



MSCP Ethical Code (2015)

Malaysian Society of Clinical Psychologists (MSCP)

Ethical Guidelines for Registered Clinical Psychologists

Introduction

The Malaysian Society of Clinical Psychologists (MSCP) recognizes its obligation to set and uphold the highest standards of professionalism, and to promote ethical behaviour, attitudes and judgements on the part of clinical psychologists by:

- ✓ Being mindful of the guiding principle in protecting the public
- ✓ Expressing clear ethical principles, values and standards
- ✓ Setting the standards of qualification in the practice of the profession
- ✓ Setting the standards for post-graduate training in the profession
- ✓ Setting the standards for professional competence
- ✓ Promoting such standard by education and consultation through
 - Developing and implementing methods to help psychologists monitor their professional behavior and attitudes
- ✓ Investigating complaints of unethical behavior; taking corrective action when appropriate, and learning from the experience
- ✓ Assisting psychologists with ethical decision making
- ✓ Providing opportunities for discourse on these issues
- ✓ Maintaining a registry of qualified clinical psychologists in Malaysia

This Code of Ethics and Conduct should guide all members of MSCP and should be read in conjunction with MSCP's Constitution. It comes into effect on 18th December 2010.

In formulating this Code, a wide range of existing codes from the American Psychological Association, the British Psychological Society, and the Australian Psychological Society were referred to. This Code is based primarily on the Ethical Principles and Code of Conduct of the American Psychological Association, 2010.

MSCP has also considered the wide range of contexts in which psychologists work. Examples of the roles undertaken by psychologists include those of clinician, consultant, counselor, educator, employer,



evaluator, expert witness, lecturer, manager, policy developer, practitioner, researcher, social interventionist, supervisor, or therapist. These examples are not exhaustive.

In this Code the term “psychologist” refers to any registered psychologist under MSCP.

Psychologists will also need to familiarize themselves with the legal framework, regulatory requirements and other guidance relevant to the particular context in which they work.

In this code, the term “client” refers to any person/s with whom a psychologist interacts on a professional basis. The client could be an individual (such as patient, student, or research participant), a couple, a family group, an educational institution, a private organization, including the Court. The ethics code applies only to psychologists’ activities that are part of their scientific, educational, and professional roles as psychologists. The purely private conduct of psychologists is not within the purview of the ethics code.

Psychologists are likely to need to make decisions in difficult, changing and unclear situations.

MSCP expects that the Code will be used to form a basis for consideration of ethical questions, with the Principles in this Code being taken into account in the process of making decisions, together with the needs of the client and the individual circumstances of the case. However, no Code can replace the need for psychologists to use their professional and ethical judgement. If a complaint is made, the Society will consider the individual circumstances, and the explanation given by the psychologist of how the decision was reached, as well as the foreseeable consequences of that decision, in judging whether there has been any professional misconduct.

If members were found to have violated the ethical code, MSCP reserves the right to impose sanctions which could include termination or suspension of MSCP membership, sanction noted in or removal from the registry, and may notify other bodies or individuals of its actions.

In making decisions on what constitutes ethical practice, psychologists will need to consider the application of technical competence and the use of their professional skill and judgement. They should also be mindful of the importance of fostering and maintaining good professional relationships with clients and others as a primary element of good practice.

Ethical Principles*¹

The MSCP Code of Ethics and Conduct is based on four Ethical Principles, which constitute the general guidelines within which ethical issues are considered. These principles are meant to be aspirational in nature, that is, to guide and inspire psychologists toward the highest ethical ideals of the profession. These principles alone, are not obligations, and therefore cannot be basis for ethical sanctions. The Ethical Standards (or Code of Conduct) are derived from these principles. Where there are gaps and

¹ * Based primarily on the Ethical Principles and Code of Conduct of the American Psychological Association, 2010.



ambiguity in the Ethical Standards (or Code of Conduct), the Ethical Principles should be consulted to guide psychologists in their ethical decision-making. The four Ethical Principles are:

Beneficence & Non-maleficance

Psychologists' primary guide is to DO NO HARM and endeavor to promote the health and welfare of those they work with. This applies to people they interact professionally and other affected persons, as well as the animal subjects of research. In the face of conflicting interests, concerns and obligations, psychologists are committed to resolve the conflicts in a manner that is responsible and avoids/minimizes harm. Keeping in mind their professional influence on the lives of others, they must take care to ensure competency in their professional work, including but not limited to continuing professional development. They also strive to safeguard against any personal, financial, social, organizational, or political factors that might result in misuse of their influence. As human beings, psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help and/or protect those with whom they work.

Respect for Human Rights and Dignity

Psychologists respect the inalienable rights of all people, which includes their rights to privacy, confidentiality and self-determination. Regardless of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language and socioeconomic status; psychologists treat all people with dignity. In situations whereby persons or communities show vulnerabilities that impair their autonomous decision making, psychologists are careful to ensure special safeguards to protect the rights and welfare of these individuals or communities. In view of cultural and individual diversity, psychologists strive to be aware of their personal biases in order to respect differences in the people they work with. They also do not knowingly participate in or condone activities based upon prejudices or discrimination against a particular person or group.

Integrity

Psychologists strive to uphold accuracy and honesty in the science, teaching and practice of psychology. Recognizing their position of power and trust, psychologists do not condone or participate in any dishonest activities, including stealing, fraud, or intentional misrepresentation of fact. Where deception may be ethically justifiable to maximize benefits and minimize harm, psychologists strive to avoid or minimize potential harmful effects or mistrust that might arise from the use of such techniques. Recognizing their own biases and limits to their objectivity, psychologists strive to maintain proper boundaries with those they work. They also identify and avoid potential conflicts of interest. In their



interpersonal relationships, psychologists refrain from exploiting people for personal or organizational benefits. They also take care to avoid disreputable conduct that reflects negatively on the profession or on their professional ability as psychologists.

Responsibility & Justice

Psychologists are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. They strive to uphold the professional standards of conduct and accept responsibility for their behaviors and professional decisions. To ensure the highest standards of their profession, psychologists show concerns about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to be socially responsive and responsible to the fundamental needs of the larger society. This may include but is not limited to contributing a portion of their professional time and expertise for little or no compensation or personal advantage. In practicing fairness and justice, psychologists recognize that all persons are entitled to equal access to the knowledge and services of psychology. Psychologists also take care to ensure that their potential biases and the limits of their competence or expertise do not lead to or condone unjust practices.

Ethical Standards & Code of Conduct*²

Standard 1: Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

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

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the

² * Based primarily on the Ethical Principles and Code of Conduct of the American Psychological Association, 2010.



Ethics Code, and take reasonable steps to resolve the conflict to the extent possible to be consistent with the General Principles and Ethical Standards of the Ethics Code, while meeting the legal requirements of their professional role. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict to the extent possible to be consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by first bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority](#), and [1.03, Conflicts Between Ethics and Organizational Demands](#).)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard [1.04, Informal Resolution of Ethical Violations](#), or is not resolved properly in that fashion, psychologists should consider taking further action appropriate to the situation. Such action might include referral to the ethics board of MSCP for the protection of the public. This standard does not apply when an intervention would violate confidentiality rights. (See also Standard [1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority](#).)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the MSCP and other relevant authorities. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. Psychologists must be willing to explain the basis for their ethical decision making. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with malice, reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

1.09 Maintaining Standard of Ethical Decision Making

(a) Psychologists recognize that ethical dilemmas will inevitably arise in the course of professional practice and accept their responsibility to attempt to resolve it with appropriate reflection, supervision, and consultation.

(b) Psychologists develop and maintain a comprehensive awareness of professional ethics, including familiarity of this Code in order to engage in a process of ethical decision-making that includes:

- (1) identifying relevant issues,
- (2) reflecting on established principles, values, and standards,
- (3) seeking supervision or peer review,
- (4) developing alternate courses of action in view of contextual factors,
- (5) allowing for different perspectives and cultures,
- (6) choosing a course of action, and
- (7) evaluating the outcomes to inform future ethical decision making.

(c) Psychologists must be able to justify their actions on ethical grounds.

(d) Psychologists remain aware that the process of ethical decision making must be undertaken with sensitivity to any time constraints that may exist.

Standard 2: Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists make reasonable effort to obtain available training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals if such services are available, except as provided in [Standard 2.02, Providing Services in Emergencies](#).

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study if its' available.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.



(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence. Psychologists also need to integrate ethical considerations into their professional practice as an element of professional development.

2.04 Bases for Scientific and Professional Judgements

Psychologists' work are based upon established scientific and professional knowledge of the discipline. (See also Standards [2.01e, Boundaries of Competence](#), and [10.01b, Informed Consent to Therapy](#).)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to

- (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity;

(2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and

(3) see that such persons perform these services competently.

Standards and that they are not required to work beyond the limits of their competence. (See also Standards [2.02, Providing Services in Emergencies](#); [3.05, Multiple Relationships](#); [4.01, Maintaining Confidentiality](#); [9.01, Bases for Assessments](#); [9.02, Use of Assessments](#); [9.03, Informed Consent in Assessments](#); and [9.07, Assessment by Unqualified Persons](#).)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work related activities in a competent manner. Psychologists should refrain from practice when their professional competence is seriously impaired.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard [10.10, Terminating Therapy](#).)

Standard 3: Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation,

physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either

(1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context.

Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard [1.08, Unfair Discrimination Against Complainants and Respondents.](#))

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships

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

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

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

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards [3.04, Avoiding Harm](#), and [3.07, Third-Party Requests for Services](#).)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards [3.05, Multiple relationships](#), and [4.02, Discussing the Limits of Confidentiality](#).)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other



authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards [3.05, Multiple Relationships](#); [6.04, Fees and Financial Arrangements](#); [6.05, Barter with Clients/Patients](#); [7.07, Sexual Relationships with Students and Supervisees](#); [10.05, Sexual Intimacies with Current Therapy Clients/Patients](#); [10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients](#); [10.07, Therapy with Former Sexual Partners](#); and [10.08, Sexual Intimacies with Former Therapy Clients/Patients](#).)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard [4.05, Disclosures](#).)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. Psychologists ensure that clients are aware of their right to withdraw at any time from receiving professional services or research participation. (See also Standards [8.02, Informed Consent to Research](#); [9.03, Informed Consent in Assessments](#); and [10.01, Informed Consent to Therapy](#).)

(b) Psychologists must be alert to the possibility of persons incapable of giving consent. For such persons who are legally incapable of giving informed consent, psychologists nevertheless

- (1) provide an appropriate explanation,
- (2) seek the individual's assent,
- (3) consider such persons' preferences and best interests, and
- (4) obtain appropriate permission from a legally authorized person.

If there are no legal guardians, psychologists should obtain specific approval from appropriate institutional ethics authorities, and if no institutional ethics authority exists, peers and colleagues should be consulted. Reasonable steps should be taken to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding. Particular care should be taken when

seeking consent of detained persons as the circumstances of detention may affect the ability of such clients to consent freely.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards [8.02, Informed Consent to Research](#); [9.03, Informed Consent in Assessments](#); and [10.01, Informed Consent to Therapy](#).)

(e) Psychologists should obtain supplemental informed consent as circumstances indicated such as when professional services or research are extended or when there is significant change in the nature of the activities.

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and

objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard [6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work](#).)

3.13 Standards of General Respect and Inclusion

In a multiracial-multicultural setting, psychologists should respect the individual, cultural and role differences by acknowledging the knowledge, insights, beliefs, experience and expertise of clients, relevant third parties, and members of the general public.

Standard 4: Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, [Delegation of Work to Others](#).)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, [Informed Consent](#).)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, [Informed Consent for Recording Voices and Images in Research](#); 8.05, [Dispensing with Informed Consent for Research](#); and 8.07, [Deception in Research](#).)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.



(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

(c) Psychologists should ensure that colleagues, staff, trainees, and supervisees with whom they work, understand and respect the provisions of this Code concerning the handling of confidential information.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to

- (1) provide needed professional services;
- (2) obtain appropriate professional consultations;
- (3) protect the client/patient, psychologist, or others from harm; or
- (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard [6.04e, Fees and Financial Arrangements.](#))

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard [4.01, Maintaining Confidentiality.](#))

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

4.08 Breach of Confidentiality

In contemplating a breach of confidentiality, psychologists should (1) consult a professional colleague unless the delay is rendered impractical by the immediacy of the need for disclosure, (2) document any breach of confidentiality and the reasons compelling disclosure without consent in a contemporaneous note.

Standard 5: Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees were earned from a regionally accredited educational institution.

(d) The title of Consultant Psychologist can only be used if and when the psychologist has had a minimum of 5 years of clinical experience and deemed to be knowledgeable in the field.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard [1.01, Misuse of Psychologists' Work.](#))



(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission, they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard [2.04, Bases for Scientific and Professional Judgments.](#))

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

Standard 6: Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records



Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. Records entered into databases or systems of records available to persons whose access has not been consented to by the recipient (Such as Medical Records assessable by physicians and other hospital personnel) should be kept to bare minimum in meeting the above mentioned requirements. (See also Standard [4.01, Maintaining Confidentiality.](#))

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards [4.01, Maintaining Confidentiality](#), and [6.01, Documentation of Professional and Scientific Work and Maintenance of Records.](#))

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records, such information should be kept to a bare minimum to comply with the organization requirements without divulging sensitive psychological information. Recipients of psychological services in such settings need to be informed about the nature of what is recorded in their file which could be relevant to their treatment team.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards [3.12, Interruption of Psychological Services](#), and [10.09, Interruption of Therapy.](#))

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements



- (a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.
- (b) Psychologists' fee practices are consistent with national standards.
- (c) Psychologists do not misrepresent their fees.
- (d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards [10.09, Interruption of Therapy](#), and [10.10, Terminating Therapy](#).)
- (e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards [4.05, Disclosures](#); [6.03, Withholding Records for Nonpayment](#); and [10.01, Informed Consent to Therapy](#).)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/ patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards [3.05, Multiple Relationships](#), and [6.04, Fees and Financial Arrangements](#).)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards [4.01, Maintaining Confidentiality](#); [4.04, Minimizing Intrusions on Privacy](#); and [4.05, Disclosures](#).)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. Psychologists should not practice fee splitting to encourage referrals from other professionals. (See also Standard [3.09, Cooperation with Other Professionals](#).)

Standard 7: Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for ethical practice. (See also Standard [5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.](#))

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard [5.01, Avoidance of False or Deceptive Statements.](#))

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard [2.03, Maintaining Competence.](#))

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and



program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard [7.02, Descriptions of Education and Training Programs.](#))

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard [3.05, Multiple Relationships.](#))

7.06 Assessing Student and Supervisee Performance

(a) A psychologist must have a minimum of 5 years of professional clinical practice to ensure competence before providing supervision or taking on the role of a clinical supervisor.

(b) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(c) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard [3.05, Multiple Relationships.](#))

Standard 8: Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards [8.03, Informed Consent for Recording Voices and Images in Research](#); [8.05, Dispensing with Informed Consent for Research](#); and [8.07, Deception in Research](#).)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard [8.02a, Informed Consent to Research](#).)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in

public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard [8.07, Deception in Research](#).)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard [6.05, Barter with Clients/Patients.](#))

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective non-deceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard [8.08, Debriefing](#).)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Withdrawal from Research

In an effort to support self-determination of clients, psychologists need to comply with requests by clients who are withdrawing from research participation that any data by which they might be identified, including recordings, be destroyed.

8.10 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current laws and regulations, and with professional standards.

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

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard [2.05, Delegation of Work to Others](#).)



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

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

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

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.11 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard [5.01a, Avoidance of False or Deceptive Statements.](#))

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.12 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.13 Publication Credit

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard [8.13b, Publication Credit.](#))

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard [8.13b, Publication Credit.](#))

8.14 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.15 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

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

8.16 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

Standard 9: Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings. (See also Standard 2.04, [Bases for Scientific and Professional Judgments](#).)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, [Boundaries of Competence](#), and 9.06, [Interpreting Assessment Results](#).)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or

governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards [2.05, Delegation of Work to Others](#); [4.01, Maintaining Confidentiality](#); [9.01, Bases for Assessments](#); [9.06, Interpreting Assessment Results](#); and [9.07, Assessment by Unqualified Persons](#).)

9.04 Release of Test Data

(a) The term test data refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of test data. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard [9.11, Maintaining Test Security](#).)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards [2.01b and c, Boundaries of Competence](#), and [3.01, Unfair Discrimination](#).)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard [2.05, Delegation of Work to Others](#).)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate



considerations. (See also Standard [2.01b and c, Boundaries of Competence.](#))

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term test materials refers to manuals, instruments, protocols, and test questions or stimuli and does not include test data as defined in Standard [9.04, Release of Test Data](#). Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

Standard 10: Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard [3.10, Informed Consent](#), psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards [4.02, Discussing the Limits of Confidentiality](#), and [6.04, Fees and Financial Arrangements.](#))

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards [2.01e](#), [Boundaries of Competence](#), and [3.10](#), [Informed Consent](#).)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard [4.02](#), [Discussing the Limits of Confidentiality](#).)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard [3.05c](#), [Multiple Relationships](#).)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the start of therapy the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the

other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard [3.05, Multiple Relationships.](#))

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard [3.12, Interruption of Psychological Services.](#))

10.10 Terminating Therapy

- (a) Psychologists make clear at the first contact, or at the earliest opportunity, the conditions under which therapy may be terminated. Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
- (c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.
- (d) Psychologists recognize that conflicts of interests and inequity of power may still be salient after professional relationships are formally terminated, such that professional responsibilities may still apply.

Conclusion

This Code of Ethics and Conduct provides the parameters within which professional judgments should be made. However, it is not exhaustive and does not aim to provide the answer to every ethical dilemma a psychologist in Malaysia may face. Where there are gaps and ambiguity in the Ethical Standards and Code of Conduct, the Ethical Principles should be consulted to guide psychologists in resolving ethical dilemmas. Above all, psychologists endeavor to critically reflect and apply a systematic process of ethical decision-making that strive to uphold the highest standard of professionalism and accountability to the consumers of psychology, as well as to the profession.

Complaints Alleging Violation of Ethics Code

Initiation of Action

- 1) Complaints filed by Registered Psychologists, members/affiliates of MSCP, or any member of the public through complaint form submitted to Ethics Committee
- 2) *Sua sponte* action

Response of the MSCP Ethics Committee (adapted from AAMFT model)

Step 1: Initial Determination (by Chair of Ethics Committee)

- determine nature and motive of complaint and background of complainant, jurisdiction
- inform the alleged party about complaint and request for acknowledgement. Alleged party is given 14 days to file a rebuttal.

Possible Outcome:

1) Outside of jurisdiction:

- no further investigation;
- referral to relevant parties

2) Malicious:

- further ethical investigation of the complainant

3) Inadequate documentation:

- request for more

4) Full documentation:

- start investigation

Step 2: Investigation

1. Chair of Ethics Committee appoint investigative team
2. Team carries out investigation by contacting relevant parties and examining documents
3. If more documents are required, Team will contact the necessary parties
4. Team produces report to Chair of Ethics Committee for further action

Step 3: Ethics Committee Action

1. Chair of Ethics Committee call for full Ethics Committee meeting (quorum: 60%)
2. Committee deliberate investigation result and determine outcome of the complaint
3. Respond to complainant and the alleged party within 3 months of the outcome.

Possible Outcome:

1) Remand

The Committee may remand the matter to the Chair for continued investigation or issuance of a new charge letter.

2) Dismiss the Charges

- *No Violation*. The Committee may dismiss a charge if it finds the alleged party has not violated the ethical standard as charged.

- *Violation Would Not Warrant Further Action*. The Committee may dismiss the complaint if it concludes that any violation it might find (a) would constitute only a minor or technical violation that would not warrant further action, (b) has already been adequately addressed in another forum, or (c) is likely to be corrected.

- *Insufficient Evidence*. The Committee may dismiss a charge if it finds insufficient evidence to support a finding of an ethics violation.

3) Educative Letter.

Where the Committee deems it appropriate, the Committee may issue an educative letter, to be shared only with the alleged party, concerning the behaviors charged or other matters. An educative letter may be issued whether the Committee dismisses the charges or recommends finding violations. A confidential copy of the educative letter will be kept on file assessable only to the Ethics Committee.

4) **Recommend Reprimand or Censure.** If the Committee finds that the alleged party has violated the Ethics Code, but decides that the nature of the alleged party's behavior is such that the matter would be most appropriately resolved without recommending loss of membership, the Committee will recommend reprimand or censure of the alleged party, with or without one or more available directives.

5) **Recommend Suspension.** Suspension will be noted in the registry and the committee may notify other bodies and individuals of its action.

6) **Recommend Expulsion.** The Committee may recommend expulsion if it concludes that there has been a serious ethics violation, that it was of a kind likely to cause substantial harm to another person or the profession, or that it was otherwise of such gravity as to warrant this action. The



committee will notify all members and any relevant bodies of the expulsion and remove the person from the registry after the appeal process has been exhausted.

Appeal Process

- Defendant has 30 days to file an appeal upon receipt of the Committee's decision.
- If first appeal is rejected, defendant has the right to appeal for a review of his/her case
- Defendant to submit application of appeal to the MSCP Ethics and Registration Board.
- Chairperson along with other board members will review and determine the outcome of the case

Possible Outcome:

- 1) Appeal rejected – verdict stays
- 2) Appeal accepted – further investigation (return to Step 2)

Respond to complainant, defendant and Chair of Ethics Committee within 3 months time upon receipt of appeal.