and (7) raising awareness about system impacts on individual and community well-being” (Hailes et al., 2021, p. 1).

#### **2.4 Know the Legal Standards, But Don’t Let Them Replace Critical Thinking, Professional Judgment, and Taking Personal Responsibility**

A complex array of constantly evolving legislation, case law, administrative law, and other legal standards governs our work as psychologists. These standards change from time to time and from jurisdiction to jurisdiction. A psychologist may be required to do something (e.g., breach confidentiality) under certain conditions in one state or province, be forbidden to do it in another, and be allowed but not required to do it in a third. Keeping up with the legal standards in the relevant jurisdiction is essential, but as with an ethics code’s standards, the law should inform but not replace professional judgment.

Focusing too exclusively on legal standards can blind us to ethical issues, sometimes leading us to mistake what is legal for what is ethical. All too often public figures holding positions of trust resort, when caught doing something ethically wrong, to claim “I broke no law”; “While some may disagree with what I did, all my acts were clearly legal”; or “All of my acts were consistent with controlling legal authority.”

#### **2.5 Actively Address Fallibility to Prevent Problems**

It is a cliché but true: None of us is perfect. Each of us makes mistakes, has limitations, gets things wrong sometimes. All of us have vulnerabilities, shortcomings, and blind spots. The major differences are not so much between those with many imperfections and those with few (or at least those who think they have only a few), but between those who freely acknowledge – to themselves and others – how their own flaws and weaknesses affect their work and those who look down on others as inferior versions of themselves.

It’s easy to make pro-forma admissions of “I might be wrong, but . . . ” and remain passive in the face of what we know or suspect are the barriers between us and our best work. It is something else entirely to question ourselves constantly,

actively; to ask “What if I’m wrong about this?”; “Are there facts, fallacies, contexts, unintended consequences, or perspectives I’m overlooking?”; “Is there a more creative, positive, effective, comprehensive way to address this ethical challenge?” This approach can prevent countless problems.

## 2.6 When Looking for Ethical Missteps, Start with Ourselves

It is so easy to spot the ethical blunders of others. Even while reading this sentence, we might find our minds drifting to times we spotted – or thought we spotted – a colleague’s ethical carelessness, questionable behavior, or intentional wrongdoing. We miss a wildly waving red flag if we fail to recognize something amiss when our critical gaze remains exclusively outward. We need to spend at least as much time and energy questioning our own behavior as we question what others do.

## 2.7 Question What Seems Beyond Questioning

All of us have certain tightly held beliefs. We throw away chances to learn, grow, and discover if we don’t loosen our grip on these beliefs enough to take a fresh look, engage in critical thinking, and pursue creative questioning. It is relatively easy to explore areas of uncertainty, minor concern, or little consequence. The challenge is to question our most cherished and “unquestionable” assumptions, those beliefs that are most central, those principles that form the core of our ethics. Following this open questioning can lead us into areas that are confusing, (temporarily) disorienting, and sometimes frightening. It can take us through ideas that are politically incorrect or what tends to be more uncomfortable for many of us – “psychologically incorrect” (Pope et al., 2006). It can also show us the path toward more ethical behavior.

## 2.8 Avoiding Ethical Fallacies

However well-developed our individual professional ethics, we may face times when the temptation is just too great and we need to justify behaving unethically. The following rationalizations – adapted from those originally suggested by Pope et al. (2006) and by Pope et al., (2021) – can make even hurtful and reprehensible behaviors seem ethical or at least trivial. All of us, at one time or another, have *likely* endorsed at least some of them. If an excuse seems absurd, it is likely that we have not yet needed it desperately. At some future moment of great stress or temptation, those absurdities may seem plausible if not downright self-evident.

1. It’s not unethical as long as a departmental chair, administrative supervisor, or managed care administrator required or suggested it.
2. It’s not unethical as long as the professional or educational association you belong to allows it.
3. It’s not unethical if you don’t know of any ethics code, legislation, case law, or professional standard that *specifically* prohibits it. Two basic fallacies are at

work here: specific ignorance and specific literalization. “Specific ignorance” means that if you don’t know about, for example, a prohibition against making a custody recommendation without actually meeting with the people involved, then the prohibition doesn’t really exist in a way that applies to you. As long as you weren’t aware of certain ethical standards in advance, then you cannot be considered ethically accountable for your actions. The fallacy of “specific literalization” allows you declare any act that is not *specifically* mentioned in the formal standards to be ethical. Interestingly, this rule can be called into play even when the psychologist knows in advance about a specific prohibition, if the psychologist also invokes the rule known as “insufficient qualification.” Consider, for example, a psychologist who knows that there is an ethical standard prohibiting sexual involvement with a therapy client. The psychologist can call attention to the fact that the sex occurred outside of the consulting room and that the standards made no mention of sex occurring outside the consulting room, or that the psychologist’s theoretical orientation is cognitive-behavioral, psychoanalytic, or humanistic, and that the standards do not explicitly mention and therefore presumably are not relevant for his or her specific theoretical orientation.

4. It’s not unethical if you know at least three other psychologists who have done the same thing. After all, if there were anything wrong with it, do you really think others would be doing it so openly that you would have heard about it?
5. It’s not unethical if none of your students, research participants, supervisees, or therapy clients has ever complained about it. If one or more did complain about it, it is crucial to determine whether they constitute a large representative sample of those you encounter in your work, or are only a few atypical, statistically insignificant outliers.
6. It’s not unethical if a student, research participant, supervisee, or therapy client wanted you to do it.
7. It’s not unethical as long as the student’s/research participant’s/supervisee’s/therapy client’s condition made them so awful to be around that their behavior evoked (that is to say: *caused*) whatever it was you did, and they must own responsibility for it. Which is not, of course, an admission that you actually did something.
8. It’s not unethical if you have a disorder or condition (psychological, medical, or just being tired and cranky) and that disorder or condition can be made to assume responsibility for your choices and behavior.
9. It’s not unethical if you’re skilled at using the passive voice and a “looking forward rather than wallowing in the past” approach. If someone discovers that our CV proclaims degrees we never actually earned, honors we never actually received, and accomplishments that were not ours, we need only shrug non-defensively, note that apparently mistakes were made and that it is time to move on.
10. It’s not unethical if you’re basically a good person and have upheld most of the other ethical standards. This “majority rule” gives you time off (from ethics) for good behavior. This means that all of us can safely ignore a few of the ethical

standards as long as we scrupulously observe the other, far more important ones. In tight circumstances, we need to observe only a majority of the standards. In a genuine crisis, we need only have observed one of the standards at some time in our lives, or at least given it serious consideration.

11. It's not unethical if you don't mean to hurt anybody. If anyone happens to get hurt it was clearly an unforeseeable accident because you didn't intend it, and no one should be held responsible for something that is a chance, accidental happenstance.
12. It's not unethical if there is no set of peer-reviewed, adequately replicated, universally accepted set of scientific research findings demonstrating, without qualification or doubt, that exactly what you did was the sole cause of harm to the student, supervisee, research participant, or therapy client. Few have articulated this principle with more compelling eloquence than a member of the Texas pesticide regulatory board charged with protecting Texas citizens against undue risks from pesticides. Discussing chlordane, a chemical used to kill termites, he said, "Sure, it's going to kill a lot of people, but they may be dying of something else anyway."
13. It's not unethical if it's a one-time-only exception to your customary approach. Really. This is it. Last time. Never again. Don't even ask.
14. It's not unethical if you're an important figure in the field. Many psychologists have defined importance using such criteria as well known, extensively published, popular with students, popular with granting agencies, holding some appointive or elective office, being rich, having a large practice, having what you think of as a "following" of like-minded people, etc. But many of us find such ill-considered criteria to be far too vulnerable to Type II error. In deciding whether we are an important figure in the field, who, after all, knows us better than ourselves?
15. It's not unethical if you're really pressed for time. In light of your unbelievable schedule and responsibilities, who after all could really expect you to attend to every little ethical detail?
16. It's not unethical if we stress the importance of judgment, consistency, and context. For example, it may seem as if a therapist who has submitted hundreds of thousands of dollars' worth of bogus insurance claims for patients he never saw might have behaved "unethically." However, as attorneys and others representing such professionals often point out: It was simply an error in judgment, completely inconsistent with the high ethics manifest in every other part of the person's life, and insignificant in the context of both the unbelievable good that this person has done and the much-needed good he can continue to do if let off with a token penalty or a good talking to.

We're guessing that each of you reading this chapter could extend this list. Our abilities to think creatively and respond ethically to even the most daunting challenges seem mirrored by the strategies available to rationalize even the most unethical approaches.

### 3. Conclusion

Developing and practicing ethics requires an active, mindful approach that continues from graduate school throughout our careers. The psychologist who remains unaware of the constantly evolving ethical and legal standards, fails to engage in critical self-examination, and stops actively seeking to do better is like – in light of the possible consequences of ethical missteps – the driver who dozes at the wheel. A human endeavor that focuses on humans in all their infinite variety, psychology never runs short of ethical challenges that are complex, filled with gray areas and conflicting values, and lacking clear, easy, or definitive answers. Meeting these challenges is an inescapable responsibility that confronts each of us.

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## Additional Resources

### Online Resources

- *Ethics Codes & Professional Guidelines*. Over 120 links to complete copies of codes, standards, and guidelines addressing: (a) specific areas of practice (e.g., online psychotherapy, forensic, rehabilitation, neuropsychology, school psychology, group therapy, body work, hypnotherapy, employee assistance, pastoral counseling, biofeedback, custody evaluations, diminished capacity assessments, end-of-life decisions); (b) specific



aspects of practice (e.g., supervision, managed care, duty to protect, record keeping, email communication with patients); (c) specific theoretical orientations (e.g., Feminist Therapy Institute, Christian Association for Psychological Studies, Canadian Psychoanalytic Society); and (d) different professions (e.g., psychologists, psychiatrists, social workers, counselors). <http://bit.ly/ethcodes>

- *US & Canadian Psychology Laws, Continuing Ed Requirements, Licensing Boards, etc.* Includes for each US state and Canadian province: (a) contact information (e.g., phone and address) for the psychology licensing; (b) a link to each psychology board's home page if the board has a website; (c) a link to the psychology licensing law or rules and regulations regulating the practice of psychology if these are available on the web; (d) a link to information about applying for licensure and to application forms if these are available online; and a link to that state or province's continuing education requirements if this information is available online. <http://bit.ly/licensinglawsandboards>
- *Informed Consent Requirements, Sample Forms, & Articles.* <http://bit.ly/informedconsent>.
- *Boundaries in Therapy: Standards of Care, References, & Resources.* Five major sections: (1) excerpts from ethics codes addressing boundary issues; (2) quotes and information from articles, books, and studies addressing boundary issues; (3) widely used decision-making guides; (4) full-text articles; and (5) links to related resources. <http://bit.ly/ethicsandboundaries>
- *Therapist's Guide to Creating a Professional Will.* <http://bit.ly/professionalwill>
- *US Department of Health & Human Services Office of Research Integrity.* <http://bit.ly/researchintegrity>

#### Ethnic Minority Psychological Associations Ethical Commentaries, Guidelines and Standards:

- *Association of Black Psychologists (ABPsi) Ethical Standards:* [www.abpsi.org/pdf/EthicalStandardsAssociationofBlackPsychologists.pdf](http://www.abpsi.org/pdf/EthicalStandardsAssociationofBlackPsychologists.pdf)
- *National Latinx Psychological Association (NLPA) Guidelines:* [www.nlpa.ws/assets/docs/ethical%20guidelines%20nlpa\\_adopted%20jan%201st.pdf](http://www.nlpa.ws/assets/docs/ethical%20guidelines%20nlpa_adopted%20jan%201st.pdf)
- *Society of Indian Psychologists (SIP) Commentaries:* [www.aiansip.org/commentary.html](http://www.aiansip.org/commentary.html)

#### Books and Articles

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