The Five General Principles of Ethics for Psychologists

**Beneficence and Nonmaleficence**
“Psychologists strive to benefit those with whom they work and take care to do no harm.”

**Fidelity and Responsibility**
“Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work.”

**Integrity**
“Psychologists seek to promote accuracy, honesty and truthfulness in the science, teaching and practice of psychology.”

**Justice**
“Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures and services being conducted by psychologists.”

**Respect for People's Rights and Dignity**
“Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination.”
As an innovative way of marketing my private practice for substance abuse treatment, I left my business cards with the bartenders and managers at the busiest upscale bars and lounges in the area. I asked them to hand my card to any customer they thought might be in need of my assessment or treatment services. No “finder’s fee” was involved.
5.06 In-Person Solicitation

Psychologists do not engage, either directly or through agents, in uninvited in-person solicitation of business from actual or potential clients/patients, or other persons who because of their particular circumstances are vulnerable to undue influence.
A person made an appointment to see me in my private practice for help with an anxiety problem that she had been struggling with for several years. Via some mutual friends I had a passing acquaintance with this person—an artist and sculptor—though we never socialized together.

At the start of our first session, she said that after setting up the appointment, she was laid off from her job and her insurance got cancelled. She therefore could not afford to pay even a discounted fee if she had a therapy session every week, or even every other week. She proposed that we barter the necessary therapy sessions, at my regular price, for some of her work, valued at what they would sell for at a gallery. I was familiar with her work, and liked it, so I agreed.
6.05 Barter with Clients/Patients

Psychologists may barter only if it is not clinically contraindicated and the resulting arrangement is not exploitative.
In my capacity as a psychologist, I was asked to appear on a local PBS talk show during Mental Health Awareness Week. The show would focus on bipolar disorder. I’d worked with only a few clients with this diagnosis, but I felt reasonably knowledgeable about the disorder. More importantly, I firmly believed that such public awareness would be important, so I agreed.

I illustrated my talk using clips and articles about persons in the news. I gave examples of public behavior from various celebrities, e.g., Russell Brand, Robert Downey Jr., and Mike Tyson, that I said clearly indicated they were suffering from bipolar disorder.
9.01 Bases for Assessments

Psychologists base their opinions contained in their recommendations, reports, and diagnostic or evaluative statements...on information and techniques sufficient to substantiate their findings.

Psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. (However...)

When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations.
I’d been working in therapy with a 23-year-old cocaine-dependent man for six months. He attended faithfully but had made minimal progress. One day, I got a call from his oldest sister, who said she would like to meet with me to discuss some concerns she had about her brother and about their family in general. This was welcome news, as her brother and I had discussed our both feeling stuck. I followed the rules of confidentiality: Her brother signed a release, then I contacted his sister to confirm that he indeed was my client.

The following week, the sister and I had a long and productive meeting. Toward the end of the meeting we strayed onto other topics. We eventually realized we had mutual friends and interests, and that we met at a party a couple of summers ago.

Two days later she called me again, said she enjoyed our talk, and asked if I’d like to meet for coffee. I also enjoyed talking with her, and she was not my client, so I said yes. Long story short, over the next month we discovered a mutual attraction that appeared likely to develop into a serious long-term emotional and sexual relationship.

Of course, I was concerned that such a relationship would affect my therapy with her brother. Considering he had made minimal progress with me as his therapist, I felt it was in the best interest of all concerned to refer him to my clinic partner, who had greater skills and more experience than I in the treatment of cocaine dependence. I discussed this at length with my client; he agreed to the change.
10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.
Three years ago, I saw a woman in my private practice for cognitive therapy related to grieving and life adjustment issues. We met for eight sessions over three months, both of us agreeing at the end that the therapy was helpful.

Two years later, we ran into each other at a coffee house. She asked me to join her, so I did. (This did not violate confidentiality.) She told me that her life was back on track and that she would soon be starting graduate school nearby in, of all things, clinical psychology. She asked me if we could meet again to talk about coping with grad school, the current job market, etc. I agreed, so we met at the same coffee house the next week.

Long story short, a friendship developed that progressed over the next year into an intimate sexual and emotional relationship.
Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years…and having had no [prior] sexual contact with the former client/patient, bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors…
One week before the end of my introductory course, a student came to speak with me during my office hours. He said that while reviewing his notes in preparation for our final exam, he saw that in our unit on memory I had confused source amnesia with the misinformation effect.

I compared his notes with my class notes and, sure enough, I did indeed inadvertently switch the definitions. I thanked him for pointing this out to me (and wondered to myself—with some dismay—why no one else had done so before).

However, I felt that at this late date it would be counterproductive to introduce material that didn’t relate to our current unit, and in any event those terms weren’t all that crucial to know. To be fair to the class, I decided to simply not ask any questions about them on the final exam.
7.03(b) Accuracy in Teaching

When engaged in teaching or training, psychologists present psychological information accurately.
A non-traditional-age student took several of my classes and did spectacularly well in all of them. I also knew her through Psi Chi; I was the interim faculty advisor last year. In addition, she regularly sought me out for conversation about psychology, her kids, interdisciplinary studies (she’s a dual psychology/biology major), contemporary music, restaurants, etc.

It’s now the beginning of June before her senior year. We’re again meeting in my office, discussing graduate school possibilities. Part way through, a conversation started out with “I’ll miss you.” “Me, too.” “I hope I won’t have to go too far away.” “Me, too.” Etc. Long story short, by August we were involved in an intimate emotional and sexual relationship.

I did have some qualms about this, but ultimately I felt it was OK because I wouldn’t be teaching any of the courses she still needed to take.
7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.
During the first class session of the semester, I always take attendance and make sure I’m pronouncing everyone’s name correctly. One student’s unusual last name looked familiar, so I asked her about it. Turned out her mother was a star student of mine about fifteen years ago, and had since earned her doctorate and established a therapy practice nearby. My student still had regular contact with mom, so out of curiosity (and the possibility of developing another referral resource), I asked her to ask mom to contact me.

Mom did, and after a long conversation we arranged a time to meet at her office. At the office, after doing a lot of catching up (including comparing grad school stories), our conversation strayed onto more general, personal topics. We both seemed to realize that there was a spark of mutual interest and attraction, so as we parted we arranged to meet again, this time for coffee.

Long story short, over the next two months our interest and attraction developed into an intimate emotional and sexual relationship with clear long-term potential.
3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.