



ETHICS IN ACTION: PERSONAL REFLECTIONS OF CANADIAN PSYCHOLOGISTS

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Appendices

APPENDIX A

*Canadian Code of Ethics for Psychologists, Fourth Edition*¹

Preamble

INTRODUCTION AND APPLICABILITY

Every discipline that has relatively autonomous control over its entry requirements, training, development of knowledge, standards, methods, and practices does so only within the context of a contract with the society in which it functions. This social contract is based on attitudes of mutual respect and trust, with society granting support for the autonomy of a discipline in exchange for a commitment by the discipline to do everything it can to assure that its members act ethically in conducting the affairs of the discipline within society; in particular, a commitment to try to assure that each member will place the welfare of society and individual members of society above the welfare of the discipline and its own members. By virtue of this social contract, psychologists have a higher duty of care to members of society than the general duty of care that all members of society have to each other.

The Canadian Psychological Association recognizes its responsibility to help assure ethical behaviour and ethical attitudes on the part of psychologists. Attempts to assure ethical behaviour and ethical attitudes include: (a) articulating ethical principles, values, and standards; (b) promoting those principles, values, and standards through formative and continuing education, supervision, peer modelling, and consultation; (c) developing and implementing methods to help psychologists monitor the ethics of their behaviour and attitudes; (d) adjudicating complaints of unethical behaviour; and (e) taking corrective action when warranted.

This *Code* articulates ethical principles, values, and standards to guide all members of the Canadian Psychological Association, whether scientists, practitioners, or scientist-practitioners. Although some of its ethical standards are specific to particular activities or contexts, its ethical principles and values are applicable whether members are acting in a research, direct service, teaching, supervision, administrative, management, employer, employee, student, trainee, consultative, peer review, editorial, expert witness, social policy, or any other role related to the discipline of psychology. The ethical principles and values also are applicable regardless of the communication modality used (e.g., spoken, written, or printed; in person, or remotely through telephone, text, audio, video, online communication or other means).

STRUCTURE OF THE CODE

The *Code* begins with this Preamble, which introduces the underlying philosophy of the *Code*, including its nature, purposes, an explanation of ethical decision making, and a definition of terms. Following the Preamble, the *Code* is organized around four ethical principles to be considered and balanced in ethical decision making. Each principle section begins with a statement of those values that are included in and give definition to the principle. Each values statement is then followed by a list of ethical standards that illustrate the application of the specific principle and values to the activities of psychologists. The standards range from minimal behavioural expectations (e.g., Standards I.28, II.29, III.30, IV.26) to more idealized, but achievable, attitudinal and behavioural expectations (e.g., Standards I.12, II.12, III.9, IV.6). In the margin, to the left of the standards, key words are placed to guide the reader through the standards and to illustrate the relationship of the specific standards to the values statement. Some standards are specific to particular types of psychology activity (e.g., direct service, research, teaching, supervision); however, the majority of standards are applicable to all types of psychology activities.

ETHICAL DECISION MAKING

Ethical choices need to be made when ethical questions, issues, or dilemmas arise. Such choices involve ethical decision making.

The ethical decision-making process might occur very rapidly, leading to an easy resolution of an ethical question or issue. This is particularly true of questions or issues for which clear-cut guidelines or standards exist and for which there is no conflict between principles, values, or the best interests of parties involved. On the other hand, some ethical issues (particularly those in which ethical principles, values, or best interests conflict) are not easily resolved, might be emotionally distressful, and might require time-consuming deliberation.

All four principles are to be taken into account and balanced in ethical decision making. However, in circumstances in which the ethical principles

themselves conflict, it might not be possible to give each principle equal weight. The complexity of many conflicts precludes a firm ordering of the principles. However, the four principles have been ordered according to the weight each generally should be given when they conflict, namely:

Principle I: Respect for the Dignity of Persons and Peoples. This principle, with its emphasis on inherent worth, non-discrimination, moral rights, distributive, social and natural justice, generally should be given the highest weight, except in circumstances in which there is a clear and imminent danger of bodily harm to someone.

Principle II: Responsible Caring. This principle generally should be given the second highest weight. Responsible caring requires competence, maximization of benefit, and minimization of harm, and should be carried out only in ways that respect the dignity of persons and peoples.

Principle III: Integrity in Relationships. This principle generally should be given the third highest weight. Psychologists are expected to demonstrate the highest integrity in all of their relationships. However, in some circumstances, Principle III values (e.g., openness, straightforwardness) might need to be subordinated to the values contained in the Principles of Respect for the Dignity of Persons and Peoples, and Responsible Caring.

Principle IV: Responsibility to Society. This principle generally should be given the fourth highest weight of the four principles when it conflicts with one or more of them. Although it is necessary and important to consider responsibility to society in every ethical decision, adherence to this principle needs to be subject to and guided by Respect for the Dignity of Persons and Peoples, Responsible Caring, and Integrity in Relationships. When the welfare of an individual or group appears to conflict with benefits to society, it is often possible to find ways of working for the benefit of society that do not violate respect for dignity, responsible caring or integrity. However, if this is not possible, the dignity, well-being and best interests of persons and peoples, and integrity in relationships should not be sacrificed to a vision of the greater good of society.

Although the above ordering of principles can be helpful in resolving some ethical questions, issues, or dilemmas, the complexity of many situations requires consideration of other factors and engagement in a creative, self-reflective, and deliberative ethical decision-making process that includes consideration of many other factors. The following basic steps typify approaches to such a process:

1. Identification of the individuals and groups potentially affected by the decision.
2. Identification of ethically relevant issues and practices, including the moral rights, values, well-being, best interests, and any other relevant characteristics of the individuals and groups involved, as well as the cultural, social, historical, economic, institutional, legal or political context or other circumstances in which the ethical problem arose.
3. Consideration of how one's own biases, external pressures, personal needs, self-interest, or cultural, social, historical, economic, institutional, legal, or political context and background, might influence the development of or choice between courses of action.
4. Development of alternative courses of action.
5. Analysis of likely short-term, ongoing, and long-term risks and benefits of each course of action on the individuals and groups involved or likely to be affected, taking into account relevant individual and cultural, social, historical, economic, institutional, legal, and political contextual factors.
6. Choice of course of action after conscientious application of existing principles, values, and standards (which includes but would not be limited to relevant laws and regulations).
7. Action, with a commitment to assume responsibility for the consequences of the action.
8. Evaluation of the results of the course of action.
9. Assumption of responsibility for consequences of action, including correction of negative consequences, if any, or re-engaging in the decision-making process if the ethical issue is not resolved.
10. Appropriate action, as warranted and feasible, to prevent future occurrences of the dilemma (e.g., communication and problem solving with colleagues and team members or other collaborators; changes in procedures and practices).

Psychologists engaged in time-consuming deliberation are encouraged and expected to consult with the individuals and groups affected by the ethical problem when appropriate. In addition, they are encouraged and expected to consult with colleagues or relevant others, including advisory bodies, when such individuals

or groups can add knowledge or objectivity to the decision-making process. Although the decision for action remains with the individual psychologist, the seeking and consideration of such assistance reflects an ethical approach to ethical decision making.

Even with all of the above, psychologists may be faced with ethical dilemmas that are still difficult to resolve. In these circumstances, psychologists are encouraged and expected to engage in an ethical decision-making process that is explicit enough to bear public scrutiny. In some of these cases, resolution might be a matter of personal conscience. However, decisions of personal conscience are also expected to be the result of a decision-making process that is based on a reasonably coherent set of ethical principles and that can bear public scrutiny. If the psychologist can demonstrate that every reasonable effort was made to apply the ethical principles of this *Code* and resolution of the conflict has had to depend on the personal conscience of the psychologist, such a psychologist would be deemed to have followed this *Code*.

USES OF THE CODE

This *Code* is intended to guide psychologists in their everyday conduct, thinking, and planning, and in the resolution of ethical questions, issues, and dilemmas; that is, it advocates the practice of both proactive and reactive ethics.

The *Code* also is intended to serve as an umbrella document for the development of codes of conduct or other more specific codes. For example, the *Code* could be used as an ethical framework for the identification of behaviours that would be considered enforceable in a jurisdiction, the violation of which would constitute misconduct; or jurisdictions could identify those standards in the *Code* that would be considered of a more serious nature and, therefore, reportable and subject to possible discipline. In addition, the principles and values could be used to help specialty areas develop standards that are specific to those areas. Some work in this direction has already occurred within CPA (e.g., *Guidelines for Non-Discriminatory Practice; Guidelines for Ethical Psychological Practice with Women; Ethical Guidelines for Supervision in Psychology: Teaching, Research, Practice, and Administration*). The principles and values incorporated into this *Code*, insofar as they come to be reflected in other documents guiding the behaviour of psychologists, will reduce inconsistency and conflict between documents.

A third use of the *Code* is to assist in the adjudication of complaints against psychologists. A body charged with this responsibility is required to investigate allegations, judge whether unacceptable behaviour has occurred, and determine what corrective action should be taken. In judging whether unacceptable conduct has occurred, many jurisdictions refer to a code of conduct. Some complaints, however, are about conduct that is not addressed directly in a code of conduct. The *Code* provides an ethical framework for determining whether the

complaint is of enough concern, either at the level of the individual psychologist or at the level of the profession as a whole, to warrant corrective action (e.g., discipline of the individual psychologist; general educational activities for members; incorporation into the code of conduct). In determining corrective action for an individual psychologist, one of the judgments the adjudicating body needs to make is whether an individual psychologist conscientiously engaged in an ethical decision-making process and acted in good faith, or whether there was a negligent or willful disregard of ethical principles. The articulation of the ethical decision-making process contained in this *Code* provides guidance for making such judgments.

RESPONSIBILITY OF THE INDIVIDUAL PSYCHOLOGIST

The discipline's contract with society commits the discipline and its members to act as a moral community that develops its ethical awareness and sensitivity, educates new members in the ethics of the discipline, manages its affairs and its members in an ethical manner, is as self-correcting as possible, and is accountable both internally and externally.

However, responsibility for ethical action depends foremost on the integrity of each individual psychologist; that is, on each psychologist's commitment to behave as ethically as possible in every situation. Acceptance to membership in the Canadian Psychological Association commits members to:

1. Adhere to the Association's *Code* in all current activities as a psychologist.
2. Apply conscientiously the ethical principles and values of the *Code* to new or emerging areas of activity.
3. Engage in ongoing development and maintenance of their ethical sensitivity and commitment, ethical knowledge, and ethical decision-making skills.
4. Assess and discuss ethical issues and practices with colleagues and appropriate others on a regular basis.
5. Bring to the attention of the Association ethical issues that require clarification or the development of new guidelines or standards.
6. Bring concerns about possible unethical actions by a psychologist directly to the psychologist when the action appears to be primarily a lack of sensitivity, knowledge, or experience, and attempt to reach an agreement on the issue and, if needed, on the appropriate action to be taken.

7. Bring concerns about possible unethical actions of a more serious nature (e.g., actions that have caused or could cause serious harm; actions that are considered misconduct in the jurisdiction) to the person(s) or body(ies) best suited to investigating the situation and to stopping or offsetting the harm.
8. Consider seriously others' concerns about one's own possibly unethical actions or unrecognized biases and attempt to reach an agreement on the issue and, if needed, take appropriate action.
9. Not be vexatious or malicious if bringing or responding to concerns about possible unethical actions.
10. Cooperate with duly constituted committees of the Association that are concerned with ethics and ethical conduct.

RELATIONSHIP OF THE CODE TO PERSONAL BEHAVIOUR

This *Code* is intended to guide and regulate only those activities a psychologist engages in by virtue of being a psychologist. There is no intention to guide or regulate a psychologist's activities outside of this context, although an individual psychologist might make a personal decision to be guided by the *Code*'s principles and values outside of this context. Personal behaviour becomes a concern of the discipline only if it is of such a nature that it undermines public trust in the discipline as a whole or if it raises questions about the psychologist's ability to carry out appropriately his/her responsibilities as a psychologist.

RELATIONSHIP OF THE CODE TO PROVINCIAL REGULATORY BODIES

In exercising its responsibility to articulate ethical principles, values, and standards for those who wish to become and remain members in good standing, the Canadian Psychological Association recognizes the multiple memberships that some psychologists have (both regulatory and voluntary). The *Code* has attempted to encompass and incorporate those ethical principles most prevalent in the discipline as a whole, thereby minimizing the possibility of variance with provincial/territorial regulations and guidelines. Psychologists are expected to respect the requirements of their provincial/territorial regulatory bodies. Such requirements might define particular behaviours that constitute misconduct, are reportable to the regulatory body, and/or are subject to discipline.

RELATIONSHIP OF THE CODE TO THE UNIVERSAL DECLARATION OF ETHICAL PRINCIPLES FOR PSYCHOLOGISTS

One of the events that occurred after release of the third edition of the *Code* (2000) is the 2008 endorsement by the Canadian Psychological Association of the *Universal Declaration of Ethical Principles for Psychologists*. This *Declaration*

was developed under the auspices of two major international psychology organizations (the International Union of Psychological Science and the International Association of Applied Psychology), by a working group of psychologists representing different continents, cultures and worldviews. The *Declaration* is not a code of ethics; rather, it is intended to provide a template or ethical framework to guide the development and evolution of psychology ethics codes around the world. The *Declaration* was used in this way in the development of this fourth edition.

DEFINITION OF TERMS FOR THE PURPOSES OF THIS CODE

A. Terms related to persons and peoples.

“**Primary client**” means an *individual*² or *group* (e.g., couples, families, *organizations, communities, peoples*) that has contracted for and/or is receiving services that are intended to help with the *individual’s* or *group’s* own issues, responsibilities, questions, or problems. Primary clients may be *independent, partially dependent, or fully dependent* in terms of their decision making regarding their involvement. This means that *individuals* or *groups* mandated to receive such services (e.g., by a court) and *individuals* who require a substitute decision maker (e.g., young children) to receive such services are considered primary clients. More than one *individual* or *group* can be primary clients in a single service contract.

“**Community**” means a *group of individuals* of any size whose members are connected to each other by relatively durable social relations that extend beyond immediate family ties, and share a common sense of identity and interests. A community may or may not live in the same geographic area.

“**Contract examinee**” is an *individual* or *group* that is the subject of a psychological assessment at the request of a *retaining party*, for the purpose of assisting an external decision maker (e.g., court, insurance company, or employer) to make a decision. Contract examinees may be *independent, partially dependent, or fully dependent* in terms of their decision making regarding their involvement.

“**Group**” refers to a number of human beings connected by a shared activity, interest, or quality. A group includes such entities as couples, families, *organizations, communities, and peoples*.

“**Independent,**” “**partially dependent,**” and “**fully dependent**” are terms that can apply to *primary clients, contract examinees, research participants, students, trainees, and any other individuals or groups* with whom *psychologists* come in contact in the course of their work. Such *individuals* or *groups* are “independent” if they can independently contract or give informed consent, are “partially

dependent” if the decision to contract or give informed consent is shared between two or more parties (e.g., parents and school boards; workers and Workers’ Compensation Boards; *retaining party* and *contract examinee*; adult members of a family coming for service), and “fully dependent” if they have little or no choice about whether or not to receive a particular service or participate in a particular activity (e.g., patients who have been involuntarily committed to a psychiatric facility; very young children involved in a research project).

“**Individual**” refers to a human being as a separate entity, distinct from other human beings.

“**Organization**” means a *group of persons or peoples* organized for some end or work.

“**Others**” means any *individual or group* with whom *psychologists* come in contact in the course of their work. This may include, but is not limited to: *primary clients* seeking help with *individual, family, organizational, industrial, or community* issues; *contract examinees*; research participants; employees; students; trainees; supervisees; colleagues; *interdisciplinary* or *intradisciplinary* team members; other collaborators; employers; third party payers; and members of the general public.

“**Peoples**” means a distinct *group of persons* who are linked by a common identity, culture, history, and collective interests.

“**Persons**” means human beings both as *individuals* and as members of *groups*, including couples, families, *organizations, communities, and peoples*.

“**Psychologist**” is used in the *Code* in a distinctive way and means any *individual* who is a member or affiliate (including student affiliates) of the Canadian Psychological Association, or a member or affiliate of any psychology voluntary association or regulatory body that adopts, endorses, or ratifies this *Code*. Readers are reminded that provincial/territorial jurisdictions often restrict the legal use of the term psychologist in their jurisdiction and that such restrictions are to be honoured.

“**Retaining Party**” means the *individual or group* that has retained a *psychologist* to assess a *contract examinee* for the purpose of helping an external decision maker (e.g., court, insurance company, or employer) to make a decision.

“**Society**” means a structured system of human *organization* and relationships, which normally provides protection and continuity for its members. In the *Code*, it can refer to such systems on a small scale (e.g., neighbourhoods, *communities*, *peoples*), as well as to such systems on a larger scale (e.g., individual nations; the entire *community* of nations; the global *community*).

B. Other terms.

“**Best available evidence**” refers to the evidence that is the most trustworthy and valid according to a hierarchy of evidence (i.e., a hierarchy that ranks evidence from strongest to weakest), and which is appropriate to the services being delivered.

“**Best interests**” mean those interests that support the dignity and well-being of *individuals* and *groups*, and are morally justifiable.

“**Critical inquiry studies**” refers to research that uses critical thinking approaches to analyze the structures, policies, activities, and/or social impact of an institution, *organization*, or other social entity. Such studies are carried out for the benefit of ethical societal improvement. They do not normally involve the institution, *organization*, or other social entity as *primary clients*, although some institutions, *organizations*, or other social entities might commission such a study for their own benefit in addition to potential societal benefit.

The “**discipline of psychology**” refers to the scientific and applied methods and knowledge of psychology, and to the structures and procedures used by its members for conducting their work in relationship to *society*, members of the public, students or trainees, and each other.

“**Ethical attitudes**” refers to personal dispositions and ways of thinking and feeling about ethics and ethical issues. It includes such concepts as ethical sensitivity, moral perception, and moral intent and integrity, and is reflected in what an *individual* or *group* says or does.

“**Interdisciplinary**” refers to the involvement in an activity of the members of more than one discipline (e.g., psychology and medicine, psychology and law, psychology and computer science). It subsumes the term “**interprofessional**,” which is interdisciplinary in nature but generally limited to situations involving the provision of service.

“**Just laws**” means laws that are consistent with the *moral rights* of *persons* and *peoples*, and that are implemented in conformity with the principles of natural justice (e.g., fairness, impartiality, reasonableness, due process).

“Moral rights” means the fundamental and inalienable rights of persons and peoples. They apply to all human beings and are grounded in moral reasoning (e.g., reasoning that helps to identify and justify them). Some aspects of moral rights may be contained within and protected by international, regional, and national declarations, constitutions, laws, and statutes (e.g., human rights declarations; *just laws* defining the legal and civil rights of *persons* or *peoples* living in a country or region). However, other aspects may not be so contained or protected. Of particular significance to *psychologists* are moral rights to: developmentally appropriate privacy and confidentiality, self-determination, and liberty; cultural identity, cultural survival, and social participation; and distributive, social, and natural justice. Moral rights are not limited to those mentioned in this definition.

“Sexual harassment” includes either or both of the following: (i) the use of power or authority in an attempt to coerce another *individual* or *group* to engage in or tolerate sexual activity (e.g., explicit or implicit threats of reprisal for non-compliance; promises of reward for compliance); (ii) engaging in deliberate and/or repeated unsolicited sexually oriented comments, anecdotes, gestures, or touching, if such behaviours are offensive and unwelcome, create an offensive, hostile, or intimidating working, learning, or service environment, or can be expected to be harmful to the recipient.³

“Unjust discrimination” or **“unjustly discriminatory”** means activities that are prejudicial to or promote prejudice against *persons* or *peoples* because of their culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition, or status. The word “unjust” is used to differentiate such activities from the justifiable recognition and understanding of differences needed to determine, for instance, what might benefit or harm *persons* and *peoples*.

“Vulnerable” refers to *individuals* or *groups* whose dignity, well-being and *best interests* are more easily violated due to such factors as: (a) characteristics of the *individual* or *group* (e.g., level of cognitive and emotional functioning; history of oppression); (b) level of voluntary consent/assent (e.g., serious consequences threatened if consent not given); (c) interests of *individual* or *group* compete with interests of more powerful *individual(s)* or *group* (e.g., claimant and insurance company); and (d) high risk of harm (e.g., life-changing decision based on inadequate assessment).

Review Schedule

To maintain the relevance and responsiveness of this *Code*, it will be reviewed regularly, and revised as needed. You are invited to forward comments and suggestions, at any time, to the CPA office. In addition to psychologists, this invitation is extended to all readers, including members of the public and other disciplines.

Principle I: Respect for the Dignity of Persons and Peoples

VALUES STATEMENT

In the course of their work as scientists, practitioners, or scientist-practitioners, psychologists come into contact with many different individuals and groups, including but not limited to: research participants; primary clients seeking help with individual, family, organizational, industrial, or community issues or problems; contract examinees; students; trainees; supervisees; employees; business partners; business competitors; colleagues; interdisciplinary or intradisciplinary team members; other collaborators; employers; retaining parties; third party payers; and the general public.

In these contacts, psychologists strive to develop and maintain constructive and collaborative relationships that reflect the fundamental principle of respect for dignity. Respect for the dignity of persons is the most fundamental and universally found ethical principle across disciplines, and includes the concepts of equal inherent worth, non-discrimination, moral rights, and distributive, social, and natural justice.

In respecting dignity, psychologists acknowledge that each human being should be treated primarily as a person or an end in him/herself, not as an object or a means to an end, and is worthy of equal moral consideration. In doing so, psychologists acknowledge that all human beings have a moral right to have their innate worth as human beings appreciated and that this inherent worth is not dependent on a human being's culture, nationality, ethnicity, colour, race, religion, sex, gender, marital status, sexual orientation, physical or mental abilities, age, socio-economic status, or any other preference or personal characteristic, condition, or status. As such, psychologists do not engage in unjust discrimination based on such factors and promote non-discrimination in all of their activities.

Psychologists also acknowledge that all human beings, in addition to being individuals, are interdependent social beings who are born into, live in, and are a part of the history and evolution of social groupings (e.g., couples, families, organizations, communities, peoples). The different cultures, ethnicities, religions, histories, social structures, and other such characteristics of social groupings are often integral to the identity of the individuals who belong to them and give meaning to their lives. As such, respect for the dignity of human beings includes respect and moral consideration for social groupings such as couples, families, organizations, communities, and peoples. In their work, psychologists acknowledge, respect, and take into account the uniqueness, diversity, and role structures involved.

Adherence to the concept of moral rights is an essential component of respect for the dignity of persons and peoples. Of particular importance to psychologists in their work are moral rights to: developmentally appropriate privacy

and confidentiality, self-determination, and liberty; cultural identity, cultural survival, and social participation; and distributive, social, and natural justice. Psychologists have a responsibility to protect and promote these rights in all of their activities. This includes developing and following procedures for informed consent, protection of privacy and confidentiality, non-discrimination, fair treatment, and due process that are consistent with those rights.

Psychologists recognize that, although all persons and peoples possess moral rights, the manner in which such rights are promoted, protected, and exercised varies across communities and cultures. For instance, definitions of what is considered private vary, as does the role of families, other community members, and community leaders in personal decision making. In their work, psychologists acknowledge and respect such differences, while guarding against clear violations of moral rights.

As the moral rights of any individual or group exist within the context of the moral rights of other individuals and groups, and of responsible caring (see Principle II), psychologists have a responsibility to balance these rights in their decision making. There might be circumstances in which the possibility of serious detrimental consequences to themselves or others, a diminished capacity to be autonomous, or a court order, would disallow aspects of some rights (e.g., privacy and confidentiality, self-determination, liberty). Indeed, such circumstances might be serious enough to create a duty to warn or protect others (see Standards I.45 and II.42). However, psychologists still have a responsibility to respect the moral rights of the persons and peoples involved to the greatest extent possible under such circumstances, and to do what is necessary and reasonable to reduce the need for future disallowances.

Although psychologists have a responsibility to respect the dignity of all persons and peoples with whom they come in contact in their role as psychologists, the nature of their contract with society demands that their greatest responsibility be to persons and peoples in the most vulnerable position. Vulnerability can be permanent or temporary, and can be increased by such factors as limited capacity to consent, reduced voluntariness to their consent or their involvement, difficulties in cognitive or emotional functioning, economic disadvantage, history of discrimination or oppression due to culture or other factors, or urgency of a situation. Normally, the individuals and groups directly receiving or involved in the psychologist's activities (e.g., research participants, primary clients, contract examinees, students, trainees) are in a more vulnerable position than those indirectly involved (e.g., employers, colleagues, interdisciplinary or intra-disciplinary team members, other collaborators, organizational or community leaders, government, retaining parties, third party payers, the general public). Psychologists recognize that as the vulnerabilities of individuals and groups (e.g., couples, families, organizations, communities, peoples) increase, or their

power to control their environment or their lives decreases, psychologists have an increasing responsibility to seek ethical advice and to establish safeguards to protect the moral rights of the persons and peoples involved. For this reason, psychologists consider it their responsibility to increase safeguards to protect and promote the moral rights of the persons and peoples involved in their activities proportionate to their vulnerability.

Respect for the dignity of persons and peoples also includes the concepts of distributive and social justice. With respect to psychologists, this concept implies that all persons and peoples are entitled to benefit equitably from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists, regardless of their characteristics, condition, or status. Although individual psychologists might specialize and direct their activities to particular populations or might decline to engage in activities based on the limits of their competence (cf. *Competence and self-knowledge* Standards in Principle II and *Objectivity/lack of bias* Standards in Principle III), psychologists do not exclude persons or peoples on a capricious or unjustly discriminatory basis.

By virtue of the social contract that the discipline has with society, psychologists have a higher duty of care to members of society than the general duty of care all members of society have to each other. However, psychologists are entitled to protect themselves from serious violations of their own moral rights (e.g., privacy and confidentiality, liberty) in carrying out their work as psychologists.

ETHICAL STANDARDS

In adhering to the Principle of Respect for the Dignity of Persons and Peoples, psychologists would:

General respect

- I.1 Demonstrate appropriate respect for the knowledge, insight, experience, areas of expertise, and cultural perspectives and values of others, including those that are different from their own, limited only by those that seriously contravene the ethical principles of this *Code*.
- I.2 Not engage publicly (e.g., in public statements, presentations, research reports, with primary clients or other contacts) in degrading comments about others, including demeaning jokes based on such characteristics as culture, nationality, ethnicity, colour, race, religion, sex, gender, or sexual orientation.
- I.3 Strive to use language that conveys respect for the dignity of persons and peoples as much as possible in all spoken, written, electronic, or printed communication.

- I.4 Abstain from all forms of harassment, including sexual harassment.

General rights

- I.5 Avoid or refuse to participate in practices disrespectful of the moral rights of persons or peoples, including their human, legal and civil rights.
- I.6 Refuse to advise, train, or supply information to anyone who, in the psychologist's judgment, will use the knowledge or skills to infringe on moral rights.
- I.7 Make every reasonable effort to ensure that psychological knowledge is not misinterpreted or misused, intentionally or unintentionally, to infringe on moral rights.
- I.8 Respect the moral right of research participants, primary clients, contract examinees, employees, supervisees, students, trainees, and others to safeguard their own dignity.

Non-discrimination

- I.9 Not practice, condone, facilitate, or collaborate with any form of unjust discrimination.
- I.10 Act to correct practices that are unjustly discriminatory.
- I.11 Seek to design research, teaching, supervision, practice, and business activities in such a way that they contribute to the fair distribution of benefits to individuals and groups (e.g., couples, families, organizations, communities, peoples) and that they do not unfairly exclude those who are vulnerable or might be disadvantaged.

Fair treatment/due process

- I.12 Work and act in a spirit of fair treatment to others.
- I.13 Help to establish and abide by due process and other natural justice procedures for employment, evaluation, adjudication, editorial, and peer review activities.
- I.14 Compensate others fairly for the use of their time, energy, and knowledge, unless such compensation is voluntarily refused.
- I.15 Establish fees that are fair in light of the time, energy, and knowledge of the psychologist and any associates or employees,

and in light of the market value of the product or service. (Also see Standard IV.12.)

Informed consent

- I.16 Seek as full and active participation as possible from individuals and groups (e.g., couples, families, organizations, communities, peoples) in decisions that affect them, respecting and integrating as much as possible their opinions and wishes. This would include respect for written or clearly expressed unwritten advance directives. Also, when working in an organizational or community context, it would include seeking participation of relevant individuals and subgroups that may not be represented by or may not have a role in the formal leadership.
- I.17 Recognize that obtaining informed consent is a process that involves taking time to establish an appropriate trusting relationship and to reach an agreement to work collaboratively, and may need to be obtained more than once (e.g., if significant new information becomes available).
- I.18 Respect the expressed wishes of individuals to involve others (e.g., family members, community members, community leaders) in their decisions regarding informed consent.
- I.19 Obtain informed consent from all independent and partially dependent individuals and groups (e.g., couples, families, organizations, communities, peoples) for any psychological services provided to them except in circumstances of urgent need (e.g., disaster or other crisis). In urgent circumstances, psychologists would proceed with the assent of such individuals and groups, but fully informed consent would be obtained as soon as possible. (Also see Standard I.29.)
- I.20 Obtain informed consent for all research activities that involve obtrusive observation or measures, invasion of privacy, risk of harm, or any attempt to change the behaviour of research participants.
- I.21 If signed consent forms are required by law or desired by the psychologist, the individuals or groups giving consent, or the organization for whom the psychologist works, establish and use signed consent forms that specify the dimensions of

informed consent or that acknowledge that such dimensions have been explained and are understood.

- I.22 Accept and document non-written consent (e.g., oral, a verbal agreement, a handshake or other culturally normative exchange) in situations in which signed consent forms are not acceptable culturally or in which there are other good reasons for accepting non-written consent.
- I.23 Provide, in obtaining informed consent, as much information as reasonable or prudent individuals and groups (e.g., couples, families, organizations, communities, peoples) would want to know before making a decision or consenting to the activity. Typically, and as appropriate to the situation and context, this would include: purpose and nature of the activity; mutual responsibilities; whether a team or other collaborators are involved; privacy and confidentiality limitations, risks and protections; likely risks and benefits of the activity, including any particular risks or benefits of the methods or communication modalities used; alternatives available; likely consequences of non-action; the option to refuse or withdraw at any time, without prejudice; over what period of time the consent applies; and how to rescind consent if desired. (Also see Standards III.23–27.)
- I.24 Relay the information given in obtaining informed consent in language that the individuals and groups involved understand (including providing translation into another language, if necessary), and take whatever reasonable steps are needed to ensure that the information is, in fact, understood.
- I.25 Provide new information in a timely manner, whenever such information becomes available and is significant enough that it reasonably could be seen as relevant to the original or ongoing informed consent.
- I.26 Clarify the nature of multiple relationships to all concerned parties, including collateral contacts, before obtaining consent, if providing services or conducting research at the request of or for the use of a retaining or other third party. This would include, but not be limited to clarifying: the purpose of the service or research; the role and responsibilities of the psychologist; the reasonably anticipated use that will be made of the information collected; access to records or

the information contained therein; the limits of privacy and confidentiality; and any special legal requirements or limitations. Third parties may include schools, employers, community, or organizational leaders, third-party payers, courts, government, police, and research funding bodies.

Freedom of consent

- I.27 Take all reasonable steps to ensure that consent is not given under conditions of coercion, undue pressure, or undue reward. (Also see Standard III.29.)
- I.28 Not proceed with any research activity, if consent is given under any condition of coercion, undue pressure, or undue reward. (Also see Standard III.29.)
- I.29 Take all reasonable steps to confirm or re-establish freedom of consent, if consent for service is given under conditions of duress or conditions of extreme need.
- I.30 Respect the moral right of individuals and groups (e.g., couples, families, organizations, communities, peoples) to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if the individuals or groups involved have difficulty with verbally communicating such a desire (e.g., young children, individuals with language disabilities) or, due to culture, are unlikely to communicate such a desire orally.

Protections for vulnerable individuals and groups

- I.31 Seek an independent and adequate ethical review of moral rights issues and protections for any research involving vulnerable groups or individual members of vulnerable groups, including individuals of diminished capacity to give informed consent, before making a decision to proceed.
- I.32 Not use vulnerable groups or individual members of vulnerable groups, including individuals of diminished capacity to give informed consent, in research studies, if the research involved may be carried out equally well with groups or individuals without such vulnerabilities.
- I.33 Seek to use methods that maximize the understanding and ability to consent of vulnerable groups or members of

vulnerable groups, including individuals of diminished capacity to give informed consent.

- I.34 Carry out informed consent processes with those who are legally responsible or appointed to give informed consent on behalf of individuals not competent to consent on their own behalf, seeking to ensure respect for any previously expressed preferences of individuals not competent to consent, and clarifying protections and limitations regarding the privacy and confidentiality of such individuals.
- I.35 Seek willing and adequately informed participation from any person of diminished capacity to give informed consent, and proceed without such assent only if the service or research activity is considered to be of direct benefit to that person.
- I.36 Be particularly cautious in establishing the freedom of consent of any prospective research participant who is in a dependent relationship to the psychologist (e.g., student, trainee, employee). This may include, but is not limited to, offering that person an alternative activity to fulfill their educational or employment goals, or offering a range of research studies or experience opportunities from which the person can select, none of which is so onerous as to be coercive.

Privacy

- I.37 Seek and collect only information that is germane to the purpose(s) for which consent has been obtained.
- I.38 Respect the moral right of research participants, employees, supervisees, students, and trainees to reasonable personal privacy, and take care not to infringe, in research, teaching, supervision, or service activities, on the personally, developmentally, or culturally defined private space of individuals or groups (e.g., couples, families, organizations, communities, peoples), unless clear permission is granted to do so.
- I.39 Collect and record only that private information necessary for the provision of continuous, coordinated or collaborative service, or for the goals of the particular research study being conducted, or that is required or justified by law. (Also see Standards IV.17 and IV.18.)

- I.40 Respect the moral right of primary clients and contract examinees whose identifiable information is collected and recorded to access that information in the record (including obtaining copies) and to request corrections with regard to the accuracy or completeness of the information, except as otherwise required or justified by law (e.g., statutory law; court order; previous agreement; potential serious harm to the physical, emotional, or mental health of the individual or group; violation of the privacy or confidentiality of another individual or group).
- I.41 Collect, record, store, handle, and transfer all private information, whether written or unwritten (e.g., paper or electronic records, e-mail or fax communications, computer files, recordings), in a way that attends to the needs for privacy, confidentiality, and security. This would include protection from loss or unauthorized access, appropriate education of staff or other agents, and having adequate plans in circumstances of one's own serious illness, termination of employment, or death.
- I.42 Take all reasonable steps to ensure that records over which they have control remain personally identifiable only as long as necessary in the best interests of those to whom they refer and/or to the research project for which they were collected, or as required or justified by law (e.g., the possible need to defend oneself against future allegations), and render anonymous or destroy any records under their control that no longer need to be personally identifiable. (Also see Standards IV.17 and IV.18.)

Confidentiality

- I.43 Be careful not to relay incidental information about colleagues, team members, other collaborators, the primary clients or contract examinees of others, team members, or other collaborators; research participants, employees, supervisees, students, or trainees gained in the process of their activities as psychologists, that the psychologist has reason to believe is considered confidential by those individuals or groups, except as required or justified by law. (Also see Standards IV.17 and IV.18.)
- I.44 Clarify what measures will be taken to protect privacy and confidentiality, and what responsibilities group members (e.g., couples, families, organizations, communities, peoples) have

for the protection of each other's privacy and confidentiality, when engaged in services to or research with groups.

- I.45 Share confidential information with others only to the extent reasonably needed for the purpose of sharing, and only with the informed consent of those involved, or in a manner that the individuals and groups (e.g., couples, families, organizations, communities, peoples) involved cannot be identified, except as required or justified by law, or in circumstances of possible imminent serious bodily harm. (Also see Standards II.42, IV.17, and IV.18.)

Extended responsibility

- I.46 Encourage others, in a manner consistent with this *Code*, to respect the dignity of persons and peoples, and to expect respect for their own dignity.
- I.47 Assume overall responsibility for the scientific and professional activities of their assistants, employees, students, trainees, and supervisees with regard to Respect for the Dignity of Persons and Peoples, all of whom, however, incur similar obligations.

Principle II: Responsible Caring

VALUES STATEMENT

A basic ethical expectation of any discipline is that its activities will benefit members of society or, at least, do no harm. Therefore, psychologists demonstrate an active concern for the well-being and best interests of the individuals and groups (e.g., couples, families, groups, communities, peoples) with whom they relate in their role as psychologists. This concern includes both those directly involved and those indirectly involved in their activities.

As individuals and groups (e.g., couples, families, organizations, communities, peoples) usually consider their own well-being and best interests in their decision making, obtaining informed consent (see Principle I) is one of the best methods for ensuring that their well-being and best interests will be protected. However, it is only when such consent is combined with the responsible caring of the psychologist that there is considerable ethical protection of the well-being and best interests of the person(s) involved. Responsible caring recognizes and respects the ability of individuals and groups (e.g., couples, families, organizations, communities, peoples) to make decisions for themselves and to care for themselves and each other. It does not replace or undermine such ability, nor does it substitute one individual's or group's opinion about what promotes the well-being and best interests of another for that other individual's or group's competent decision making.

Psychologists define harm and benefit in terms of both physical and psychological dimensions. They are concerned about such factors as: social, family, and community relationships; personal and cultural identity; feelings of self-worth, fear, humiliation, interpersonal trust, and cynicism; self-knowledge and general knowledge; and such factors as physical safety, comfort, pain, and injury. They are concerned about immediate, short-term, and long-term effects.

Responsible caring leads psychologists to take care to discern and balance the potential harms and benefits to the individuals and groups involved, taking into account the degree and moral legitimacy of conflicting interests. It also leads psychologists to predict the likelihood of the occurrence of harms and benefits, to proceed only if the potential benefits outweigh the potential harms, to develop and use methods that will minimize harms and maximize benefits, and to take responsibility for correcting clearly harmful effects that have occurred as a direct result of their research, teaching, supervision, practice, or business activities.

In order to carry out these steps, psychologists recognize the need for competence and self-knowledge. They consider incompetent action to be unethical in itself, as it is unlikely to be of benefit and likely to be harmful. They engage only in those activities in which they have competence or for which they are receiving supervision, and they perform their activities as competently as possible.

They acquire, contribute to, and use the existing knowledge most relevant to the well-being and best interests of those concerned. They also engage in self-reflection regarding how their own values, attitudes, experiences, and social context (e.g., culture, ethnicity, colour, religion, sex, gender, sexual orientation, physical and mental abilities, age, socio-economic status) influence their actions, interpretations, choices, and recommendations. This is done with the intent of increasing the probability that their activities will benefit and not harm the individuals and groups (e.g., couples, families, organizations, communities, peoples) with whom they relate in their role as psychologists.

As with Principle I, psychologists have a responsibility to responsibly care for all individuals and groups with whom they come in contact in their role as psychologists[. However,] the nature of their contract with society demands that their greatest responsibility be to individuals and groups in the most vulnerable position. As mentioned in Principle I, vulnerability can be permanent or temporary, and can be increased by such factors as limited capacity to consent, reduced voluntariness to their consent or their involvement, difficulties in cognitive or emotional functioning, economic disadvantage, cultural discrimination or oppression, or urgency of a situation. Normally, the individuals and groups directly receiving or involved in the psychologist's activities (e.g., research participants, primary clients, contract examinees, students, trainees) are in a more vulnerable position than those indirectly involved (e.g., employers, colleagues, interdisciplinary or intradisciplinary team members, other collaborators, organizational or community leaders, government, retaining parties, third party payers, the general public). Psychologists recognize that as the vulnerabilities of individuals and groups (e.g., couples, families, organizations, communities, peoples) increase, or their power to control their environment or their lives decreases, psychologists have an increasing responsibility to seek ethical advice and to establish safeguards to protect the well-being and best interests of the individuals or groups involved. For this reason, psychologists consider it their responsibility to increase safeguards to protect and promote the well-being and best interests of the individuals and groups involved in their activities proportionate to the degree of vulnerability of these individuals and groups.

Psychologists' treatment and use of animals in their direct service, research, teaching, and supervision activities are also a component of responsible caring. Although animals do not have the same type of moral rights as human beings (e.g., to personal privacy), they do have a right to be treated humanely (i.e., with consideration and compassion) and not be exposed to unnecessary discomfort, pain, or disruption.

By virtue of the social contract that the discipline has with society, psychologists have a higher duty of care to members of society than the general duty of care all members of society have to each other. However, psychologists are

entitled to protect their own basic well-being and best interests (e.g., physical safety, family relationships) in their work as psychologists.

ETHICAL STANDARDS

In adhering to the Principle of Responsible Caring, psychologists would:

General caring

- II.1 Protect and promote the well-being and best interests of primary clients, contract examinees, research participants, employees, supervisees, students, trainees, colleagues, team members or other collaborators, and others.
- II.2 Avoid doing harm to primary clients, contract examinees, research participants, employees, supervisees, students, trainees, colleagues, team members or other collaborators, and others.
- II.3 Accept responsibility for the consequences of their actions.
- II.4 Refuse to advise, train, or supply information to anyone who, in the psychologist's judgment, will use the knowledge or skills to harm others.
- II.5 Make every reasonable effort to ensure that psychological knowledge is not misinterpreted or misused, intentionally or unintentionally, to harm others.

Competence and self-knowledge

- II.6 Offer or carry out (without supervision) only those activities for which they have established their competence to carry them out to the benefit of others.
- II.7 Not delegate activities to individuals or groups not competent to carry them out to the benefit of others.
- II.8 Take immediate steps to obtain consultation or supervision, or to refer a primary client to a colleague or other appropriate professional, whichever is more likely to result in providing the primary client with competent service, if it becomes apparent that a primary client's issues or problems are beyond their competence.
- II.9 Keep themselves up to date with a broad range of relevant knowledge, research methods, techniques, and technologies, and their impact on individuals and groups (e.g., couples, families, organizations, communities, and peoples), through

the reading of relevant literature, peer consultation, and continuing education activities, in order that their practice, teaching, supervision, and research activities will benefit and not harm others.

- II.10 Evaluate how their own experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context might influence their interactions with and perceptions of others, and integrate this awareness into their efforts to benefit and not harm others.
- II.11 Seek appropriate help and/or discontinue scientific, teaching, supervision, or practice activity for an appropriate period of time, if a physical or psychological condition reduces their ability to benefit and not harm others.
- II.12 Engage in self-care activities that help to avoid conditions (e.g., burnout, addictions) that could result in impaired judgment and interfere with their ability to benefit and not harm others.

Risk/benefit analysis

- II.13 Assess the individuals and groups (e.g., couples, families, organizations, communities, peoples) involved in their activities adequately enough to ensure that they will be able to discern what will benefit and not harm them, using assessment methods that are appropriate to the particular cultural and social contexts of the individuals and groups involved.
- II.14 Be sufficiently sensitive to and knowledgeable about individual and group characteristics, culture, and vulnerabilities to discern what will benefit and not harm the individuals and groups (e.g., couples, families, organizations, communities, peoples) involved in their activities.
- II.15 Carry out pilot studies to determine the effects of all new procedures and techniques before considering their use on a broader scale.
- II.16 Seek independent and adequate ethical review(s), by individuals and groups with relevant expertise (e.g., other researchers in the area; research ethics boards or equivalent; relevant representatives of the population being studied) of the ethical protections and the balance of risks and benefits of all research and new interventions that involve procedures of

unknown consequence, or where pain, discomfort, or harm are possible, before making a decision to proceed.

- II.17 Not carry out any scientific or professional activity unless the probable benefit is proportionately greater than the risk involved.

Maximize benefit

- II.18 Strive to provide and/or obtain the best reasonably accessible service for those seeking psychological services. This may include, but is not limited to, selecting assessment tools, methods, interventions, and communication modalities that are: (a) relevant and tailored to the needs, characteristics, and contexts of the primary client or contract examinee; and (b) based on the best available evidence in light of those needs, characteristics, and contexts. It also may include, but is not limited to: consulting or collaborating with service-providing organizations in the community, members of other disciplines, individuals and groups relevant to the culture or belief systems of those receiving or being subject to services; or advocating on behalf of a primary client when appropriate and needed.
- II.19 Make themselves aware of the knowledge and skills of other disciplines (e.g., law, social work, medicine, business administration), and make referrals or advise the use of such knowledge and skills where relevant to the benefit of others.
- II.20 Provide suitable information, unless declined or contraindicated (e.g., some critical inquiry studies, possibility of harm, legally disallowed), about the results of assessments, evaluations, or research findings to the individuals and groups (e.g., couples, families, organizations, communities, peoples) involved. This information would be communicated in ways that are developmentally, linguistically, and culturally appropriate, and that are meaningful and helpful.
- II.21 Create and maintain records relating to their activities that are sufficient to support continuity and coordination over time and to manage risks.
- II.22 Monitor and evaluate the effect of their activities, record their findings, and communicate new knowledge to relevant others.
- II.23 Consult, unless declined or contraindicated (e.g., critical inquiry studies, possibility of harm, legally disallowed),

with the individuals and groups (e.g., couples, families, organizations, communities, peoples) being studied, in order to increase the accuracy of interpretation of results, to enhance the benefit of the results to the individuals and groups, and to minimize risk of misinterpretation or misuse.

- II.24 Debrief research participants in such a way that the participants' knowledge is enhanced and the participants have a sense of contribution to knowledge. (Also see Standard III.25.)
- II.25 Perform their teaching duties on the basis of careful preparation, so that their instruction is current and scholarly.
- II.26 Facilitate the professional and scientific development of their employees, supervisees, students, and trainees by ensuring that they understand the values and ethical prescriptions of the discipline, as well as the competencies needed for their areas of activity, and by providing or arranging for adequate working conditions, timely evaluations, and constructive supervision, consultation, and experience opportunities.
- II.27 Encourage and assist students and trainees in their engagement in developmentally appropriate professional and scientific activities, including the publication of worthy student or trainee papers.

Minimize harm

- II.28 Be acutely aware of the power relationship in therapy and, therefore, not encourage or engage in sexual intimacy with therapy clients, neither during therapy, nor for that period of time following therapy during which the power relationship reasonably could be expected to influence the client's decision making. (Also see Standard III.28.)
- II.29 Not encourage or engage in sexual intimacy with students, trainees, or others with whom the psychologist has an evaluative or other relationship of direct authority. (Also see Standard III.28.)
- II.30 Be careful not to engage in activities in a way that could place incidentally involved individuals or groups at risk.
- II.31 Ensure that any incidental findings suggesting that intervention may be needed to avoid serious harm are

communicated as soon as possible to research participants and contract examinees.

- II.32 Be acutely aware of the need for discretion in the recording and communication of information, in order that the information not be misinterpreted or misused to the detriment of others. This includes, but is not limited to: not recording or communicating information that could lead to misinterpretation or misuse by those having access to or receiving the information; avoiding conjecture; clearly labelling opinion; and communicating information in language that can be understood clearly by the recipient of the information.
- II.33 Give reasonable assistance to secure needed psychological services or activities, if personally unable to meet requests for needed psychological services or activities.
- II.34 Provide a primary client, if appropriate and if desired by the primary client, with reasonable assistance to find a way to receive needed services in the event that third party payments are exhausted and the primary client cannot afford the fees involved.
- II.35 Maintain appropriate contact, support, and responsibility for caring until a colleague or other professional begins service, if referring a primary client to a colleague or other professional.
- II.36 Give reasonable notice and be reasonably assured that discontinuation will cause no foreseeable material harm to the primary client, before discontinuing services.
- II.37 Establish suitable procedures for responding to emergencies, including procedures for situations in which they are unavailable due to illness, absence, death, or technology failure.
- II.38 Screen research participants and select those least likely to be harmed, if more than minimal risk of harm to some research participants is possible.
- II.39 Act to minimize the impact of their research activities on research participants' behavioural patterns, or on their physical or mental integrity.

Offset/correct harm

- II.40 Terminate an activity when it is clear that the activity carries more than minimal risk of harm and is found to be more harmful than beneficial, or when the activity is no longer needed.
- II.41 Refuse to help individuals and groups (e.g., couples, families, organizations, communities, peoples) to carry out or to submit to activities that, according to current knowledge, or legal or professional guidelines, would cause serious physical or psychological harm to themselves or others.
- II.42 Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause imminent serious bodily harm to themselves or others. This may include, but is not limited to, the possibility of disclosing some confidential information to appropriate authorities (e.g., the police), an intended victim, or a family member or other support person who can intervene. (Also see Standard I.45.)
- II.43 Act to stop or offset the consequences of seriously harmful activities being carried out by another psychologist or member of another discipline, when there is objective information about the activities and the harm. This may include reporting to the appropriate regulatory body, authority, or committee for action, depending on the psychologist's judgment about the person(s) or body(ies) best suited to stop or offset the harm, and would be consistent with the privacy and confidentiality rights and limitations of the individuals and groups involved. (See Standards I.45 and IV.17.)
- II.44 Act also to stop or offset the consequences of harmful activities carried out by another psychologist or member of another discipline, when the harm is not serious or the activities appear to be primarily a lack of sensitivity, knowledge, or experience. This may include talking informally with the psychologist or member of the other discipline, obtaining objective information and, if possible and relevant, the assurance that the harm will discontinue and be corrected. If in a vulnerable position (e.g., employee, student, trainee) with respect to the other psychologist or member of the other discipline, it may include asking individuals or groups in less vulnerable

positions to participate in the meeting(s). Any action taken would be consistent with the privacy and confidentiality rights and limitations of the individuals and groups involved. (See Standards I.45 and IV.17.)

- II.45 Be open to the concerns of others about perceptions of harm that they as a psychologist might be causing, stop activities that are causing harm, and not punish or seek punishment for those who raise such concerns in good faith.
- II.46 Not place individuals or groups (e.g., couples, families, organizations, communities, peoples) needing service at a serious disadvantage by offering them no service in order to fulfill the conditions of a research design, when a standard service is available.
- II.47 Debrief research participants in such a way that any harm caused can be discerned, and act to correct any resultant harm. (Also see Standard III.25.)

Care of animals

- II.48 Treat animals humanely and not expose them to unnecessary discomfort, pain, or disruption.
- II.49 Not use animals in their research unless there is a reasonable expectation that the research will increase understanding of the structures and processes underlying behaviour, or increase understanding of the particular animal species used in the study, or result in benefits to the health and welfare of humans or other animals.
- II.50 Keep themselves up to date with animal care legislation, guidelines, and best practices, if using animals in direct service, research, teaching, or supervision.
- II.51 Use a procedure subjecting animals to pain, stress, or privation only if an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
- II.52 Submit any research that includes procedures that subject animals to pain, stress, or privation to an appropriate review panel or committee for review.
- II.53 Make every effort to minimize the discomfort, illness, and pain of animals. This would include using appropriate anaesthesia,

analgesia, tranquilization and/or adjunctive relief measures sufficient to prevent or alleviate animal discomfort, pain, or distress, when using a procedure or condition likely to cause more than short-term, low-intensity suffering. It also would include, if killing animals at the termination of a research study, doing so as compassionately and painlessly as possible.

- II.54 Use animals in classroom demonstrations only if the instructional objectives cannot be achieved through the use of electronic recordings, films, computer simulations or other methods, and if the type of demonstration is warranted by the anticipated instructional gain.

Extended responsibility

- II.55 Encourage others, in a manner consistent with this *Code*, to care responsibly.
- II.56 Assume overall responsibility for the scientific and professional activities of their assistants, employees, supervisees, students, and trainees with regard to the Principle of Responsible Caring, all of whom, however, incur similar obligations.

Principle III: Integrity in Relationships

VALUES STATEMENT

The relationships formed by psychologists in the course of their work, regardless of the communication modality used, and regardless of whether they are with identifiable individuals or groups or with the public at large, embody explicit and implicit mutual expectations of integrity that are vital to the advancement of scientific knowledge and to the maintenance of public confidence in the discipline of psychology. These expectations involve a commitment to truthfulness, and include: accuracy and honesty; straightforwardness and openness; maximization of objectivity and minimization of bias; and avoidance of conflicts of interest. Psychologists have a responsibility to meet these expectations and to encourage reciprocity.

In addition to accuracy and honesty, and the obvious prohibitions of fraud or misrepresentation, meeting expectations of integrity is enhanced by self-knowledge and the use of critical analysis. Although it can be argued that science is value-free and impartial, scientists are not. Personal values and self-interest can affect the questions psychologists ask, how they ask those questions, what assumptions they make, their selection of methods, what they observe and what they fail to observe, and how they interpret their data.

Psychologists are not expected to be value-free or totally without self-interest in conducting their activities. However, they are expected to understand how their own experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context interact with their activities, to be open and honest about the influence of such factors, and to be as objective and unbiased as possible under the circumstances.

The values of openness and straightforwardness exist within the context of Respect for the Dignity of Persons and Peoples (Principle I) and Responsible Caring (Principle II). As such, there will be circumstances in which openness and straightforwardness will need to be tempered. Fully open and straightforward disclosure might not be needed or desired by others and, in some circumstances, might be a risk to their dignity, well-being or best interests, or considered culturally inappropriate. In such circumstances, however, psychologists have a responsibility to ensure that their decision not to be fully open or straightforward is justified by higher-order values and does not invalidate any informed consent procedures.

Of special concern to psychologists is the provision of incomplete disclosure when conducting research for which informed consent is required (i.e., not informing participants of something that would normally be disclosed as part of obtaining informed consent), or the use of deception (e.g., temporarily leading

research participants to believe that a research project has a purpose other than its actual purpose; providing research participants with other false information). These actions sometimes occur in research where full and accurate disclosure would likely influence the responses of the research participants and thus invalidate the results. Although research that uses such techniques can lead to knowledge that is beneficial, such benefits need to be weighed against the research participant's moral right to self-determination and the importance of public and personal trust in psychology. Psychologists have a serious obligation to avoid as much as possible the use of such research procedures. They also have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects, when incomplete disclosure or deception is used.

As public trust in the discipline of psychology includes trusting that psychologists will act in ways that promote the dignity, well-being and best interests of members of the public, situations that present real or potential conflicts of interest are of concern to psychologists. Conflict-of-interest situations are those that can lead to distorted judgment and can motivate psychologists to act in ways that meet their own personal, social, political, financial, or business interests at the expense of the dignity, well-being or best interests of members of the public. Although avoidance of all conflicts of interest is not possible, some are of such a high risk to protecting the dignity, well-being or best interests of members of the public and to maintaining the trust of the public, that they are considered never acceptable (see Standard III.28). The risk level and acceptability of other conflicts of interest (e.g., dual or multiple relationships) might be partially dependent on cultural or geographic factors and the specific type of professional relationship (e.g., long-term psychotherapy vs. organizational consultation vs. community-oriented activities). In some situations, for instance, a dual or multiple relationship might be inevitable or culturally expected (e.g., in rural, Indigenous, or immigrant communities), or could enhance the benefit of an activity. However, in all such situations, the psychologist is responsible for making an honest appraisal of the benefits and risks involved in the context of the specific situation, including but not limited to: determining the feasibility of alternatives in light of those risks and benefits; deciding whether to enter into or continue the relationship; establishing relationship boundaries appropriate to the work being done (e.g., availability, in-person or social-media personal disclosure, social contact); and managing the relationship (e.g., by seeking advice or establishing other safeguards) to ensure that the dignity, well-being and best interests of the member(s) of the public are protected.

Integrity in relationships implies that psychologists, as a matter of honesty, have a responsibility to maintain competence in any specialty area for which they declare competence, whether or not they are currently practising in that area. It

also requires that psychologists, in as much as they present themselves as members and representatives of a specific discipline, have a responsibility to actively rely on and be guided by that discipline and its guidelines and requirements.

ETHICAL STANDARDS

In adhering to the Principle of Integrity in Relationships, psychologists would:

Accuracy/honesty

- III.1 Not knowingly participate in, condone, or be associated with dishonesty, fraud, misappropriation, or misrepresentation.
- III.2 Accurately represent their own and their colleagues' qualifications (e.g., credentials, education, experience, competence, affiliations) in all spoken, written, or printed communications, being careful not to use descriptions or information that could be misinterpreted (e.g., citing membership in a voluntary association of psychologists as a testament of competence).
- III.3 Carefully protect their own and their colleagues' qualifications from being misrepresented by others, and act quickly to correct any such misrepresentation.
- III.4 Maintain competence in their declared area(s) of psychological competence, as well as in their current area(s) of activity. (Also see Standard II.9.)
- III.5 Accurately represent their own and their colleagues' activities, functions, contributions, and likely or actual outcomes of their activities (including research results) in all spoken, written, electronic, or printed communication. This includes but is not limited to: advertisements of services or products; public information and prevention materials; personal résumés or curricula vitae; course and workshop descriptions; academic grading requirements; and research reports.
- III.6 Ensure that their own and their colleagues' activities, functions, contributions, and likely or actual outcomes of their activities (including research results) are not misrepresented by others, and act quickly to correct any such misrepresentation.
- III.7 Take credit only for the work and ideas that they have actually done or generated, and give credit for work done or ideas contributed by others (including students and trainees), in proportion to their contribution.

- III.8 Acknowledge the limitations, and not suppress disconfirming evidence, of their own and their colleagues' methods, findings, interventions, and views, and acknowledge alternative hypotheses and explanations.

Objectivity/lack of bias

- III.9 Evaluate how their own experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context might influence their activities and thinking, integrating this awareness into their attempts to be as objective and unbiased as possible in their research, service, teaching, supervision, employment, evaluation, adjudication, editorial, and peer review activities.
- III.10 Take care to communicate as completely and objectively as possible, and to clearly differentiate facts, opinions, theories, hypotheses, and ideas, when communicating knowledge, findings, and views.
- III.11 Present instructional information accurately, avoiding undue bias in the selection and presentation of information, and publicly acknowledge any personal values or bias that influence the selection and presentation of information.
- III.12 Act quickly to clarify any distortion by a sponsor, primary client, agency (e.g., news media), or other individuals or groups, of the findings of their research.

Straightforwardness/openness

- III.13 Be clear and straightforward about all information needed to establish informed consent or any other valid written or unwritten agreement (e.g., fees, including any limitations imposed by third-party payers; relevant conflicts of interest; relevant business policies and practices; contact information of accountability bodies; mutual concerns; mutual responsibilities; ethical responsibilities of psychologists; likely experiences; possible conflicts; possible outcomes; and expectations for processing, using, and sharing any information generated).
- III.14 Establish procedures for reasonably ready access by a primary client or contract examinee to confidential information about

themselves in their psychological record, limited only by what may be required or justified by law (e.g., statutory law; court order; previous agreement; potential serious harm to the physical, emotional, or mental health of the individual or group; protection of the privacy or confidentiality of another individual or group).

- III.15 Develop easy-to-follow procedures for primary clients and contract examinees to request corrections to any confidential information about themselves in a psychological record (e.g., inaccuracies, incompleteness, outdated); be open to making such corrections where warranted; and be open to allowing them to file a note of disagreement with the confidential information in the record if the correction is not deemed warranted.
- III.16 Fully explain reasons for their actions to the individuals and groups (e.g., couples, families, organizations, communities, peoples) that have been affected by their actions, if appropriate and if asked.
- III.17 Honour all promises and commitments included in any written or verbal agreement, unless serious and unexpected circumstances (e.g., illness) intervene. If such circumstances occur, then the psychologist would make a full and honest explanation to other parties involved.
- III.18 Make clear whether they are acting as private citizens, as members of specific organizations or groups, or as representatives of the discipline of psychology, when making statements or when involved in public activities.
- III.19 Carry out, present, and discuss research in a way that is consistent with a commitment to honest, open inquiry, and to clear communication of any research aims, sponsorship, social context, personal values, or historical, economic, or political interests that might affect or appear to affect the research.
- III.20 Submit their research, in some accurate form and within the limits of privacy and confidentiality, to individuals or groups with expertise in the research area or topic, for their comments and evaluations, prior to publication or the preparation of any final report.

- III.21 Encourage and not interfere with the free and open exchange of psychological knowledge and theory between themselves, their students, trainees, colleagues, team members and other collaborators, and the public.
- III.22 Make no attempt to conceal the status of a student or trainee and, if a student or trainee is providing direct service, ensure that the client or contract examinee is informed of that fact.

Avoidance of incomplete disclosure and deception

- III.23 Not engage in incomplete disclosure or deception in research that requires informed consent (see Standard I.20), if there are alternative procedures available, the negative effects cannot be predicted or offset, or the incomplete disclosure or deception would interfere with the understanding of facts that clearly might influence a decision to give adequately informed consent (e.g., withholding information about the level of risk, discomfort, or inconvenience).
- III.24 Use the minimum necessary incomplete disclosure or deception when they are used in such research.
- III.25 Debrief research participants as soon as possible after the participants' involvement when incomplete disclosure or deception is used in such research, providing clarification of the nature of the study, seeking to remove any misconceptions that might have arisen, seeking to re-establish any trust that might have been lost, and assuring the participants that the research procedures were neither arbitrary nor capricious, but necessary for scientifically valid findings. (Also see Standards II.24 and II.47.)
- III.26 Give a research participant the option of removing his or her data, if the data are identifiable and the research participant expresses concern during the debriefing about the incomplete disclosure or deception, and if removal of the data will not compromise the validity of the research design and hence diminish the ethical value of the participation of the other research participants.
- III.27 Seek an independent and adequate ethical review of the risks to public or personal trust and of safeguards to protect such trust if planning to use incomplete disclosure or deception in

any research that requires informed consent, before making a decision to proceed.

Avoidance of conflict of interest

- III.28 Not exploit any relationship established as a psychologist to further personal, political, or business interests at the expense of the dignity or well-being of their primary clients, contract examinees, research participants, students, trainees, employers, or others. This includes, but is not limited to: soliciting primary clients, contract examinees, research participants, or students or trainees of one's employing agency for one's own activities (e.g., private practice, own research study); taking advantage of trust or dependency to encourage or engage in sexual intimacies (e.g., with primary clients or other individuals not included in Standard II.28, with primary clients' or contract examinees' partners or relatives, with students or trainees not included in Standard II.29, with research participants); taking advantage of trust or dependency to frighten individuals or groups into receiving services; establishing an ongoing treatment relationship with members of one's own family, close friends, or others in a significant current or previous personal relationship with the psychologist; misappropriating others' intellectual property, including students' or trainees' ideas, research, or work; using the resources of one's employing institution for purposes not agreed to; giving or receiving financial inducements for referrals; entering into fee arrangements (e.g., bartering) that are clinically or culturally contraindicated; allowing the financial advantages of method or communication-modality choices to outweigh the dignity, well-being or best interests of primary clients or contract examinees; seeking or accepting loans or investments from primary clients or contract examinees; and prejudicing others against a colleague for reasons of personal gain.
- III.29 Not offer rewards sufficient to motivate individuals or groups (e.g., couples, families, organizations, communities, peoples) to participate in an activity that has possible or known risks to themselves or others. (Also see Standards I.27, I.28, II.2, and II.54.)
- III.30 Avoid dual or multiple relationships (e.g., with primary clients, contract examinees, research participants, employees,

supervisees, students, trainees) that are not justified by the nature of the activity, by cultural or geographic factors, or where there is a lack of reasonably accessible alternatives.

- III.31 Manage dual or multiple relationships or any other conflict-of-interest situation entered into in such a way that bias, lack of objectivity, and risk of exploitation or harm are minimized. This might include involving the affected party(ies) in clarification of boundaries and expectations, limiting the duration of the relationship, obtaining ongoing supervision or consultation for the duration of the dual or multiple relationship, or involving a third party in obtaining consent (e.g., approaching a primary client or employee about becoming a research participant).
- III.32 Inform all parties, if a real or potential conflict of interest arises, of the need to resolve the situation in a manner that is consistent with Respect for the Dignity of Persons and Peoples (Principle I) and Responsible Caring (Principle II), and take all reasonable steps to resolve the issue in such a manner.

Reliance on the discipline

- III.33 Familiarize themselves with their discipline's rules and regulations, and abide by them, unless abiding by them would be seriously detrimental to the moral rights or welfare of others as demonstrated in the Principles of Respect for the Dignity of Persons and Peoples, or Responsible Caring. (See Standards IV.17 and IV.18 for guidelines regarding the resolution of such conflicts.)
- III.34 Familiarize themselves with and take into account their discipline's guidelines and best practices for their area(s) of activity, and demonstrate a commitment to maintaining the standards of their discipline.
- III.35 Seek consultation from colleagues and/or appropriate others, including advisory groups, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

Extended responsibility

- III.36 Encourage others, in a manner consistent with this *Code*, to relate with integrity.
- III.37 Assume overall responsibility for the scientific and professional activities of their assistants, employees, supervisees, students, and trainees with regard to the Principle of Integrity in Relationships, all of whom, however, incur similar obligations.

Principle IV: Responsibility to Society

VALUES STATEMENT

Psychology functions as a discipline within the context of human society. Psychologists, both in their work and as private citizens, have responsibilities to the societies in which they live or work and to the welfare of all human beings in those societies.

Two of the legitimate expectations of psychology as a science and a profession are that it will increase knowledge and that it will conduct its affairs in such ways that it will promote the welfare of all human beings.

Freedom of enquiry, innovation, and debate (including scientific and academic freedom) is a foundation of psychological education, science, and practice. In the context of society, the above expectations imply that psychologists will exercise this freedom through the use of activities and methods that are consistent with ethical requirements.

The above expectations also imply that psychologists will do whatever they can to ensure that psychological knowledge, when used in the development of social structures and policies, will be used for just and beneficial purposes, and that the discipline's own structures and policies will support those purposes. Within the context of this document, social structures and policies that have just and beneficial purposes are defined as those that more readily support and reflect respect for the dignity of persons and peoples, responsible caring, integrity in relationships, and responsibility to society. If psychological knowledge or structures are used against these purposes, psychologists have an ethical responsibility to try to draw attention to and correct the misuse. Although this is a collective responsibility, those psychologists having direct involvement in the structures of the discipline, in social development, or in the theoretical or research data base that is being used (e.g., through research, expert testimony, or policy advice) have the greatest responsibility to act. Other psychologists need to decide for themselves the most appropriate and beneficial use of their time and talents to help meet this collective responsibility.

In carrying out their work, psychologists acknowledge that many social structures have evolved slowly over time in response to human need and are valued by the societies that have developed them. In such circumstances, psychologists convey respect for such social structures and avoid unwarranted or unnecessary disruption. Suggestions for and action toward changes or enhancement of such structures are carried out through processes that seek to achieve a consensus within those societies and/or through democratic means.

On the other hand, if structures or policies seriously ignore or oppose the principles of respect for the dignity of persons and peoples, responsible caring, integrity in relationships, or responsibility to society, psychologists involved have

a responsibility to speak out in a manner consistent with the principles of this *Code*, and advocate for appropriate change to occur as quickly as possible.

In order to be responsible and accountable to society, and to contribute constructively to its ongoing development, psychologists need to be willing to work in partnership and collaboration with others, be self-reflective, and be open to external suggestions and criticisms about their work and the place of the discipline of psychology in society. They need to engage in even-tempered observation and interpretation of the effects of societal structures and policies, and their process of change, developing the ability of psychologists to increase the just and beneficial use of psychological knowledge and structures, and avoid their misinterpretation or misuse. The discipline needs to be willing to set high standards for its members, to do what it can to assure that such standards are met, and to support its members in their attempts to maintain the standards (e.g., through formative and continuing education, training, supervision, and consultation). Once again, individual psychologists need to decide for themselves the most appropriate and beneficial use of their time and talents in helping to meet these collective responsibilities.

ETHICAL STANDARDS

In adhering to the Principle of Responsibility to Society, psychologists would:

Development of knowledge

- IV.1 Contribute to the discipline of psychology and to society's understanding of itself and human beings generally, through free enquiry, innovation, and debate, and through the acquisition, transmission and expression of knowledge and ideas, unless such activities conflict with ethical requirements.
- IV.2 Not interfere with, or condone interference with, free enquiry, innovation and debate, and the acquisition, transmission and expression of knowledge and ideas, that do not conflict with ethical requirements.
- IV.3 Keep informed of progress in their area(s) of psychological activity, take this progress into account in their work, and try to make their own contributions to this progress.

Beneficial activities

- IV.4 Participate in and contribute to formative and continuing education and to the professional and scientific growth of self, students, trainees, colleagues, collaborators, and the members of other disciplines as appropriate.

- IV.5 Assist in the development of those who enter the discipline of psychology by helping them to acquire a full understanding of their ethical responsibilities and the needed competencies of their chosen area(s), including an understanding of critical analysis and of the variations, uses, limitations, and possible misinterpretations and misuses of the scientific paradigm.
- IV.6 Participate in the discipline's process of critical self-evaluation of its place in society, and in the development and implementation of structures and procedures that help the discipline to contribute to just and beneficial societal functioning and changes.
- IV.7 Provide and/or contribute to a work or team environment that supports the respectful expression of ethical concern or dissent, and the constructive resolution of such concern or dissent.
- IV.8 Engage in regular monitoring, assessment, and reporting (e.g., through peer review; in program reviews, case management reviews, and reports of one's own research) of their ethical practices and safeguards.
- IV.9 Help develop, promote, and participate in accountability processes and procedures related to their work, including but not limited to: continuous improvement activities; program or sector accreditation activities; and registration with appropriate licensing and credentialing bodies.
- IV.10 Uphold the discipline's responsibility to society by promoting and maintaining the highest standards of the discipline.
- IV.11 Protect the skills, knowledge, and interpretations of psychology from being misinterpreted, misused, used incompetently, or made useless (e.g., loss of security of assessment techniques) by others.
- IV.12 Contribute to the general welfare of society (e.g., improving accessibility of services regardless of ability to pay) and/or to the general welfare of their discipline, by offering a portion of their time to work for which they receive little or no financial return.
- IV.13 Uphold the discipline's responsibility to society by bringing incompetent or unethical behaviour, including misinterpretations or misuses of psychological knowledge

and techniques, to the attention of appropriate authorities, committees, or regulatory bodies, in a manner consistent with the ethical principles of this *Code*, if informal resolution or correction of the situation is not appropriate or possible.

- IV.14 Enter into or continue with only those agreements or contracts that allow them to act in accordance with the ethical principles and standards of this *Code*.

Respect for society

- IV.15 Acquire an adequate knowledge of the culture, social structure, history, customs, and laws or policies of organizations, communities, and peoples before beginning any major work there, obtaining guidance from appropriate members of the organization, community, or people as needed.
- IV.16 In their scientific and professional activities, convey respect for and abide by prevailing mores, social customs, and cultural expectations of organizations, communities, and peoples, provided that this does not contravene any of the ethical principles of this *Code*.
- IV.17 Familiarize themselves with the laws and regulations of the societies in which they work, especially those that are related to their activities as psychologists (e.g., mandatory reporting, research regulations, jurisdictional licensing or certification requirements), and abide by them. If those laws or regulations seriously conflict with the ethical principles contained herein, psychologists would do whatever they could to uphold the ethical principles. If upholding the ethical principles could result in serious personal consequences (e.g., jail, physical harm), decision for final action would be considered a matter of personal conscience.
- IV.18 Consult with colleagues or appropriate others, including advisory groups, if faced with an apparent conflict between abiding by a law or regulation and following an ethical principle, unless in an emergency, and seek consensus as to the most ethical course of action and the most responsible, knowledgeable, effective, and respectful way to carry it out.

Development of society

- IV.19 Act to change those aspects of the discipline of psychology that detract from just and beneficial societal changes, where appropriate and possible.
- IV.20 Be sensitive to the needs, current issues, and problems of society, when determining research questions to be asked, services to be developed, content to be taught, information to be collected, or appropriate interpretation of results or findings.
- IV.21 If their work is related to societal issues, be especially careful to keep well informed of social, cultural, historical, economic, institutional, legal, and political context issues through relevant reading, peer consultation, and continuing education.
- IV.22 Speak out, in a manner consistent with the four principles of this *Code*, if they possess expert knowledge that bears on important societal issues being studied or discussed.
- IV.23 Provide thorough discussion of the limits of their data with respect to social policy, if their work touches on social policy and structure.
- IV.24 Make themselves aware of the current social, economic, and political climate and of previous and possible future societal misinterpretations and misuses of psychological knowledge, and exercise due discretion in communicating psychological information (e.g., research results, theoretical knowledge), in order to discourage any further misinterpretation or misuse.
- IV.25 Exercise particular care when reporting the results of any work regarding vulnerable groups, ensuring that results are not likely to be misinterpreted or misused in the development of social policy, attitudes, and practices (e.g., encouraging manipulation of vulnerable individuals, couples, families, organizations, communities, or peoples; reinforcing unjust discrimination against any specific population).
- IV.26 Not promote, contribute to, nor engage in any activity that contravenes international humanitarian law (e.g., declarations, treaties, or conventions regarding: human rights; torture and other cruel, inhumane, or degrading treatment or punishment; economic, social and cultural rights; civil and political rights;

rights of indigenous peoples; children's rights; weapons of mass destruction; destruction of the environment).

- IV.27 Provide appropriate individuals and groups (e.g., couples, families, organizations, communities, peoples) with any psychological knowledge relevant to their informed participation in the shaping of social policies and structures, if the psychologist possesses expert knowledge that bears on the social policies and structures.
- IV.28 Speak out and/or act, in a manner consistent with the four principles of this *Code*, if the policies, practices, laws, or regulations of the social structure within which they work seriously ignore or contradict any of the principles of this *Code*.

Extended responsibility

- IV.29 Encourage others, in a manner consistent with this *Code*, to exercise responsibility to society.
- IV.30 Assume overall responsibility for the scientific and professional activities of their assistants, employees, supervisees, students, and trainees with regard to the Principle of Responsibility to Society, all of whom, however, incur similar obligations.

NOTES

- 1 The *Canadian Code of Ethics for Psychologists* is reproduced with permission of the Canadian Psychological Association. The original can be found here: https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- 2 Within each definition, any other terms for which there is a definition are italicized.
- 3 Adapted from: Canadian Psychological Association. (1985). *Guidelines for the elimination of sexual harassment*. Canadian Psychological Association.

APPENDIX B

*Universal Declaration of Ethical Principles for Psychologists*¹

Adopted unanimously by the General Assembly of the International Union of Psychological Science in Berlin on July 22nd, 2008.

Adopted unanimously by the Board of Directors of the International Association of Applied Psychology in Berlin on July 26th, 2008.

Preamble

Ethics is at the core of every discipline. The *Universal Declaration of Ethical Principles for Psychologists* speaks to the common moral framework that guides and inspires psychologists worldwide toward the highest ethical ideals in their professional and scientific work. Psychologists recognize that they carry out their activities within a larger social context. They recognize that the lives and identities of human beings both individually and collectively are connected across generations, and that there is a reciprocal relationship between human beings and their natural and social environments. Psychologists are committed to placing the welfare of society and its members above the self-interest of the discipline and its members. They recognize that adherence to ethical principles in the context of their work contributes to a stable society that enhances the quality of life for all human beings.

The objectives of the *Universal Declaration* are to provide a moral framework and generic set of ethical principles for psychology organizations worldwide: (a) to evaluate the ethical and moral relevance of their codes of ethics; (b) to use as a template to guide the development or evolution of their codes of ethics; (c) to encourage global thinking about ethics, while also encouraging action that is sensitive and responsive to local needs and values; and (d) to speak with a collective voice on matters of ethical concern.

The *Universal Declaration* describes those ethical principles that are based on shared human values. It reaffirms the commitment of the psychology community to help build a better world where peace, freedom, responsibility, justice, humanity, and morality prevail. The description of each principle is followed by the presentation of a list of values that are related to the principle. These lists of values highlight ethical concepts that are valuable for promoting each ethical principle.

The *Universal Declaration* articulates principles and related values that are general and aspirational rather than specific and prescriptive. Application of the principles and values to the development of specific standards of conduct will

vary across cultures and must occur locally or regionally in order to ensure their relevance to local or regional cultures, customs, beliefs, and laws.

The significance of the *Universal Declaration* depends on its recognition and promotion by psychology organizations at national, regional and international levels. Every psychology organization is encouraged to keep this *Declaration* in mind and, through teaching, education, and other measures to promote respect for, and observance of, the *Declaration's* principles and related values in the various activities of its members.

Principle I

RESPECT FOR THE DIGNITY OF PERSONS AND PEOPLES

Respect for the dignity of persons is the most fundamental and universally found ethical principle across geographical and cultural boundaries, and across professional disciplines. It provides the philosophical foundation for many of the other ethical principles put forward by professions. Respect for dignity recognizes the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or other such characteristics. This inherent worth means that all human beings are worthy of equal moral consideration.

All human beings, as well as being individuals, are interdependent social beings that are born into, live in, and are a part of the history and ongoing evolution of their peoples. The different cultures, ethnicities, religions, histories, social structures and other such characteristics of peoples are integral to the identity of their members and give meaning to their lives. The continuity of peoples and cultures over time connects the peoples of today with the peoples of past generations and the need to nurture future generations. As such, respect for the dignity of persons includes moral consideration of and respect for the dignity of peoples.

Respect for the dignity of persons and peoples is expressed in different ways in different communities and cultures. It is important to acknowledge and respect such differences. On the other hand, it also is important that all communities and cultures adhere to moral values that respect and protect their members both as individual persons and as collective peoples.

THEREFORE, psychologists accept as fundamental the Principle of Respect for the Dignity of Persons and Peoples. In so doing, they accept the following related values:

- (a) respect for the unique worth and inherent dignity of all human beings;
- (b) respect for the diversity among persons and peoples;

- (c) respect for the customs and beliefs of cultures, to be limited only when a custom or a belief seriously contravenes the principle of respect for the dignity of persons or peoples or causes serious harm to their well-being;
- (d) free and informed consent, as culturally defined and relevant for individuals, families, groups, and communities;
- (e) privacy for individuals, families, groups, and communities;
- (f) protection of confidentiality of personal information, as culturally defined and relevant for individuals, families, groups, and communities;
- (g) fairness and justice in the treatment of persons and peoples.

Principle II

COMPETENT CARING FOR THE WELL-BEING OF PERSONS AND PEOPLES

Competent caring for the well-being of persons and peoples involves working for their benefit and, above all, doing no harm. It includes maximizing benefits, minimizing potential harm, and offsetting or correcting harm. Competent caring requires the application of knowledge and skills that are appropriate for the nature of a situation as well as the social and cultural context. It also requires the ability to establish interpersonal relationships that enhance potential benefits and reduce potential harm. Another requirement is adequate self-knowledge of how one's values, experiences, culture, and social context might influence one's actions and interpretations.

THEREFORE, psychologists accept as fundamental the Principle of Competent Caring for the Well-Being of Persons and Peoples. In so doing, they accept the following related values:

- (a) active concern for the well-being of individuals, families, groups, and communities;
- (b) taking care to do no harm to individuals, families, groups, and communities;
- (c) maximizing benefits and minimizing potential harm to individuals, families, groups, and communities;
- (d) correcting or offsetting harmful effects that have occurred as a result of their activities;
- (e) developing and maintaining competence;

- (f) self-knowledge regarding how their own values, attitudes, experiences, and social contexts influence their actions, interpretations, choices, and recommendations;
- (g) respect for the ability of individuals, families, groups, and communities to make decisions for themselves and to care for themselves and each other.

Principle III

INTEGRITY

Integrity is vital to the advancement of scientific knowledge and to the maintenance of public confidence in the discipline of psychology. Integrity is based on honesty, and on truthful, open and accurate communications. It includes recognizing, monitoring, and managing potential biases, multiple relationships, and other conflicts of interest that could result in harm and exploitation of persons or peoples.

Complete openness and disclosure of information must be balanced with other ethical considerations, including the need to protect the safety or confidentiality of persons and peoples, and the need to respect cultural expectations.

Cultural differences exist regarding appropriate professional boundaries, multiple relationships, and conflicts of interest. However, regardless of such differences, monitoring and management are needed to ensure that self-interest does not interfere with acting in the best interests of persons and peoples.

THEREFORE, psychologists accept as fundamental the Principle of Integrity. In so doing, they accept the following related values:

- (a) honesty, and truthful, open and accurate communications;
- (b) avoiding incomplete disclosure of information unless complete disclosure is culturally inappropriate, or violates confidentiality, or carries the potential to do serious harm to individuals, families, groups, or communities;
- (c) maximizing impartiality and minimizing biases;
- (d) not exploiting persons or peoples for personal, professional, or financial gain;
- (e) avoiding conflicts of interest and declaring them when they cannot be avoided or are inappropriate to avoid.

Principle IV

PROFESSIONAL AND SCIENTIFIC RESPONSIBILITIES TO SOCIETY

Psychology functions as a discipline within the context of human society. As a science and a profession, it has responsibilities to society. These responsibilities include contributing to the knowledge about human behavior and to persons' understanding of themselves and others, and using such knowledge to improve the condition of individuals, families, groups, communities, and society. They also include conducting its affairs within society in accordance with the highest ethical standards, and encouraging the development of social structures and policies that benefit all persons and peoples.

Differences exist in the way these responsibilities are interpreted by psychologists in different cultures. However, they need to be considered in a way that is culturally appropriate and consistent with the ethical principles and related values of this *Declaration*.

THEREFORE, psychologists accept as fundamental the Principle of Professional and Scientific Responsibilities to Society. In so doing, they accept the following related values:

- (a) the discipline's responsibility to increase scientific and professional knowledge in ways that allow the promotion of the well-being of society and all its members;
- (b) the discipline's responsibility to use psychological knowledge for beneficial purposes and to protect such knowledge from being misused, used incompetently, or made useless;
- (c) the discipline's responsibility to conduct its affairs in ways that are ethical and consistent with the promotion of the well-being of society and all its members;
- (d) the discipline's responsibility to promote the highest ethical ideals in the scientific, professional and educational activities of its members;
- (e) the discipline's responsibility to adequately train its members in their ethical responsibilities and required competencies;
- (f) the discipline's responsibility to develop its ethical awareness and sensitivity, and to be as self-correcting as possible.

NOTE

- 1 Reproduced with permission. The original can be found at: https://iaapsy.org/site/assets/files/1057/ethical_principles_for_psychologists.pdf

APPENDIX C

Remembering Dr. Jean Linse Dixon Pettifor (1922–2015)



Dr. Jean Pettifor
in the Fall of 2015.
Photograph courtesy
of Ivana Djuraskovic.

“Do not go where the path may lead, go instead where there is no path and leave a trail.”

Ralph Waldo Emerson

This book is dedicated, with admiration and much gratitude, to the memory of Dr. Jean Pettifor, who had an exceptional impact on psychological ethics in Canada and around the world. Jean inspired the thinking of many about ethics, psychology, and the importance of striving for a better world. Following Emerson’s advice, she forged many new trails and had the graciousness and wisdom to invite many students and colleagues to join her in forging these trails. Her legacy is something for which we always will be grateful.

Jean's Story

FAMILY BEGINNINGS

Jean's life story started on 14 October 1922 in Scott, Saskatchewan, where she was born to Sophia Hansine and Charles Herbert Dixon. She was the oldest of four children. Her father was a successful farmer and her mother, who had emigrated from Denmark to Kerrobert, Saskatchewan in 1911, was a schoolteacher who became an active and strong advocate for causes impacting women and farmers. Sophia was a progressive thinker, a prolific writer, a political activist, an associate of the *Famous Five*,¹ and a friend of Agnes Macphail.² In 1979, Sophia's work earned her the Governor-General's Persons Award for her contributions to supporting women living in rural areas and to the farmers' cooperative movement. Biographies of Sophia have been written, and her ideas have been the source of inspiration to many people. This includes Elaine Orvedahl Hemm, who, with the direct support of Sophia, wrote her master's thesis on "The Ideas of Sophia Dixon" (1987). Growing up and seeing her mother deeply involved in social justice issues influenced Jean's way of understanding the world.

The Importance of Education



Jean during
her early years
as a teacher.
Unknown
photographer.

Not attending university was not an option for Jean or her siblings. Her mother, who worked as a domestic while learning English after immigrating to Canada and later trained as a teacher, understood the value of education. In 1946, when two of her children were finishing their bachelor's degrees while the other two were finishing their master's degrees, Sophia enrolled in university to work towards her own bachelor's degree.

An expectation of higher education was not a problem for Jean. She loved learning. She graduated with a Bachelor of Arts (with Distinction) in English and history from the University of Saskatchewan in 1944 and a Bachelor of Education from the University of Alberta in 1946. Throughout her studies, Jean also worked. Between 1942 and 1946, she taught high-school students in rural areas of Alberta (e.g., Buffalo, which is now considered a ghost town). Eventually, she added the role of assistant principal to her duties. She then attended the University of Alberta, where she graduated in 1948 with two master's degrees—one in English and another in educational psychology. That same year, she began working as a psychologist at the Alberta Guidance Clinic (in Edmonton until 1961 and then in Calgary), where she travelled from school to school conducting psychoeducational assessments of children.

Several years later, wanting to advance her studies further, Jean decided to pursue a doctoral degree. To do this, she needed to request financial support and an educational leave from the Alberta government (which ran the Child Guidance Clinics). At the time, the rules for women wishing to engage in advanced education were different than today. In Jean's own words:

I found out later that I was given a government bursary because I was considered too old to marry and therefore could be depended on to provide return of service for the rest of my working life. Contrary to expectations, I did marry and had two children, which was considered the ultimate betrayal. I had to fight to keep my job in order to give another 28 years of service, and I struggled to get my pension reinstated because at that time married women could not pay into the pension fund unless they had a medical certificate to prove that their husbands were too disabled to support them. There were conflicting views on the nature of professional training as well as on the proper and natural role for women (Pettifor, 2004, p. 12).

In 1964, Jean graduated from Wayne State University in Detroit, where she earned her doctoral degree in psychology with a minor in education. By that time, she had married Richard Pettifor in 1961 at the age of 39, had given birth to her son Eric³ in 1962, and was within a month or two of delivering her daughter Betty when she defended her dissertation in 1964.

Love of Teaching

Jean was a teacher at heart. She began teaching at the University of Calgary in 1967. She also taught as an adjunct professor at the Universities of Athabasca, Gonzaga, Lethbridge, and Saskatchewan. Her early courses were quite traditional—for instance, clinical psychology, personality, educational psychology, and community psychology. However, beginning in the late 1980s and early 1990s, her teaching became almost exclusively graduate-level courses in ethics and professional issues. Students were intrigued both by her personality and her approach to her courses on these topics. Jean’s main message throughout her life was that ethical decisions and behaviours should be based primarily not on “rules” but on a deep respect and caring for all human beings. Rather than emphasizing the “rules” of the profession, she taught students to understand their and others’ values, to respond to and think through the many stories and vignettes she used in her teaching, to explore what it means to be ethical, and to reflect on what ethics means to establishing a more just and peaceful world.

Reluctantly, Jean stopped being an adjunct professor at the University of Calgary in 2012, at the age of 90. This did not stop her, as she had found many other opportunities to share her knowledge and wisdom, and this continued after 2012 and into her 90s. Over her lifetime, Jean provided supervision to 37 graduate students (e.g., independent studies, theses, dissertations, and comprehensive examinations), authored over 249 peer-reviewed articles, many in collaboration with colleagues, was an investigator in 19 research projects, delivered over 500 presentations at national and international conferences, and provided consultation to anyone who asked.

Dedication to the Discipline and Profession of Psychology

In addition to her teaching and writing, and many local, national, and international presentations, Jean was highly active as a psychologist, both through her employment and her involvement with organized psychology. Further to her work at the Child Guidance clinics in Edmonton and Calgary, she was employed by the Alberta Mental Health Services as a director/consultant of Children’s Services and later as a regional director. Between 1982 and 1989, Jean worked with the Alberta Social Services and Community Health in Calgary in a supervisory role. Throughout these years, Jean influenced countless lives. She had so much to offer, and she did.

In 1958, Jean became a member of the Psychologists Association of Alberta where she held various roles, including secretary treasurer, editor and president. A member of the Canadian Psychological Association (CPA) since 1952, she was active in the CPA’s Applied Division in the 1970s. Over the years, she also held roles on the executive of several CPA sections and chaired or co-chaired several

CPA standing committees. With her special overriding interest in ethics, she was a key member of the CPA Committee on Ethics from 1980 until the time of her passing in 2015, serving as its co-chair from 1989 to 1993. In the early 1980s, Jean played an integral mentorship role with the Committee, led by Dr. Carole Sinclair (Chapter 16), and participated in the development of the *Canadian Code of Ethics for Psychologists*.⁴ Once the *Canadian Code* was approved, she co-authored the *Companion Manual* to the *Code* with Carole, beginning with the second edition (1992). She joined the CPA Board of Directors and became its president in 1994. In addition, she spearheaded several sets of ethical guidelines for psychologists, including guidelines for counselling and therapy with women, non-discriminatory practice, and supervision. She presented at the CPA Convention between 1972 and 2015—never missed a year. In 2003, in recognition of her many contributions to CPA and to the field of psychology, Jean was awarded the CPA Gold Medal for Distinguished Lifetime Contributions to Canadian Psychology.

Further to her involvement at the local and national levels, Jean also forged new trails at the international level. The *Canadian Code of Ethics for Psychologists*, from its first edition in 1986, captured the imagination of several countries and there was interest in hearing more about it. Invitations began to appear to present information about the *Canadian Code* at international congresses. Jean jumped at the opportunity. She strongly believed in the importance and power of ethical dialogue in meeting the global psychology community's responsibility to do everything it can to ensure ethical behaviour by its members and to play its part in helping the world become a better and more peaceful place. So, beginning in 1995, Jean and Carole began attending at least one international congress every year, meeting and forging relationships with psychologists from around the world who had an interest in ethics. They worked hard over the following two decades, along with other international leaders in psychological ethics, to ensure that each international congress included multiple symposia and/or workshops on ethics, with presenters from different countries and cultures. Jean's inveterate organizing ability was a key component in the success of these efforts.

One important and major international event in which Jean was involved was the development of the *Universal Declaration of Ethical Principles for Psychologists*. She provided ongoing support and advice to Dr. Janel Gauthier (Chapter 21), who chaired the working group responsible for the development of the *Declaration*. In 2013, in recognition of her two decades of international contributions, Jean received the Wilhelm Wundt-William James Award for her exceptional contributions to transatlantic psychology. Although Jean was very appreciative of all the awards she received in her lifetime, including the Queen's Golden Jubilee Medal in October 2002, she was particularly proud of this one. Her Wilhelm Wundt-William James Award was the only one she hung on her living room wall, rather than in her office.

Important to note is the fact that being involved internationally did not interfere with Jean's local contributions. Between 1997 and 2010, she held several roles in the College of Alberta Psychologists, including president, member-at-large, and chair of various committees. Her energy level defied all expectations.

Jean's Legacy

Jean died peacefully in Calgary on Sunday, 8 November 2015. She often had said she wanted to live forever as there was still so much work to do. In many ways, she met this goal, in so far as she left a wonderful legacy that will continue to inspire and influence our thinking about ethics and psychology for a long time to come.

Jean taught that, with passion, hard work, persistence, kindness, humility, grace, and wisdom, there is nothing worth doing that cannot be accomplished. She also taught that when people come together to work on a shared goal, peace, justice, freedom, and humanity can prevail. Jean is as much an integral part of this book as the authors who contributed to it. In her honour, all proceeds from the sale of this book will be donated to the scholarship she created, the Dr. Jean and Dick Pettifor Scholarship Fund. It was her wish that this fund be established to support graduate students conducting research in the area of ethics, especially research with a focus on diversity. More importantly, Jean wished for every psychologist to continue to engage actively in ethical thinking and dialogue. Through her work, her teaching, her support of so many during her lifetime, and the Dr. Jean and Dick Pettifor Scholarship Fund, Jean continues to live on.



Jean in 2014 at the Rodin Museum in Paris, France.
Photograph courtesy of Carole Sinclair.

NOTES

- 1 The *Famous Five* included Judge Emily Murphy, Henrietta Edwards, Nellie McClung, Louise McKinney, and Irene Parlby. All from Alberta, they were highly active in promoting women's rights. In 1928, the Supreme Court of Canada ruled that women were not "persons"; therefore, they were not eligible for appointment to the Senate. The *Famous Five* challenged this ruling and, in 1929, the Judicial Committee of the Privy Council reversed the Court's decision, *The Persons Case*, as it was called, enabled women to be members of the Senate.
- 2 Agnes Macphail was the first female member of parliament in Canada.
- 3 Eric's legal name is now Deimon Slagg.
- 4 Information about the development process of the *Canadian Code of Ethics for Psychologists* is provided in chapter 16 of this volume.

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Contributor Biographies

JAQI ALLAN, MSW, has lived and worked on both the west and east coasts but put down roots in southwestern Nova Scotia. Serving her clients in both public and private mental health practices is a passion that allows her to advocate for equality, diversity, and inclusive services. She is a registered clinical social worker and contributes to her profession by sitting on several governance boards and committees at the provincial level, offering supervision and mentorship to new clinicians, and supporting colleagues. When not working, Ms. Allan enjoys walking the beaches at low tide, viewing the ever-changing sunsets, and discovering the wonders of rural Nova Scotia.

JON K. AMUNDSON, PhD, has been a psychologist in independent practice in Calgary since 1980, and also has a master's degree in public policy. Aside from direct service to patients, he has been an expert witness in criminal and civil matters, as well as for professional tribunals. He has taught, supervised, written, and published professionally. As well, he has been a senior/master's member of several world championship Polynesian canoe teams and has paddled these canoes across most of the Hawaiian Island channels. Dr. Amundson is grateful for the opportunity at his advancing age to still have the opportunity to speak, write, and act on behalf of professional psychology.

CAROL ARTHURS, MA, is a school psychologist in rural Nova Scotia. She works in the education system and owns a small private practice. A commitment to professional learning led her to also earn an MEd in Curriculum Studies and a certificate in applied behaviour analysis. Ms. Arthurs is passionate about supporting the diverse needs of students, families, and educators, and is an advocate for inclusive practices and equity.

NICOLE AUBÉ, PhD, has over 40 years' experience in forensic and clinical psychology. Over the last 15 years, she completed eight missions with Médecins Sans Frontières (Doctors without Borders) in Russia, Congo, South Africa, Haiti, the Central Republic of Africa, and Papua New Guinea. She has served as a board member with Doctors without Borders Canada, the Canadian Psychological Association, the College of Psychologists of British Columbia, the British Columbia Psychological Association, and le Centre Culturel de Vancouver. Dr. Aubé has received awards for her humanitarian work from both the British Columbia Psychological Association and the Canadian Psychological Association.

NORA BABIN, BA, lives in rural Nova Scotia with her husband and their fur babies. She enjoys spending time in nature, gardening, and growing her own vegetables. As a graduate in community studies, she has worked with individuals diagnosed with developmental disabilities for over 15 years in a health care setting. She plans to further her education by pursuing a variety of specialized interests. Ms. Babin passionately believes that everyone has the right to be treated equally, fairly, and with respect and dignity.

ANNE BARNFIELD, PhD, is an associate professor of psychology at Brescia University College at Western University in London, Ontario. She is a member of several organizations, including the Canadian Therapeutic Riding Association's Equine-Facilitated Wellness committee, the International Association of Human Animal Interaction Organizations Research Group, and the Horses in Education and Therapy International Ethics Task Force and their Research and Education committee. Her current research focus is on psychological aspects of equine-assisted/facilitated activities, including therapeutic riding and psychotherapy for treatment of anxiety and post-traumatic stress disorder. Dr. Barnfield volunteers at the local therapeutic riding centre, practices karate, and rides her horse, Lilliput. She lives with her husband, Richard, and their cat Chinthe.

STAN BIRD, PhD, is an Anishinaabe from Peguis First Nation. His father is Anishinaabe and his mother is nēhiyaw from the community of Ochekwisipi. He graduated from high school in Peguis First Nation and received an undergraduate degree from the University of Manitoba. Since the completion of an MSc in school and community psychology in 1997, Dr. Bird has spent his entire career in Manitoba First Nations schools and communities. He obtained a PhD in applied psychology from the University of Calgary in 2009, and views culture as foundational to his work and the primary lens in the assessment of learning.

M. A. SUZIE BISSON, PhD, is a registered counselling psychologist who owns a small solo private practice in Alberta. Dr. Bisson has over 20 years of experience working with children and adults impacted by trauma. She is also a veteran of the Canadian military, which she joined at the age of 17 and retired from at the age of 26. Like many, Dr. Bisson greatly values the time she spent with Dr. Jean Pettifor, including the honour of having learned from her wisdom, being involved in every aspect of the realization of this book, and of being by Jean's side at the moment of her passing.

SHANNON D. BOYCE, DVM, is a small animal and former equine veterinarian who, along with her business partner, opened her own veterinary clinic in the spring of 2015. She is a member of several organizations, including the

Nova Scotia Veterinary Medical Association, the Canadian Veterinary Medical Association, and the American Association of Equine Practitioners. Dr. Boyce enjoys volunteering with the local therapeutic riding program when they host fun shows, helping animals in need, and riding and competing with her Quarter Horses, Luke, Abby, and Marti. She lives with her husband, Steven, on a hobby farm with their dogs, cats, horses, and goats.

JEFF CHANG, PhD, is a registered psychologist with additional certifications in couple and family therapy (CFT). He is a professor of counselling at Athabasca University. Dr. Chang also teaches in the University of Calgary's CFT certificate (Faculty of Social Work) and in the Werklund School of Education. He provides psychological services in family law matters, supervises provisional psychologists, consults on supervision and ethical issues, and directs psychological services at a special education school. Dr. Chang writes and presents internationally on high-conflict divorce, child and family intervention, and clinical supervision and wrote and curates the Psychologists' Association of Alberta's online supervision course.

BRIAN CHARTIER, PhD, is a professor emeritus of psychology at St. Thomas More College, University of Saskatchewan. He has published articles in *International Journal of Indigenous Health*; *Omega: Journal of Death and Dying, Illness, Crisis and Loss*; *Canada's Mental Health*; and the *Saskatchewan Medical Journal*. He is a registered doctoral psychologist who is currently in private practice in Saskatoon. Dr. Chartier has taught a variety of undergraduate courses, including the psychology of dying and death. He also taught graduate courses in psychological assessment and professional ethics.

IVANA DJURASKOVIC, PhD, is a registered psychologist in Calgary, Alberta. She works in a mental health clinic and a private practice, and teaches at a graduate level. Dr. Djuraskovic's area of expertise is multicultural counselling, namely counselling refugees and immigrants. Her graduate research focused on acculturation and ethnic identity reconstruction in refugees and the experiences of refugee women in counselling. Her additional interests include acceptance-commitment therapy, trauma, grief and loss, Indigenous-focused counselling, social justice, and ethics. In her free time, Dr. Djuraskovic enjoys spending time with her family, riding motorcycles, painting, and compulsively reading.

MICHELLE ARLENE DREFS, PhD, is a school psychologist and associate professor with the University of Calgary's School and Applied Child Psychology program. Her background includes previous experience as an early elementary educator, where she spent the majority of her career as a grade K4 instructor with the

Dene Tha' First Nation in Chateh, Alberta. Her research focuses on investigating the impact of intergenerational (IG) programming on students' social-emotional well-being, exploring childhood bereavement and grief, and studying clinical decision-making.

E. AIOFE FREEMAN-CRUZ, PhD, acquired supervised training in family therapy at Calgary Family Therapy Centre and completed a CPA-accredited pre-doctoral internship at the University of Manitoba Student Counselling Centre, gaining further supervised training in individual and couple therapy. Since completing her doctorate in counselling psychology, she has deepened her interest in individual, couple, and family therapy, with a special interest in the experiences and challenges of clients with diverse and intersecting identities. Presently, Dr. Freeman-Cruz works as a psychologist in Calgary, Alberta, in a community agency and private practice where she applies her systemic lens in therapy and clinical supervision.

JOAQUÍN GAETE-SILVA, PhD, is a registered psychologist in Alberta, and an adjunct assistant professor at the University of Calgary (Cumming School of Medicine and Werklund School of Education). He is the director of the Calgary Family Therapy Centre, where he also practices family therapy and clinical supervision. He is interested in therapy as a vehicle to promote social justice through relational well-being. He is the former director of Centro de Estudios y Atención a las personas (CEAP, Universidad Adolfo Ibáñez, Chile). His practice and research are informed by cultural psychology, with a focus on interpersonal conflict, problematic disruptive behaviour, change process, and clinical supervision.

JANEL GAUTHIER, PhD, is professor emeritus of psychology at Laval University in Québec, chair of the Committee on Ethics of the Canadian Psychological Association (CPA), and a former president of the CPA and the International Association of Applied Psychology (IAAP). He was a close colleague of Dr. Jean Pettifor for over 25 years. He has over 200 scientific and professional publications. Dr. Gauthier was the instigator and leader of the development of the *Universal Declaration of Ethical Principles for Psychologists*. He has received numerous awards for his distinguished contributions to the international advancement of psychology and ethics, and to education and training in psychology.

SYBIL GELDART, PhD, holds a bachelor of arts degree from the University of Waterloo, a master of arts from Western University, and a PhD from McMaster University. She is an associate professor of psychology at Wilfrid Laurier University in Ontario and serves as vice-chair of the university's Research Ethics Board. She is also a registered psychologist with the College of Psychologists of

Ontario. Both in her teaching and clinical practice, Dr. Geldart equips adults and young people with a toolbox of coping and life skills to help deal with the stressors we all face at work and school.

SHELLEY L. GOODWIN, PhD, is a registered psychologist and has a rural solo practice in Nova Scotia. She is a practitioner-scholar who enjoys the opportunity to serve the profession, and has held governance positions in provincial, national, and international psychology organizations. Her varied interests are reflected in the chapters she has co-authored in this book. She is a retired police officer and aspiring equestrian. Writing is a passion and has included journaling peer-reviewed articles in journals, and freelance articles in national magazines. She enjoyed sharing her writing experience for this book with so many intellectually stimulating and thoughtful colleagues.

PAULETTE HUNTER, PhD, works and lives on Treaty 6 Territory and the homeland of the Métis. She is an associate professor in the Department of Psychology at St. Thomas More College, University of Saskatchewan, where her research considers topics such as disability, personhood, and social inclusion; the nature of relationships among people who give and receive care; how organizations and families negotiate their caring roles; and what contributes to optimal quality in health care. She has worked as a clinical psychologist in long-term care and rehabilitation contexts. She teaches about psychology, aging, and applied ethics. Dr. Hunter enjoys reflecting on opportunities to be more ethically responsive across settings and career stages.

REBECCA LALONDE, MEd, is a registered psychologist from Saskatoon, Saskatchewan currently living on the traditional, ancestral, and unceded lands of the *x^wməθk^wəy^əm* (Musqueam), *S_kwxwú7mesh* (Squamish), and *səlilwətał* (Tsilil-Waututh) Nations. In the time since this chapter was written, Ms. Lalonde has moved into fully licensed practice and has worked alongside people living in long-term care homes, children, and students. Having served as a psychologist in Saskatchewan, Québec, and British Columbia, Ms. Lalonde is grateful for the gifts of wisdom shared by clients and colleagues whose lived experience brings a deeper appreciation for ethics in practice across Canada.

JESSICA LAMBERT, BN, is a registered nurse working in a rural-based intensive-care unit in Yarmouth, Nova Scotia. She completed her bachelor of nursing degree at Memorial University in Newfoundland. Always interested in adult education, Ms. Lambert has been a teacher's assistant at Dalhousie University School of Nursing (Yarmouth Site) and is pursuing her master of nursing degree.

TOUPEY LUFT, PhD, is a registered psychologist and a counsellor educator at the University of Lethbridge. Her lived experience as a teenager attending family therapy led her on the path to becoming a psychologist. Dr. Luft was a student of Dr. Jean Pettifor during her graduate training. She also had the opportunity to travel to South Africa with Jean as part of a Canadian psychologists' delegation. She is passionate about teaching others to become ethical practitioners and has been nominated for the Psychologists' Association of Alberta (PAA) Teaching Award (2017 and 2018) and the PAA Clinical Supervision Award (2019 and 2021).

LISA MACNAUGHTON-DOUCET, MN, is a registered nurse and an adjunct assistant professor at Dalhousie University School of Nursing in Nova Scotia. She teaches primarily population and community health in undergraduate nursing education. Interprofessional collaboration has been a foundation in her professional role as a nurse educator. Ms. MacNaughton-Doucet's scholarly interests include community health nursing and publications related to persons diagnosed with dementia and those with developmental disabilities.

JUDI L. MALONE, PhD, is a registered psychologist in Alberta, Australia, and Ireland. She is the CEO of the Psychologists' Association of Alberta, where she has gained extensive experience collaborating to strengthen the role and profile of psychology and access to psychological services for Albertans. Dr. Malone also has a wealth of scientist-practitioner experience from clinical practice, academic roles, and research. She has expertise in working with disadvantaged populations, and her clinical interests are trauma, the neurobiology of addictions, and professional ethics in rural and small communities. Dr. Malone is an adjunct professor at the University of Alberta and at Charles Sturt University.

LINDA M. MCMULLEN, PhD, is professor emerita of psychology at the University of Saskatchewan. She is the author of *Essentials of discursive psychology*; co-author (with Frederick Wertz, Kathy Charmaz, Ruthellen Josselson, Rosemarie Anderson, and Emalinda McSpadden) of *Five ways of doing qualitative analysis: Phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry*; and co-editor (with Janet Stoppard) of *Situating sadness: Women and depression in social context*. Dr. McMullen's recent journal publications include discursive analyses of service providers' and service users' accounts of depression and the use of antidepressants.

ANNIK MOSSIÈRE, PhD, is an adjunct assistant professor at the Werklund School of Education, University of Calgary. She is also a registered psychologist in Calgary, specializing in clinical and forensic psychology, with specific research and clinical interests in the areas of trauma, justice-involved persons,

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HEATHER C. POWER, MSc, was born and raised in Nova Scotia where she has practiced as a clinical and forensic psychologist in both private and public healthcare settings. Her passion for the field of psychology has led her to sit on numerous boards and committees related to mental health advocacy and governance of the profession. She particularly enjoys consulting with colleagues on ethical matters and takes every opportunity available to expand her knowledge and skills in mental health service provision. She can often be found reading a book, with a dog in her lap and a cup of coffee in hand.

MAHDI GASQAS, PhD, is a father of four and a psychologist with a PhD in social work. He embarked on his “helper” trajectory over 20 years ago, an experience that has shaped the architecture and design of Psycho-Spiritual First Aid®—a mental health consultation framework to guide the development of culturally adapted and localized evidence-based practices. His current research, training, and passion revolve around “helping the helpers,” particularly in supervising future mental health professionals and developing Islamic Counselling Psychology.

MARC ROSS, PhD, is a registered psychologist in Alberta who specializes in the areas of evolutionary psychology and integral studies. He has worked extensively with biofeedback and hypnosis in his practice, and also has had invaluable experience in research, teaching, and writing. Having worked with many adolescents, couples, and families over the years, he is affectionately referred to as “Dr. Wheelz” by some teens. Given his personal experience with quadriplegia, he also helps people adapt to chronic pain, disability, and physical injury.

RANDI L. SAGER, MA, is First Nations (Dakota/Saulteaux/Nêhiyaw/Métis) and German and Scottish from Okotoks, Alberta. She belongs to the Muscowpetung Saulteaux Nation Reserve in Fort Qu'Appelle, Saskatchewan. She is an Indigenous registered psychologist who works from an Indigenous perspective. She provides Indigenous counselling and creates a safe place for clients to heal in a way that they want to heal. She works from a holistic approach that integrates Indigenous ways of being and knowing and psychology. She received her master's in counselling psychology from City University of Seattle and her traditional education from Elders, Knowledge Holders, and Community Members.

INÉS SAMETBAND, PhD, is an assistant professor in the Department of Psychology at Mount Royal University in Alberta. She is a registered marriage and family therapist (AAMFT) and former clinical supervisor at the Centro de Educación y Atención a las Personas (CEAP, Chile). Dr. Sametband's scholarly and professional work is informed by discursive and collaborative approaches, and she is interested in how people make relevant preferred cultural discourses in their therapy conversations, and how therapists manage these conversations in ways that recognize and include all cultural background(s).

MEADOW SCHROEDER, PhD, received her doctorate in school psychology from the University of Calgary. She is a registered school psychologist and associate professor with the University of Calgary's School and Applied Child Psychology program. She is the former academic coordinator for a First Nations-only cohort of a masters of education in School and Applied Child Psychology program. Her research interests include the well-being of students with disabilities transitioning to post-secondary school.

DALAL SHAHEEN, MSc, is a registered psychologist in Alberta whose work over the years extends to multidisciplinary settings in different regions of the world, including Canada, USA, Egypt, and UK. She has worked with various client groups presenting with a wide variety and severity of mental health concerns and diagnoses. She has extensive experience in refugee mental health and in training provision. She also specializes in dialectical behaviour therapy, and in group development and implementation. Ms. Shaheen's experiences have given her an international and a multicultural perspective, which she uses in her clinical and professional work.

CAROLE SINCLAIR, PhD, is a retired clinical child psychologist and works as an independent scholar in the Toronto, Ontario, area. She is a member and past chair of the Committee on Ethics of the Canadian Psychological Association and led the development of the original *Canadian Code of Ethics for Psychologists* and its three subsequent revisions. She was an associate of Dr. Jean Pettifor for over 40 years and has presented and published extensively on ethics (often with Dr. Pettifor). Dr. Sinclair's particular focus is on ethical reasoning and decision making, the history of ethical principles across cultures and time, and supervision ethics.

NAN STEVENS, EdD, experienced the loss of three family members to cancer over a period of five years. This brought her to art therapy to help resolve her grief. The art therapy experience was so profound that she completed a graduate diploma in art therapy and opened her own practice. In addition, Dr. Stevens' life

work focuses on advancing innovative practices for preparing teachers to be effective inclusive educators. She is the mother of a child with high needs, a teacher, a post-secondary educator, a scholar, a community advocate, and a writer. This unique combination has established Dr. Stevens as a social change agent on local, provincial, national, and international stages.

DONALD W. STEWART, PhD, is a clinical psychologist, professor, and academic administrator at the University of Manitoba. In his current role as executive director, student support, he oversees seven units providing a range of health and wellness services to students. In addition to his administrative position, he is involved actively in research on mental health help-seeking, clinical supervision, and related topics. Dr. Stewart currently serves as the chair of the Continuing Education Committee for the Psychological Association of Manitoba, vice-chair of the Canadian Psychological Association Committee on Ethics, and as a member of the Ethical Resource Service for the Manitoba Psychological Society.

FERN STOCKDALE, PhD, is a registered doctoral psychologist living in Saskatoon, Saskatchewan. Dr. Stockdale is thankful to be working and creating on Treaty 6 territory and the traditional homeland of the Métis peoples. Since the introduction to the authors in the chapter on ethical issues in long-term care was written, she has moved to working part-time at the Operational Stress Injury Clinic and part-time as the training director for the Saskatoon and Area Psychology Residency and Fellowship programs. Existential issues, values, and ethics have been important questions to Dr. Stockdale, and she is delighted to have contributed to this book.

KIM THOMAS, MC, is a registered psychologist in Alberta, where she works in her private practice, *Stable Grounding Psychology*. She specializes in the treatment of trauma-spectrum presentations, particularly complex post-traumatic stress disorder, and dissociative disorders. Ms. Thomas utilizes primarily sensorimotor psychotherapy, eye-movement desensitization and reprocessing therapy, and internal family systems therapy. Ms. Thomas also integrates equine-facilitated approaches for those curious about how horses and nature hold capacity for deep and meaningful healing. Last, but certainly not least, her greatest inspiration is her clients to whom she is grateful for inviting her to join their courageous journeys.

NICOLE VATH, MC, is a registered clinical counsellor in British Columbia, practicing in both private and not-for-profit settings. She obtained her master of counselling degree in 2022 from Athabasca University in Alberta. Her master's thesis evaluated *New Ways for Families*®, an intervention for high-conflict

divorcing parents. Ms. Vath has presented on high-conflict divorce at the annual Association of Family and Conciliation Courts conference. She plans on continuing to grow her practice, her research, and publications on families in conflict while raising her family with her partner in the Okanagan Valley.

KAREN WHITE, MA, is a retired firefighter who has dedicated her undergraduate and graduate studies (Royal Roads University—master of arts in leadership and training with a specialization in justice and public safety leadership) to studying the issues facing women in the British Columbia Fire Service. Ms. White provides crisis intervention and victim services with local police and the RCMP to victims of crime and individuals impacted by trauma. Ms. White also loves travelling, beekeeping, boating on the Shuswap Lake, and spending time with her partner and dogs walking the trails in the beautiful mountains of British Columbia.

BARRY WISER, PsyD, originally from New England, has spent his adult life enjoying rural Nova Scotia. His psychology-related pursuits began as a summer volunteer with individuals with developmental disabilities. He received his psychology undergraduate degree from a small liberal arts college, Muhlenberg College, and then his doctorate from the University of Denver. Dr. Wisser has spent his career as a clinical psychologist in the community and with public mental health services in southwest Nova Scotia. He now particularly enjoys consultation opportunities with newer professionals focusing on such areas as the ethical challenges of delivering rural mental health services.

MICHAEL LEE ZWIERS, PhD, holds a master's degree in educational psychology and a Ph.D. in counselling psychology, with post-doctoral training in clinical psychology. He is an adjunct assistant professor in educational psychology at the University of Calgary and operates Lighthouse Psychology Services in Calgary. Dr. Zwiers specializes in the assessment and treatment of mental health disorders and learning disabilities across the lifespan, with a special interest in clinical diagnosis. He has been working with indigenous clients since 1986, but still considers himself a novice in cultural understanding. Learning about Indigenous ethics and ways of knowing has encouraged him to learn more about himself.

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Psychologists face ethical and cultural intricacies in their work on a daily basis. Psychology graduate training and continuing education programs often focus mainly on common ethical issues and mainstream psychological services and settings. Although this provides a wealth of valuable information, it is also necessary to look beyond the usual and mainstream.

Ethics in Action brings together thirty-four psychologists and eight collaborating professionals from allied disciplines, including nursing, social work, emergency services, and veterinary medicine, to share wisdom gained from facing ethical questions in real-world practice. These knowledgeable contributors share their experiences working with new Canadians, religious minorities, Indigenous communities, and more. They address issues of self-care, teamwork, collaboration, and interprofessional practice. They share the challenges that can arise when working within long-term care facilities, rural settings, equine-therapy settings, academia, and with people in unique circumstances.

Structured around the four ethical principles that form the *Canadian Code of Ethics for Psychologists*, this book goes far beyond the basics, building awareness of the many complex and varied ethical issues practitioners may face. Each chapter includes reflection questions, challenging readers to better understand themselves and to prepare them to respond to complicated situations from an ethical perspective.

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