



Canadian Psychological Association

**Professional Practice Guidelines
for School Psychologists in Canada**

The CPA Section of Psychologists in Education

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Special Notes

The intent of this document is twofold. First, in establishing guidelines for the practice of psychology within Canadian schools, it is guidance for psychologists. Second, in establishing guidelines for psychologists, it informs other educational and health professionals working in the school system about the role of the school psychologist. Increasingly, health and education professionals in Canada's public systems work within collaborative and consultative models – an evolving model of practice in which administrators, educators, health professionals, students and families need to work together to enhance student learning and development.

In Canada the requirements for licensure as a psychologist vary from jurisdiction to jurisdiction. In some the title psychologist is reserved for those holding the doctoral degree and in others it is accorded to those prepared at the master's level. In some jurisdictions in which the doctoral degree is required for licensure as a psychologist, a master's prepared professional may be licensed as a psychological associate. In both masters and doctoral jurisdictions, some non-registered personnel provide psychological services under the supervision of a licensed psychologist. These latter personnel are often referred to as psychometrists.

For the sake of simplicity, when we use the term “school psychologist” throughout this document, we use it to include:

- Licensed psychologists with an established competence in school psychology;
- Licensed psychological associates with an established competence in school psychology;
- Professionals rendering psychological services under the supervision of a licensed psychologist with an established competence in school psychology. These latter professionals are often referred to as psychometrists.

Licensed is used to refer to those psychology professionals who have sought and obtained licensure from the regulatory body established by governmental statute to regulate the practice of psychology in the jurisdiction in which the professional practices. Licensure is synonymously called chartered or registered in some jurisdictions. In some jurisdictions, those practicing school psychology are certified by the provincial Department of Education and may be exempted from licensure requirements by the psychological licensing board. Psychologist and psychological associate are protected titles and may only be used by those professionals registered by a regulatory body of psychology, provincial Department of Education, or entitled to do so in the context of their employment.

Preface

“...School psychologists are the most highly trained mental health experts in schools. In addition to knowledge about prevention, intervention, and evaluation for a number of childhood problems, school psychologists have unique expertise regarding issues of learning and schools. It is [school psychologists’] ethical responsibility to become involved in programs aimed at problems that are broader than assessing and diagnosing what is wrong with a child. As the most experienced school professionals in this area, school psychologists must become invested in addressing social and human ills ... Although [school psychologists] will not ‘solve’ these ills, [they] must have a role in ameliorating their impact on the lives of children.”

– Sheridan, S. and Gutkin, T. (2000)

The mandate and scope of the school psychologist’s intervention encompasses the total life of the child and adolescent. The school psychologist investigates the child and adolescent’s birth and developmental history, family circumstances, and functioning in the school and community.

The training and skills that psychologists bring to the school system include but are not limited to the administration and interpretation of psychological tests to assess cognitive or emotional functioning. According to the missions and models of psychologist’ training programmes, science informs and is informed by practice. School psychologists know about how children learn and behave and how they develop cognitively and emotionally. School psychologists understand about individual and group differences and have expertise in research methodology and program evaluation. This knowledge base informs the practical skill sets psychologists employ in the way of assessment, intervention, and consultation. This knowledge and skills set can be applied at the level of student, family or teacher, at the whole-school level, and at a district/system-wide level.

The school psychologist is an integral and important part of a district’s student services team, as well as of the total district organization. The school psychologist serves the district by engaging in planning, implementing, and delivering prevention programs for the full spectrum of mental health problems affecting schools, including violence prevention and crisis response. Collaborative consultation with teachers and other mental health professionals enables the psychologist to deliver meaningful programs to the total student body.

School psychologists are excellent resources for districts, teachers, and parents in providing in-service education on a variety of school-related problems and issues, such as behaviour management and parenting skills. Psychologists also assist districts with development and evaluation of new programs, and provide professional consultation to district level staff. Consultation with community stakeholders in education, such as medical practitioners, other government and service agencies and professionals and support groups, is also within the scope of school psychologists.

The school psychologist’s activities target many levels; primary prevention programs, systemic interventions, individual consultations, postvention, and treatment for chronic and severe developmental problems. The breadth of practice speaks to the diversity of skills that the school psychologist brings to the educational system.

Evolution of the Role of School Psychologists in Canada

Although the first mention of psychologists working with schools in Canada dates to the early part of the 20th century, these clinicians were typically based in mental health facilities rather than schools, and their work was primarily identification of students needing specialized placements for learning.

Psychologists worked within schools in small numbers throughout the ensuing decades, although primarily in an itinerant capacity and with a clinical psychology or health rather than school psychology perspective. This occurred because there were no formal training programs in school psychology available in Canada until the 1970s.

With the advent of specialized training programs in school psychology, school districts in Canada began hiring their own psychologists, again with a primary focus of identifying students with unique learning needs who required special placement or services. The passage of PL-94-142 in the United States had an indirect impact on educational practices in Canada, as did the passage of the Canadian Human Rights Act in 1977 and the Canadian Charter of Rights and Freedoms in 1982. These legislative changes opened the doors for more inclusive classrooms, more attention to the needs of individual students, and more services to address individual and special needs. There was also need for teacher support in teaching students with behavioural, emotional and learning differences, who were now being included in the regular school system.

The introduction of inclusive practices in the schools created an increase in the population of students who required the services of school psychologists. Historical estimates of the percentage of students needing psychological services were 5 percent. This figure essentially represented those with cognitive disabilities. With the move to more inclusive classrooms, we now estimate that 25-30 percent of the total student population will have exceptional problems that need psychological service. Included in this larger group are students with learning disabilities, cognitive challenges, behavioural and emotional disorders, impulse control problems, giftedness, and the full spectrum of pervasive developmental disorders.

Whereas the historical 5 percent largely need traditional cognitive and learning assessments, the 25 to 30% now identified for psychological services require a broader array of psychological assessment, intervention and consultation. The training and skills that psychologists bring to the school system today have gone beyond the “refer, test, place” model of past years and have accordingly increased in depth and breadth. The movement to inclusion has enabled psychologists to apply the full range of their skills in the schools.

Qualifications of School Psychologists. School psychologists are trained at the graduate level as science-practitioners. Their knowledge and skills include the foundations of learning, behaviour and individual differences, assessment and intervention, research methodology, and program evaluation. School psychologists are unique among psychologists in that they have training and experience in both mental health and educational issues. Mental health issues not only have major impact on a child or adolescent’s behaviour in school but also can seriously impact learning. In turn, learning difficulties impact a student’s social, emotional, and behavioural adjustment. Psychologists provide an integrated service that addresses the whole child or adolescent in the many settings in which he or she lives (e.g. school, home, community).

Ethical Obligations of School Psychologists. Psychologists adhere to the Code of Ethics of the Canadian Psychological Association (CPA). The **Canadian Code of Ethics for Psychologists, 3rd edition** is included in the appendix.

What School Psychologists Offer to the Educational System

An Overview

School psychologists are an integral and important part of the student services team, as well as of the district's organizational structure. School psychologists provide a wide variety of both educational and mental health services to districts, school staff, students, and their families.

School psychologists

- understand educational policies and issues because they work within the educational system
- understand the viewpoints of the many stakeholders in the educational system because their work requires their regular and direct contact with students, teachers, parents, and the community
- respond over long periods of time to students and situations that are chronic in nature (e.g. disruptive behaviour disorders, learning disabilities) and understand how these problems and situations affect and are affected by the classroom
- bring a scientific, research-based and objective approach to the analysis and assessment of students learning, behavioural and emotional problems
- have the tools to systematically measure change in behaviour over time
- have the training to carry out psychological assessment of students' cognitive and learning styles for the purpose of educational planning
- have the training to recognize, diagnose, and intervene with various child and adolescent behaviour and learning disorders
- collaborate with students, families, teachers and other health care professionals in formulating appropriate recommendations, plans and achievable goals for students
- support parents and teachers in the implementation of recommendations and plans
- maintain liaisons with other agencies in the community when appropriate to ensure comprehensive service-delivery to students, parents, and the teachers with they collaborate
- develop, consult, and participate in programs designed to respond to crises and emergency situations in schools
- stay current with research related to psychology and education, and therefore offer psychological resource and expertise to the educational system in the development of educational policy and procedure as well as program evaluation

The Client Population of School Psychologists

Furlong et al. (2000) identify three factors that determine students' connectedness to school. All three are ones in which school psychologists have identified roles and which target individual, group and systemic engagement. School psychologists can help students develop the skills optimal to school success, identify the opportunities that promote school success and receive recognition not only for their success but for their efforts.

Entire school population: School psychologists intervene with the whole school population through primary prevention measures such as school-wide screening programs for early identification of learning and/or behavioural problems and needs, anti-violence awareness programs, wellness promotion, personal safety and safe-school programs, and family support initiatives.

Individual students: There are some students in a school who will require more direct intervention. This might take the form of assessments of learning, behavioural, developmental and emotional problems as well as the development of programs designed to address the needs identified through the course of assessment or by the school. Other kinds of psychological interventions, often called postventions, might be needed to help students leaving or being removed from school

Teachers, families, community health professionals and social service agencies: Addressing the psychological needs of students often involves a coordinated and collaborative commitment on the part of students, families, teachers, community health professionals and social service agencies. While the school psychologist may provide only some of the needed services, he or she will be involved in coordinating others.

Roles and Responsibilities of School Psychologists

Because they work directly in the educational setting, school psychologists are familiar with the unique characteristics, delivery systems, and current educational policies of the school system. School psychologists work with school, district, and community-based teams, and bring specialized understanding of child and adolescent development as well as an empirically-based approach to assessment and intervention of the problems students present.. The breadth and depth of psychologists' training in assessment, intervention, research and evaluation at the individual, group and systems' levels marks their significant contributions to the school team. School psychologists complement the different training and approaches of the other school professionals with whom they collaborate, enabling teams to provide the most effective and comprehensive service to children and adolescents in our schools.

Five Levels of Intervention for School Psychologists

1. Student-Focused Indirect Intervention occurs when the school psychologist works with parents and teachers in planning educational and behavioural interventions for individual students. These kinds of interventions can include

- **Consultation** with teachers and administrators to address concerns related to individual student or class behaviour and learning difficulties
- **Program planning** following functional behavioural assessments in which psychologists provide advice on how to adapt the curriculum and make accommodations to meet a student's learning style, cognitive profile, developmental level, or behavioural needs
- **Parent collaboration** to better understand students with behavioural, socio-emotional and learning difficulties and to best integrate intervention strategies across the settings in which students live and learn.
- **Goal setting.** School psychologists interpret their assessment findings and use them to help to establish realistic goals based on a student's strengths and needs.
- **Teacher assistance.** School psychologists consult with teachers and suggest teaching strategies based on the specific nature of the student's learning or behavioural difficulty.
- **Interagency networking.** School psychologists collaborate and coordinate with other agencies to provide comprehensive services to the child or adolescent.
- **Referrals.** School psychologists facilitate referrals to other agencies and professionals, as needed.

2. Student-Focused Direct Interventions involve psychological assessment and/or intervention (e.g. behavioural or cognitive-behavioural therapy) with an individual student. Intervention is directed to students for recently developed or identified problems, sometimes of an urgent nature. Sometimes the intervention has a goal of understanding and accommodating a student's difficulties within the school environment. At other times, intervention is directed to students at risk of leaving or removal from school (e.g. those with severe disruptive behaviour disorders) who have passed the point where the usual interventions can be expected to be helpful. These students may require what is called postvention or services for acute episodes (e.g. being asked to leave school) which result from chronic problems (e.g. a longstanding history of problematic and disruptive behaviour in school). Postvention services typically involve more intensive supports in the form of alternative education programs, longer-term individual or family psychological intervention, drop-out recovery and follow-up support, and possible family preservation interventions. While these supports are not usually provided directly by the school psychologist, the school psychologist collaborates and consults in their delivery.

- **Individual psychological assessment.** The cornerstone of a psychological assessment is often psychological testing. However, the interpretation of psychological testing is done in the context of other information collected and interpreted by the psychologist. This information includes classroom observations, file review, gathering case history information through interviews and checklists, collection of functional behavioural data, and reviewing other professional assessments of the child or adolescent. Psychological testing includes the administration and interpretation of standardized objective and projective psychological tests to assess such areas and functions as cognitive development, memory, language, executive functioning, visual perception, auditory perception, language development, visual motor skills, academic attainment, and socio-emotional and behaviour adjustment. The data from a comprehensive psychological assessment directs a psychologist's recommendations concerning intervention strategies for parents and teachers
- **Individual therapy.** School psychologists use evidence-based psychological interventions such as cognitive-behavioural therapy, relaxation therapy, rational emotive therapy, and social skills training. These interventions help the student and others better understand the nature of a problem or personal issue, how best to solve or manage it, as well as how to prevent future problems. Interventions can also help a student and others plan for the future in the context of issues or problems related to school success.

- **Group behaviour skills development.** School psychologists often meet the needs of a number of students by organizing small groups which focus on specific issues or the enhancement of specific coping skills. Some examples are social skills training, anger management training, stress management, and the effects of divorce on children and adolescents.

3. School-Wide Interventions help a school in its efforts to improve how it meets students' mental health and learning needs through service delivery. These kinds of interventions include:

- **Liaison.** The school psychologist acts as a liaison with, and/or serves on school-based problem-solving teams.
- **Collaboration.** The school psychologist collaborates with teachers and administrators to support inclusion of exceptional students within the school.
- **In-service education.** The school psychologist provides school-based inservice training to teachers and administrators in such areas as behaviour support and classroom management strategies, collateral assessment methods, understanding exceptionalities, suicide prevention, and stress management.
- **Prevention.** The school psychologist advises on school-wide prevention and intervention programs that facilitate the development of a positive school environment. The Positive Behaviour Interventions and Supports approach is an example of this sort of school-wide approach to discipline (www.pbis.org).
- **Consultation.** The school psychologist consults with teachers and administrators in the provision of information about learning styles and behaviours commonly associated with various identified learning, socio-emotional, and behavioural problems.
- **Best practices.** The school psychologist provides information related to current research on interventions in the area of children's and adolescents' mental health and various exceptionalities.
- **Planning.** The school psychologist participates in planning and implementing school-wide screening and assessment programs.
- **Postvention** – The school psychologist coordinates debriefing and defusing of students and staff following a tragic event which affects the school as a whole, and continues to monitor students and staff to ensure that healing occurs and referrals made when appropriate.
- **Teaching** – The school psychologist facilitates parenting programs and staff in-service educational opportunities.

4. District/System-Wide Interventions help the system as a whole improve its effectiveness in dealing with students' mental health and learning difficulties. It includes such things as:

- **In-service education.** The school psychologist provides district-wide in-service training for educational staff on child and adolescent development, behaviour support and classroom management, exceptionalities, suicide prevention, and assessment.
- **Screening.** The school psychologist develops and carries out early screening programs in the schools to ensure that students at risk for academic or behavioural problems in the classroom are identified in a timely fashion so that appropriate interventions can be implemented to address the individual student's needs before they become chronic difficulties.
- **Evaluation.** The school psychologist assists with data collection and evaluation of system-wide mental health and special education interventions.
- **Best practices.** The school psychologist reviews and informs on current educational and psychological research on topics of relevance to educators.
- **Intervention programs.** The school psychologist assists in developing, implementing, or consulting with system-wide intervention programs (e.g. positive behaviour interventions and supports, conflict resolution, social skills, bullying prevention programs, drop-out prevention, violence prevention, crisis intervention and response, alternative education programs).
- **Outreach.** The school psychologist develops and implements parenting programs and information sessions on a variety of topics.
- **Networking.** The school psychologist serves on multi-agency committees and programs, and collaborates with various agencies in program planning and development.
- **Advocacy.** The school psychologist advocates for children and adolescents with learning, developmental, socio-emotional and behavioural exceptionalities.

5. Research. The training of psychologists is academically-based which means that knowledge and skills about the science of psychology are as important to the competent practice of psychology as are the knowledge and skills about the practice of psychology. Psychologists ascribe to practice-based science (i.e. experiences in practice should direct research) as well as science-based practice (i.e. the results of research should shape best practice). Psychologists' skills in the areas of research design and statistical analysis enable them to direct or advise on research projects in the educational setting. A psychologist's role in school-based research can include project design and planning, data collection, data analysis, interpretation of results, and translation of findings into practical applications. Examples of school-based research projects are ones that examine the effectiveness of different types of behavioural and educational interventions and programs and those that evaluate the effectiveness and validity of various group and individual assessment measures. There are numerous national and international educational psychology journals devoted to the publication of school-based psychological research. Although not all practicing psychologists are actively involved in research, the research literature should guide their practice and they have an ethical responsibility to keep their knowledge of it up to date.

Psychological Assessment in Canadian Schools

Within an inclusive school system, a psychological assessment is focused on identifying and meeting the needs of the individual student.

A psychological assessment is an objective measure of samples of behaviour including its causes, significance and consequences. It may include the evaluation of

- social adjustment
- emotional status
- personality
- cognitive/developmental functioning
- language processing
- information processing
- visual-motor development
- executive functioning (i.e. attention, impulse control)
- aptitude
- academic achievement
- motivation

Information obtained in an assessment is used to plan specific instructional and behavioural interventions for the student, as well as to set realistic, attainable goals for success. The psychological assessment, along with information from numerous sources and other professionals, contributes to a further understanding of the whole child or adolescent.

A psychological assessment involves the use of formal, psycho-diagnostic procedures requiring a considerable degree of training, expertise, and continual upgrading of knowledge. Psychological tests and procedures utilized in an assessment are scientific and research-based tools. The understanding, administration and interpretation of psychological tests requires many hours of graduate psychology coursework as well as supervised practical work both pre and post-licensure as a psychologist. In the hands of inexperienced, unsupervised, or unqualified individuals, test administration and assessment result in inaccurate interpretation of assessment data, misdiagnosis and inappropriate, ineffective and possibly harmful interventions. There can be serious and significant consequences for a child mistakenly determined to be of borderline intelligence when in fact he or she had a learning disability or attentional disorder – consequences which could easily lead to negative school experiences, closed doors and missed opportunities all because the child's actual problem was incorrectly identified and improperly accommodated.

Professionalism and Psychological Assessments. A psychological assessment involves much more than mere administration and scoring of tests. Observations of important aspects of test behaviour such as anxiety, fatigue, attentional and motivational factors are very important. The psychologist must be sensitive to the effects of the assessment procedures on the student. Special techniques are often required to elicit optimal performance from some children and adolescents. The interpretation of the student's performance has to take into consideration a variety of factors that influence performance and integrate these factors into a larger context of knowledge concerning test construction, theoretical knowledge of child and adolescent development, learning theory, psychological processes and child and adolescent exceptionality. An experienced and well-trained psychologist can do this best.

A thorough understanding of statistics and psychometrics (test construction) is required to interpret psychological tests accurately. In order to interpret various types of scores, it is necessary to have an understanding of how they are derived, what they mean and how they compare to other types of statistical measures. In addition, the examiner must be capable of reviewing the technical merits of selected instruments in terms of such characteristics as validity, reliability, standardization and test construction. As new instruments come on the market, this particular capability becomes even

more essential. It is incumbent on psychologists to be able to demonstrate that the tests and procedures used to arrive at diagnosis and interpretation are valid, reliable, and have been used appropriately.

Appropriate interpretation of psychological assessments requires familiarity with new developments and with current independent studies of assessment instruments. Accurately making psychological diagnosis is a very challenging task, even for an experienced clinician. The diagnosis of many disorders may result in some very specific prescriptions for therapy, prognosis for outcome and medication treatment. Non-psychologists, including teachers, should be cautious about making suggestions that a child or adolescent may have some specific type of psychological disorder. The Diagnostic and Statistical Manual of Mental Disorders (DSM IV) recognizes over 40 psychiatric disorders usually first diagnosed in childhood and adolescence. In addition, there are also a number of psychological disorders that may be diagnosed in both adults and children.

Those engaged in psychological assessments must take into consideration ethical standards, confidentiality and protection of the student's rights. Informed consent from a student of legal age or from a parent or legal guardian of a younger student is absolutely essential. Information obtained from assessments should only be shared with those persons involved with the teaching and learning process of the student. Reports or test protocols should not be transferred to other agencies or professionals without informed consent. Psychological reports are the property of the school district, and should be kept in secure areas. Once a student is no longer in school, there must be clear policies regarding the length of time a psychological report and/or file is kept. (Refer to specific guidelines within each jurisdiction.)

Psychologists who conduct psychological assessments may find themselves required to defend or explain their assessment in a court of law. School personnel will want to ensure that psychological assessments are carried out by, or under the supervision of a licensed psychologist for two reasons. First, school boards want to ensure that, in offering a service or intervention, it is of the highest possible quality and best meets the needs of the child. Second, school boards will have exposure and liability if a service, carried out under their aegis, is not done in accordance with regulated professional standards, by a provider licensed to render the service. In Canada's jurisdictions, psychologist and psychological are protected titles reserved for the use of licensed psychologists. Further, many psychological tests in use within the school system can only be sold to licensed psychologists. No court will challenge the right of a licensed psychologist to carry out the accepted tasks of his/her profession. However, individuals performing tasks of a psychological nature who are not licensed or qualified to do so, may find themselves in an indefensible position, all the more so when their actions negatively impact on the life and well-being of a person.

Controlling Access to Psychological Tests and Procedures. A specific responsibility of school psychologists involves the ethical requirement to protect test security and to ensure that access to psychological tests is restricted to licensed psychologists. All distributors of psychological tests have restrictions on the credentials required for purchase of different types of instruments. School districts employing psychologists must take reasonable steps to ensure that the purchase and distribution of psychological tests are for the use of psychologists only.

Non-psychological school testing. Although psychological testing in the context of assessment requires training and licensure as a psychologist, there are a number of excellent academic tests that can be comfortably and competently administered by resource teachers and guidance counsellors. Results of these tests offer teachers valuable direction for immediate interventions with students, as well as indicate when psychological testing and assessment should be undertaken by the school psychologist. Because of their expertise in test construction, administration and interpretation, school psychologists can also assist resource teachers and guidance counsellors in interpreting scores on various standardized academic tests. Further, psychologists can provide in-service training for educational staff on statistics, test construction, validity, reliability, and the meaning of variously derived test scores (e.g. standardized scores, percentile ranks, age and grade equivalencies).

How Should A Psychological Assessment Be Requested? A service-delivery model that requires an initial consultation with the school psychologist prior to an assessment referral is recommended. This process allows for a more timely response, as several consultations can occur in the time it takes to do one assessment. This process also allows the psychologist to have input into establishing the need for, and the goals of, the assessment as well as assisting the school in determining assessment priorities. In some cases, a review of the student's file, assistance with interpretation of school-based educational assessments, and consultation may be adequate to address the concerns. In all cases, a consultation allows for some immediate intervention to take place, even if the student has to be placed on a waiting list for an assessment.

School psychology is an educationally-based support service. Requests for school psychological services, including assessments, should go through the school team of which the psychologist is a member. The school team is in the best position to establish school referral priorities and, because of their knowledge of the students, is best positioned to screen all requests for formal assessment. Although school psychologists do not accept direct referrals for assessment from parents or professionals outside of the school system, they do provide consultation to help a student or outside professional best meet the student's needs.

When Is a Referral to a School Psychologist Indicated?

The following are some examples of appropriate referrals:

- The classroom and resource teachers have worked with the student and have carried out some individual academic testing. The student appears in need of special education but is not responding to the strategies outlined in the special education program and teachers do not know why. School personnel believe that they require more information regarding the student's learning style, and cognitive and developmental profile, in order to tailor the student's special education program to his or her needs.
- Teachers are uncertain about a student's developmental level and cognitive abilities and need assistance in developing realistic long-term expectations for the student.
- Teachers suspect that the student may have a neurologically-based or mental disorder (e.g. Autism, Attention Deficit Hyperactivity Disorder, Tourette's Syndrome, Mood Disorder) that is impacting on the student's school success and adjustment. Diagnostic confirmation, advice on referrals to health care professionals, and intervention strategies are required.
- There is a conflict between the teachers' and the parents' expectations and perceptions of a student's learning and/or behavioural needs. In some of these cases, a psychological evaluation is believed to be required to provide objective and standardized information to establish the student's needs and status and to assist in resolving the conflict between parent and teacher so that learning and school success can be enhanced.
- Teachers believe that the parents are having difficulty understanding or accepting their child's needs. Involving a school psychologist in such discussions can assist the parents to develop a better understanding of their child's strengths and needs and the value that special programming or planning can provide.
- A student has serious behavioural and/or emotional problems, and the teachers want to know what (i.e. neurological, socio-emotional, environmental, and personality) factors might be affecting the student's behaviour. An assessment in this case may lead to suggestions of specific types of intervention strategies within the school environment or identification of the most appropriate psychological or other health treatments for which referral to other professionals might be indicated.

Access to School Psychological Services

The types of services provided by a school psychologist will depend on a number of factors, including the training, experience, and the interests of the psychologist, as well as the priorities established by the school district(s) and schools served by the psychologist.

- **Student-Focused Consultation.** Access to school psychological services for consultation, assessment, or other service normally follows a referral process. Teachers are usually the first observers of learning, social-emotional, or behavioural difficulties in the school setting. When a teacher has a concern about a student, a referral form is completed that outlines areas of concern as well as the interventions that have been attempted to address it. School-based team meetings, which usually involve a variety of school, district, and community services representatives, afford an opportunity to address these concerns. As a result of this collaborative

process, a referral for school psychological services may be initiated. Psychologists may be available for informal consultation and classroom observation throughout this process. Informed parental consent must be obtained for students **under the age of 16¹** prior to any direct service (i.e. consultation, formal assessment, counselling, and therapy). Such consent may be obtained verbally by the school in some jurisdictions. The exception to this requirement would be intervention with a student presenting an immediate risk of harming himself / herself and/or others.

- **System/School-Wide Consultation.** Access to school psychological services in response to system-wide or school-wide concerns is usually initiated by school and/or district administrators. In districts where there is a supervising psychologist, services are normally coordinated by this individual, who works closely with other district supervisors. Another forum for the access of school psychological services is through a collaborative process involving other members of the district student services team.

The following may clarify how to access a school psychologist:

Guidelines for Referral For School Psychological Consultation

Teachers and parents are often uncertain as to how to access psychological services within the school system. The following process is suggested to facilitate referrals for school psychological services, and to ensure that the most appropriate service is provided to those requesting the assistance of the school psychologist. It should be noted that there are two levels of referral possible: consultation and student-centered services. However, the entry point to either service is the referral for consultation. Thereafter, the decision regarding the most appropriate service to be provided rests with the psychologist. Two principles, based on standards of psychological practice to which psychologists are held accountable by regulatory bodies of psychology, guide all psychological activity within the school.

Documentation

In the course of working with educational and support professionals within or outside of the school system, school psychologists will likely be engaged informally in telephone or face-to-face conversations about a student. It is important to remember that all contacts will be documented in writing and filed for future reference separate and apart from the documentation and file that is kept on individual students once consent is obtained and a psychological activity initiated.

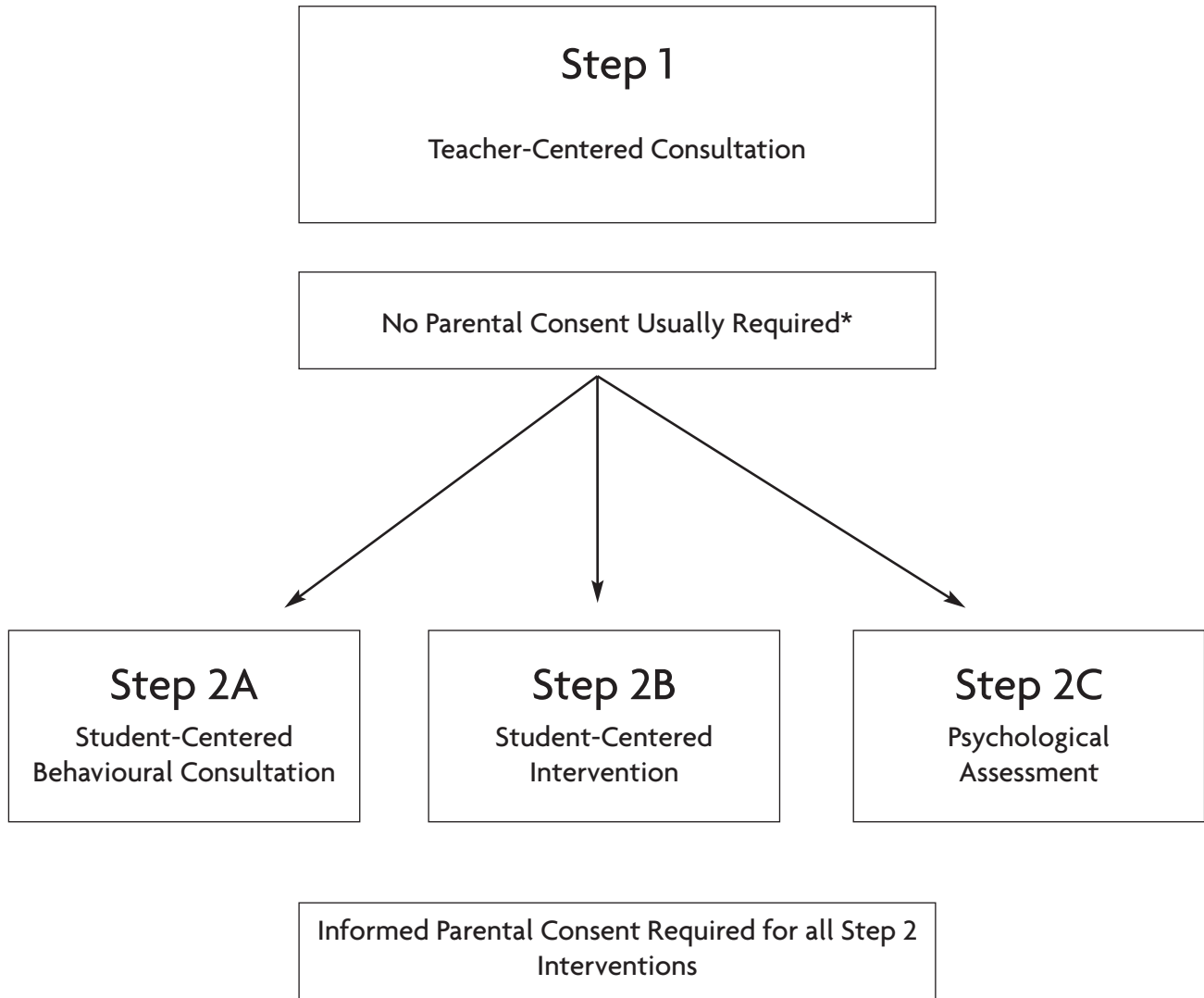
Informed Parental Consent*

Any psychological activity with or on behalf of a student cannot proceed without written “informed parental consent”. Informed consent details the specific types of interventions the psychologist plans to carry out, to whom and how information following from intervention will be communicated, and to what use the information will be put.

¹ It is important to note that the age of majority differs from jurisdiction to jurisdiction and ranges, from 16 to 18 years of age. The legal age of consent in a particular province or territory will impact the need for parental consent. In addition, the regulations around “capacity to consent” may apply in some situations.

* “Parental consent” is used throughout this section to imply consent of either the parent or legal guardian of the student.

Recommended Referral Model for School Psychological Services



***NOTE:** In some jurisdictions, provincial privacy regulations may require parental consent even at the consultation level.

Step 1:

Guidelines for Referral Procedures:

Teacher-Centered Instructional Consultation

Teachers have a right and a responsibility to consult with professionals in the system to help provide the best learning environment for all students in the classroom. Entry to the consultation process may be the school-based team or a case conference. School psychologists serve the total school system. As such, they provide consultation services to school-based teams, and upon request of the school-based team, to individual teachers, para-professionals or school staff who are experiencing difficulty. All interventions undertaken as a result of a request for consultation must be documented. Parental consent is not usually required at this point²; however, it is always advisable to involve parents as early as possible in the problem-solving process. In Step 1, the psychologist is serving in the role as resource person to the school teams.

The purpose of this level of school psychology consultation is to help the teacher with behaviour management of the class and/or individual students. This level of consultation **does not involve** making any kind of diagnosis as to what type of behavioural, emotional or developmental disorder the child and adolescent might have but looks only at observable behaviour. The psychologist may assist or advise the teacher/team with methods of observing students or in using teacher-made tools which lead to a better understanding of behaviour and how to manage it in the classroom. Supportive services that can be accessed through the instructional consultation process include:

- Classroom observations
 - Teacher and para-professional coaching
 - Staff in-service education
 - Facilitation of functional behavioural assessments
 - Feedback and discussion with the teacher and the school-based team and others (e.g., parents) as required
 - Student risk/threat assessment procedures
 - School-based crisis team responses following a trauma
- If the consultation is group or school-related, a report of actions taken should be filed within the school Student Services file(s) (i.e., school-team minutes).
 - If the report is student-specific, a report should be filed in the Student Services file under the child and adolescent's name (i.e., case conference notes).

Step 2:

Guidelines for Referral Procedures:

Student-Centered Consultation

- **Consent. Written informed parental consent** is required for any psychological assessment or intervention carried out directly with a student.
- **Referral procedures,** These may vary among school boards, cities and jurisdictions. Typically referrals follow a consultation with the school psychologist, either directly, or at a school-based team meeting or case conference are made in writing
- **Intervention type,** The decision to do a psychological assessment (behaviour or learning) or to engage in direct intervention (e.g. a psychological intervention such as behavioural or cognitive-behavioural therapy) **rests with the school psychologist.**

² In some jurisdictions, such as Ontario, privacy legislation requires verbal parental consent even at the teacher-centered consultation step, so it is important to be aware of jurisdictional differences.

- **Reporting procedures.** In accordance with professional standards to which licensed psychologists are accountable, the psychologist him or herself should communicate the results of an assessment to the client who was assessed. In the school setting, whenever possible, feedback should be given to the student, his or her parents or guardians, as well as to the teacher or staff working with the student. The school and the parent and/or guardian have a right to the psychological assessment report.
 - Psychological assessment reports may be housed in the resource file at the school, in a supplementary confidential file, and/or in the Student Services file at District office. In all cases, there should be a notation on the cumulative record indicating that such a report exists. Each jurisdiction will have its own protocols for storage of student information.
 - Reports should be authored by the licensed school psychologist and should contain a preamble which explains that **the results of the assessment are valid for a certain number of years** and after that timeframe should be viewed only as historical information. The window of test validity might vary across jurisdictions but it is usually considered to be within 2 – 5 years.
 - District office copies of psychological assessment reports should be kept in perpetuity, and should be stored in a secure location accessible only by licensed psychologists.

Step 2 - A

Guidelines for Referral Procedures:

Student-centered Behavioural Assessment and Consultation

In the process of the Teacher-centered Instructional Consultation, the school psychologist may determine that the focus of the intervention needs to be on an individual student. The purpose of this level of school psychology consultation is to look at an individual student's behaviour in depth in order to formulate a more specific/individualized program for that child or adolescent in the classroom. Within this process, the psychologist may determine a diagnostic hypothesis as to what type of behavioural, emotional or developmental disorder appears to explain the behaviour, and, as a result, may advise and/or facilitate support from community groups (such as parenting courses or local associations dedicated to assisting parents with the special needs of their child or adolescent) *or* assist with a referral to an appropriate community agency (such as Mental Health, Family Services, Physicians, Psychiatrists, etc). Activities the psychologist may choose to complete at this level might include participation in or coordination of:

- Behavioural observations
- Functional behavioural assessments
- File Review³

Step 2 - B:

Guidelines For Referral Procedures:

Student-centered Intervention

In addition to assessment and planning for a student, there may be individual interventions required to aid his or her performance in school. Among these interventions might be:

- Individual psychological therapy
- Group psychological therapy

³ If at any point, parental permission for intervention is denied or rescinded, the psychologist will engage only in school-based consultation (Step 1), unless prohibited to do so by jurisdictional legislation.

Parental permission is required for all student-centered intervention, with the following exceptions:

- The student is 16 years of age or over, in which case the student can give their own permission
- The situation is considered to be of serious risk of harm to self or others

Step 2 - C:

Guidelines for Referral Procedures:

Psychological Assessment

Within this process, the psychologist may determine a diagnostic hypothesis as to what type of behavioural, emotional, learning or developmental disorder appears to explain the learning or behavioural concerns. The psychologist may advise and/or facilitate interventions at the school, home and/or community level. Support from community groups may include parenting courses, local associations dedicated to assisting parents with the special needs of their child, *or* referral to an appropriate community agencies, such as Mental Health, Family and Community Services, Physicians, Psychiatrists, etc.

The psychological assessment may include:

- Assessment of intelligence, development, perceptual processing, academic skill mastery, learning strengths and weaknesses
- Clinical interviews
- Behavioural checklists
- Self-report checklists
- Projective Testing
- Assessment of risk of threat of harm to self or others

Conclusion

This document reflects best practices in school psychology. Those practices stem from a primary prevention model of service delivery and a philosophy that the school psychologist works with the total population of the school and the district. Best practices in school psychology are consistent with, and supportive of, the inclusionary practices promoted in the Canadian public education system. School psychologists are mindful of the special and integral role they play in collaborating with, and supporting, the work of teachers and parents in the education of all students and in contributing to resource development and wellness initiatives within their school districts.

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Appendices

Appendix A: Canadian Psychological Association Policy Document:

2004 - 2 Ethical Use and Reporting of Psychological Assessment Results for Student Placement

It is often the case that funding for, and access to, special services and placements in schools are contingent on psychological diagnoses that are derived, in part, from scores obtained on standardized psychological and educational tests. In some provinces, regulations are specific in requiring that such identification should be based, not on a full psychological assessment, but rather on a single score obtained on a standardized intelligence test designed for use only by appropriately educated and certified individuals. In the hands of highly skilled professionals, psychological tests and other assessment strategies may offer considerable insights into a student's specific difficulties, strengths, and needs. However, an approach that is limited to the exclusive use of single test scores to identify and classify students with learning, behavioural and emotional issues certainly will lead to a number of problems for the professionals working within such a system as well as to a disservice for affected students.

Of primary concern is the fact that there is no single psychological construct, test, or test score that can capture the complexity and totality of a student's personal, social and educational needs. When placement and funding decisions are based on a single test score on a standardized instrument, an accurate and comprehensive picture of the student's abilities and challenges cannot be obtained. Such a practice is inappropriate, therefore, and does not serve the best needs either of the student or of the educational system.

Psychologists are placed in an ethical confound when school personnel request that they use psychological instruments for inappropriate purposes that violate professional standards as well as best practices guidelines. In complying with such a request, psychologists are being asked to contravene the *Code of Ethics for Psychologists (2000)* with respect to proper use of psychological knowledge and with respect to appropriate care of the client. Specifically, such limited use of psychological test results to label and place students is a breach of the following ethical principles:

Principle I - Respect for the Dignity of Persons

General Rights

- #7 Make every effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to infringe on human rights.

Non-Discrimination

- #9 Not practice, condone, facilitate or collaborate with any form of unjust discrimination.
- #10 Act to prevent or correct practices that are unjustly discriminatory.

Principle II - Responsible Caring

General Caring

- #5 Make every effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to harm others.

Principle IV - Responsibility to Society

Development of Society

- #23 Provide thorough discussion of the limits of their data if their work touches on social policy and structure.
- #26 Exercise particular care if reporting the results of any work with vulnerable groups ensuring that the results are not likely to be misinterpreted or misused in the development of social policy and practices (e.g., used to manipulate the persons concerned).

It is the position of the Canadian Psychological Association that psychological assessment in schools is a process of approaches, comprised of various assessment strategies and tests, intended to better understand the cognitive, social, emotional and academic functioning of a student. This comprehensive process is employed to determine strengths, needs and appropriate services for the individual student. Within the variety of approaches used, there should be formal and informal assessment tools, including interviews with teachers and parents, student work samples and file reviews, curriculum based assessment, and standardized psychological and educational tests. No single measure or test score is comprehensive enough to fully represent the student's psychological, social and educational functioning, and hence, no single measure should be used to determine programs or placement for students.

Psychologists providing services in schools are aware of their professional and ethical responsibilities, and employers must respect the psychologists' duties to their clients and to the profession. Psychologists have an obligation to inform employers of appropriate uses of psychological instruments for placement and other critical decisions.

Appendix B: Conflict of Interest Avoidance Procedures for School Psychologists in Conducting a Private Practice

The demand for psychological services to school-aged children and adolescents sometimes exceeds the resources available in the public sector. Since school psychologists have the skills needed to meet these demands, they may find themselves in the position of being asked to provide services to school-aged children and adolescents outside their normal work environment; i.e., the schools. Such requests must be handled very carefully to avoid any real or perceived conflict of interest on the part of the psychologist. The following conflict of interest procedures, established in keeping with the Canadian Psychological Association's **Code of Ethics**, are points the school psychologist may want to consider when working in private practice.

1. Before undertaking to provide private services for school-aged children and adolescents, school psychologists must obtain the permission to do so from the chief administrator of the school jurisdiction in which they currently work.
2. School psychologists may not provide privately the same services normally provided in the course of their work to school-aged children and adolescents from the school jurisdiction in which the psychologists are employed.
3. Referrals for private services are restricted to those received from sources other than the school jurisdiction in which the psychologist is employed, such as medical practitioners, lawyers, or parents through their employee assistance plans.
4. Services offered privately are either not available or are different from those that the school psychologist would provide in their normal work role.
5. School psychologists who are engaged in private practice are not permitted to advertise their services within the school environment in any way to potential clients.
6. School psychologists should refer all inquiries concerning private practice to the administrator of the school jurisdiction. Regional school jurisdiction offices may provide parents with a list of private practitioners who provide services to school-aged children and adolescents.
7. School psychologists offering private services must do so outside of working hours.
8. School psychologists must not use their employer's materials or resources in their private practice.

Appendix C: Canadian Code of Ethics for Psychologists, Third Edition

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Canadian Psychological Association

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Third Edition

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Canadian Code of Ethics for Psychologists

Third Edition

Preamble

Introduction

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 the society and individual members of that 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 attitudes on the part of psychologists. Attempts to assure ethical behaviour and attitudes include articulating ethical principles, values, and standards; promoting those principles, values, and standards through education, peer modelling, and consultation; developing and implementing methods to help psychologists monitor the ethics of their behaviour and attitudes; adjudicating complaints of unethical behaviour; and, 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, or whether acting in a research, direct service, teaching, student, trainee, administrative, management, employer, employee, supervisory, consultative, peer review, editorial, expert witness, social policy, or any other role related to the discipline of psychology.

Structure and Derivation of *Code*

Structure. Four ethical principles, to be considered and balanced in ethical decision making, are presented. Each principle is followed by a statement of those values that are included in and give definition to the principle. Each values statement is 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.28, III.33, IV.27) to more idealized, but achievable, attitudinal and behavioural expectations (e.g., Standards I.12, II.12, III.10, 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. *Derivation.* The four principles represent those ethical principles used most consistently by Canadian psychologists to resolve hypothetical ethical dilemmas sent to them by the CPA Committee on Ethics during the initial development of the *Code*. In addition to the responses provided by Canadian psychologists, the values statements and ethical standards have been derived from interdisciplinary and international ethics codes, provincial and specialty codes of conduct, and ethics literature.

When Principles Conflict

All four principles are to be taken into account and balanced in ethical decision making. However, there are circumstances in which ethical principles will conflict and it will not be possible to give each principle equal weight. The complexity of ethical 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. This principle, with its emphasis on moral rights, generally should be given the highest weight, except in circumstances in which there is a clear and imminent danger to the physical safety of any person.

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

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 rare circumstances, values such as openness and straightforwardness might need to be subordinated to the values contained in the Principles of Respect for the Dignity of Persons and Responsible Caring.

Principle IV: Responsibility to Society. This principle generally should be given the lowest 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 must be subject to and guided by Respect for the Dignity of Persons, Responsible Caring, and Integrity in Relationships. When a person's welfare 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 and responsible caring for the person. However, if this is not possible, the dignity and well-being of a person should not be sacrificed to a vision of the greater good of society, and greater weight must be given to respect and responsible caring for the person. Even with the above ordering of the principles, psychologists will be faced with ethical dilemmas that are difficult to resolve. In these circumstances, psychologists are expected to engage in an ethical decision-making process that is explicit enough to bear public scrutiny. In some 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*.

The Ethical Decision-Making Process

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

The following basic steps typify approaches to ethical decision making:

1. Identification of the individuals and groups potentially affected by the decision.
2. Identification of ethically relevant issues and practices, including the interests, rights, and any relevant characteristics of the individuals and groups involved and of the system or circumstances in which the ethical problem arose.
3. Consideration of how personal biases, stresses, or self-interest 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 individual(s)/group(s) involved or likely to be affected (e.g., client, client's family or employees, employing institution, students, research participants, colleagues, the discipline, society, self).
6. Choice of course of action after conscientious application of existing principles, values, and standards.
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; changes in procedures and practices).

Psychologists engaged in time-consuming deliberation are encouraged and expected to consult with parties affected by the ethical problem, when appropriate, and with colleagues and/or advisory bodies when such persons 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.

Uses of the *Code*

This *Code* is intended to guide psychologists in their everyday conduct, thinking, and planning, and in the resolution of ethical 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 the Use of Animals in Research and*

Instruction in Psychology, Guidelines for Non-Discriminatory Practice, Guidelines for Psychologists in Addressing Recovered Memories). 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, or 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 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 judgements.

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, a scientific and professional association of psychologists, commits members:

1. To adhere to the Association's *Code* in all current activities as a psychologist.
2. To apply conscientiously the ethical principles and values of the *Code* to new and emerging areas of activity.
3. To assess and discuss ethical issues and practices with colleagues on a regular basis.
4. To bring to the attention of the Association ethical issues that require clarification or the development of new guidelines or standards.
5. To 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.
6. To bring concerns about possible unethical actions of a more serious nature (e.g., actions that have caused or could cause serious harm, or 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.
7. To consider seriously others' concerns about one's own possibly unethical actions and attempt to reach an agreement on the issue and, if needed, take appropriate action.
8. In bringing or in responding to concerns about possible unethical actions, not to be vexatious or malicious.
9. To cooperate with duly constituted committees of the Association that are concerned with ethics and ethical conduct.

Relationship of *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. 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 *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.

Definition of Terms

For the purposes of this *Code*:

- a) **“Psychologist”** means any person who is a Fellow, Member, Student Affiliate or Foreign Affiliate of the Canadian Psychological Association, or a member of any psychology voluntary association or regulatory body adopting this *Code*. (Readers are reminded that provincial/territorial jurisdictions might restrict the legal use of the term psychologist in their jurisdiction and that such restrictions are to be honoured.)
- b) **“Client”** means an individual, family, or group (including an organization or community) receiving service from a psychologist.
- c) Clients, research participants, students, and any other persons with whom psychologists come in contact in the course of their work, are **“independent”** if they can independently contract or give informed consent. Such persons 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, adult members of a family). Such persons are considered to be **“fully dependent”** if they have little or no choice about whether or not to receive service or participate in an activity (e.g., patients who have been involuntarily committed to a psychiatric facility, or very young children involved in a research project).
1 Adapted from: Canadian Psychological Association. (1985). *Guidelines for the elimination of sexual harassment*. Ottawa, Author.
- d) **“Others”** means any persons with whom psychologists come in contact in the course of their work. This may include, but is not limited to: clients seeking help with individual, family, organizational, industrial, or community issues; research participants; employees; students; trainees; supervisees; colleagues; employers; third party payers; and, members of the general public.
- e) **“Legal or civil rights”** means those rights protected under laws and statutes recognized by the province or territory in which the psychologist is working.
- f) **“Moral rights”** means fundamental and inalienable human rights that might or might not be fully protected by existing laws and statutes. Of particular significance to psychologists, for example, are rights to: distributive justice; fairness and due process; and, developmentally appropriate privacy, selfdetermination, and personal liberty. Protection of some aspects of these rights might involve practices that are not contained or controlled within current laws and statutes. Moral rights are not limited to those mentioned in this definition.
- g) **“Unjust discrimination”** or **“unjustly discriminatory”** means activities that are prejudicial or promote prejudice to persons 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.
- h) **“Sexual harassment”** includes either or both of the following: (i) The use of power or authority in an attempt to coerce another person to engage in or tolerate sexual activity. Such uses include explicit or implicit threats of reprisal for noncompliance, or 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.
- i) 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, to members of the public, to students or trainees, and to each other.

Review Schedule

To maintain the relevance and responsiveness of this *Code*, it will be reviewed regularly by the CPA Board of Directors, 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

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: research participants; clients seeking help with individual, family, organizational, industrial, or community issues; students; trainees; supervisees; employees; business partners; business competitors; colleagues; employers; third party payers; and, the general public.

In these contacts, psychologists accept as fundamental the principle of respect for the dignity of persons; that is, the belief that each person should be treated primarily as a person or an end in him/herself, not as an object or a means to an end. In so doing, psychologists acknowledge that all persons have a right to have their innate

worth as human beings appreciated and that this worth is not dependent upon 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.

Although psychologists have a responsibility to respect the dignity of all persons 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 those persons in the most vulnerable position. Normally, persons directly receiving or involved in the psychologist's activities are in such a position (e.g., research participants, clients, students). This responsibility is almost always greater than their responsibility to those indirectly involved (e.g., employers, third party payers, the general public).

Adherence to the concept of moral rights is an essential component of respect for the dignity of persons. Rights to privacy, self-determination, personal liberty, and natural justice are of particular importance to psychologists, and they have a responsibility to protect and promote these rights in all of their activities. As such, psychologists have a responsibility to develop and follow procedures for informed consent, confidentiality, fair treatment, and due process that are consistent with those rights.

As individual rights exist within the context of the rights of others and of responsible caring (see Principle II), 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 some aspects of the rights to privacy, self-determination, and personal liberty. Indeed, such circumstances might be serious enough to create a duty to warn or protect others (see Standards I.45 and II.39). However, psychologists still have a responsibility to respect the rights of the person(s) involved to the greatest extent possible under the circumstances, and to do what is necessary and reasonable to reduce the need for future disallowances.

Psychologists recognize that, although all persons 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 and other community members in personal decision making. In their work, psychologists acknowledge and respect such differences, while guarding against clear violations of moral rights. In addition, psychologists recognize that as individual, family, group, or community vulnerabilities increase, or as the power of persons to control their environment or their lives decreases, psychologists have an increasing responsibility to seek ethical advice and to establish safeguards to protect the rights of the persons involved. For this reason, psychologists consider it their responsibility to increase safeguards to protect and promote the rights of persons involved in their activities proportionate to the degree of dependency and the lack of voluntary initiation. For example, this would mean that there would be more safeguards to protect and promote the rights of fully dependent persons than partially dependent persons, and more safeguards for partially dependent than independent persons.

Respect for the dignity of persons also includes the concept of distributive justice. With respect to psychologists, this concept implies that all persons are entitled to benefit equally from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists, regardless of the person's 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 or acknowledgment of problems in some relationships, psychologists must not exclude persons 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, personal liberty) in carrying out their work as psychologists.

Ethical Standards

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

General respect

I.1 Demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of

- others.
- I.2 Not engage publicly (e.g., in public statements, presentations, research reports, or with clients) 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 as much as possible in all written or oral 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 legal, civil, or moral rights of others.
- I.6 Refuse to advise, train, or supply information to anyone who, in the psychologist's judgement, will use the knowledge or skills to infringe on human rights.
- I.7 Make every reasonable effort to ensure that psychological knowledge is not misused, intentionally or unintentionally, to infringe on human rights.
- I.8 Respect the right of research participants, clients, 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, practice, and business activities in such a way that they contribute to the fair distribution of benefits to individuals and groups, 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 or 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 refused in advance.
- 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 others in decisions that affect them, respecting and integrating as much as possible their opinions and wishes.
- I.17 Recognize that informed consent is the result of a process of reaching an agreement to work collaboratively, rather than of simply having a consent form signed.
- I.18 Respect the expressed wishes of persons to involve others (e.g., family members, community members) in their decision making regarding informed consent. This would include respect for written and clearly expressed unwritten advance directives.
- I.19 Obtain informed consent from all independent and partially dependent persons 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 persons, 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 measures, invasion of privacy, more than minimal risk of harm, or any attempt to change the behaviour of research participants.
- I.21 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, if such forms are required by law or if such forms are desired by the psychologist, the person(s) giving consent, or the organization for whom the psychologist works.
- I.22 Accept and document oral consent, in situations in which signed consent forms are not acceptable culturally or in which there are other good reasons for not using them.
- I.23 Provide, in obtaining informed consent, as much information as reasonable or prudent persons would

want to know before making a decision or consenting to the activity. The psychologist would relay this information in language that the persons understand (including providing translation into another language, if necessary) and would take whatever reasonable steps are needed to ensure that the information was, in fact, understood.

- I.24 Ensure, in the process of obtaining informed consent, that at least the following points are understood: purpose and nature of the activity; mutual responsibilities; confidentiality protections and limitations; likely benefits and risks; alternatives; the 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.23-30.)
- 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 before obtaining consent, if providing services to or conducting research at the request or for the use of third parties. This would include, but not be limited to: the purpose of the service or research; the reasonably anticipated use that will be made of information collected; and, the limits on confidentiality. Third parties may include schools, courts, government agencies, insurance companies, police, and special 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.32.)
- 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.32.)
- 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 right of persons to discontinue participation or service at any time, and be responsive to non-verbal indications of a desire to discontinue if a person has difficulty with verbally communicating such a desire (e.g., young children, verbally disabled persons) or, due to culture, is unlikely to communicate such a desire orally.

Protections for vulnerable persons

- I.31 Seek an independent and adequate ethical review of human rights issues and protections for any research involving members of vulnerable groups, including persons of diminished capacity to give informed consent, before making a decision to proceed.
- I.32 Not use persons of diminished capacity to give informed consent in research studies, if the research involved may be carried out equally well with persons who have a fuller capacity to give informed consent.
- I.33 Seek to use methods that maximize the understanding and ability to consent of persons of diminished capacity to give informed consent, and that reduce the need for a substitute decision maker.
- I.34 Carry out informed consent processes with those persons who are legally responsible or appointed to give informed consent on behalf of persons not competent to consent on their own behalf, seeking to ensure respect for any previously expressed preferences of persons not competent to consent.
- I.35 Seek willing and adequately informed participation from any person of diminished capacity to give informed consent, and proceed without this 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 person who is in a dependent relationship to the psychologist (e.g., student, 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 Take care not to infringe, in research, teaching, or service activities, on the personally,

- developmentally, or culturally defined private space of individuals or groups, unless clear permission is granted to do so.
- I.39 Record only that private information necessary for the provision of continuous, coordinated 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 right of research participants, employees, supervisees, students, and trainees to reasonable personal privacy.
 - I.41 Collect, store, handle, and transfer all private information, whether written or unwritten (e.g., communication during service provision, written records, e-mail or fax communication, computer files, video-tapes), in a way that attends to the needs for privacy and security. This would include having adequate plans for records 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 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 information about colleagues, colleagues' clients, research participants, employees, supervisees, students, trainees, and members of organizations, gained in the process of their activities as psychologists, that the psychologist has reason to believe is considered confidential by those persons, 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 confidentiality, and what responsibilities family, group, and community members have for the protection of each other's confidentiality, when engaged in services to or research with individuals, families, groups, or communities.
- I.45 Share confidential information with others only with the informed consent of those involved, or in a manner that the persons involved cannot be identified, except as required or justified by law, or in circumstances of actual or possible serious physical harm or death. (Also see Standards II.39, 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 to expect respect for their own dignity.
- I.47 Assume overall responsibility for the scientific and professional activities of their assistants, employees, students, supervisees, and trainees with regard to Respect for the Dignity of Persons, 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 welfare of any individual, family, group, or community with whom they relate in their role as psychologists. This concern includes both those directly involved and those indirectly involved in their activities. However, as with Principle I, psychologists' greatest responsibility is to protect the welfare of those in the most vulnerable position. Normally, persons directly involved in their activities (e.g., research participants, clients, students) are in such a position. Psychologists' responsibility to those indirectly involved (e.g., employers, third party payers, the general public) normally is secondary.

As persons usually consider their own welfare in their personal decision making, obtaining informed consent (see Principle I) is one of the best methods for ensuring that their welfare 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 welfare of the person(s) involved.

Responsible caring leads psychologists to take care to discern the potential harm and benefits involved, to

predict the likelihood of their occurrence, 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, 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 per se, 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 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, and 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, families, groups, and communities to whom they relate in their role as psychologists. 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 recognizes and respects (e.g., through obtaining informed consent) the ability of individuals, families, groups, and communities 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 person's opinion about what is in the best interests of another person for that other person's competent decision making. However, psychologists recognize that, as vulnerabilities increase or as power to control one's own life decreases, psychologists have an increasing responsibility to protect the wellbeing of the individual, family, group, or community involved. For this reason, as in Principle I, psychologists consider it their responsibility to increase safeguards proportionate to the degree of dependency and the lack of voluntary initiation on the part of the persons involved. However, for Principle II, the safeguards are for the well-being of persons rather than for the rights of persons.

Psychologists' treatment and use of animals in their research and teaching activities are also a component of responsible caring. Although animals do not have the same moral rights as persons (e.g., privacy), they do have the right to be treated humanely and not to 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 (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 welfare of clients, research participants, employees, supervisees, students, trainees, colleagues, and others.
- II.2 Avoid doing harm to clients, research participants, employees, supervisees, students, trainees, colleagues, 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 misused, intentionally or unintentionally, to harm others.

Competence and selfknowledge

- 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 persons not competent to carry them out to the benefit of others.
- II.8 Take immediate steps to obtain consultation or to refer a client to a colleague or other appropriate professional, whichever is more likely to result in providing the client with competent service, if it becomes apparent that a client's problems are beyond their competence.
- II.9 Keep themselves up to date with a broad range of relevant knowledge, research methods, and techniques, and their impact on persons and society, through the reading of relevant literature, peer consultation, and continuing education activities, in order that their service or research activities and conclusions will benefit and not harm others.
- II.10 Evaluate how their own experiences, attitudes, culture, beliefs, values, social context, individual differences, specific training, and stresses influence their interactions with others, and integrate this awareness into all efforts to benefit and not harm others.
- II.11 Seek appropriate help and/or discontinue scientific or professional 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, families, groups, and communities involved in their activities adequately enough to ensure that they will be able to discern what will benefit and not harm the persons involved.
- II.14 Be sufficiently sensitive to and knowledgeable about individual, group, community, and cultural differences and vulnerabilities to discern what will benefit and not harm persons involved in their activities.
- II.15 Carry out pilot studies to determine the effects of all new procedures and techniques that might carry more than minimal risk, before considering their use on a broader scale.
- II.16 Seek an independent and adequate ethical review of the balance of risks and potential 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 Provide services that are coordinated over time and with other service providers, in order to avoid duplication or working at cross purposes.
- II.19 Create and maintain records relating to their activities that are sufficient to support continuity and appropriate coordination of their activities with the activities of others.
- II.20 Make themselves aware of the knowledge and skills of other disciplines (e.g., law, medicine, business administration) and advise the use of such knowledge and skills, where relevant to the benefit of others.
- II.21 Strive to provide and/or obtain the best possible service for those needing and seeking psychological service. This may include, but is not limited to: selecting interventions that are relevant to the needs and characteristics of the client and that have reasonable theoretical or empirically-supported efficacy in light of those needs and characteristics; consulting with, or including in service delivery, persons relevant to the culture or belief systems of those served; advocating on behalf of the client; and, recommending professionals other than psychologists when appropriate.
- II.22 Monitor and evaluate the effect of their activities, record their findings, and communicate new knowledge to relevant others.
- II.23 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 Standards III.26 and III.27.)
- II.24 Perform their teaching duties on the basis of careful preparation, so that their instruction is current and scholarly.
- II.25 Facilitate the professional and scientific development of their employees, supervisees, students, and trainees by ensuring that these persons understand the values and ethical prescriptions of the

discipline, and by providing or arranging for adequate working conditions, timely evaluations, and constructive consultation and experience opportunities.

II.26 Encourage and assist students in publication of worthy student papers.

Minimize harm

II.27 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 personal decision making. (Also see Standard III.31.)

II.28 Not encourage or engage in sexual intimacy with students or trainees with whom the psychologist has an evaluative or other relationship of direct authority. (Also see Standard III.31.)

II.29 Be careful not to engage in activities in a way that could place incidentally involved persons at risk.

II.30 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 information that could lead to misinterpretation and misuse; avoiding conjecture; clearly labelling opinion; and, communicating information in language that can be understood clearly by the recipient of the information.

II.31 Give reasonable assistance to secure needed psychological services or activities, if personally unable to meet requests for needed psychological services or activities.

II.32 Provide a client, if appropriate and if desired by the client, with reasonable assistance to find a way to receive needed services in the event that third party payments are exhausted and the client cannot afford the fees involved.

II.33 Maintain appropriate contact, support, and responsibility for caring until a colleague or other professional begins service, if referring a client to a colleague or other professional.

II.34 Give reasonable notice and be reasonably assured that discontinuation will cause no harm to the client, before discontinuing services.

II.35 Screen appropriate research participants and select those least likely to be harmed, if more than minimal risk of harm to some research participants is possible.

II.36 Act to minimize the impact of their research activities on research participants' personalities, or on their physical or mental integrity.

Offset/correct harm

II.37 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.38 Refuse to help individuals, families, groups, or communities to carry out or 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.39 Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This may include reporting to appropriate authorities (e.g., the police), an intended victim, or a family member or other support person who can intervene, and would be done even when a confidential relationship is involved. (Also see Standard I.45.)

II.40 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, and when these activities have come to their attention outside of a confidential client relationship between themselves and the psychologist or member of another discipline. 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 depending upon regulatory requirements and definitions of misconduct.

II.41 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, and when the activities have come to their attention outside of a confidential client relationship between themselves and the psychologist or member of another discipline. 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, trainee) with respect to

- the other psychologist or member of the other discipline, it may include asking persons in less vulnerable positions to participate in the meeting(s).
- II.42 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.43 Not place an individual, group, family, or community 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.44 Debrief research participants in such a way that any harm caused can be discerned, and act to correct any resultant harm. (Also see Standards III.26 and III.27.)

Care of animals

- II.45 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 eventually in benefits to the health and welfare of humans or other animals.
- II.46 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.47 Make every effort to minimize the discomfort, illness, and pain of animals. This would include performing surgical procedures only under appropriate anaesthesia, using techniques to avoid infection and minimize pain during and after surgery and, if disposing of experimental animals is carried out at the termination of the study, doing so in a humane way.
- II.48 Use animals in classroom demonstrations only if the instructional objectives cannot be achieved through the use of video-tapes, films, or other methods, and if the type of demonstration is warranted by the anticipated instructional gain.

Extended responsibility

- II.49 Encourage others, in a manner consistent with this *Code*, to care responsibly.
- II.50 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 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 include: accuracy and honesty; straightforwardness and openness; the 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, 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 backgrounds, personal needs, and values 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 (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 or well-being, 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 obtaining informed consent for research participation, or temporarily leading research participants to believe that a research project has a purpose other than its actual purpose. These actions sometimes occur in research where full disclosure would be likely to 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 must be weighed against the research participant's right to self-determination and the importance of public and individual 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 from their use.

As public trust in the discipline of psychology includes trusting that psychologists will act in the 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, political, financial, or business interests at the expense of the best interests of members of the public. Although avoidance of all conflicts of interest and potential exploitation of others is not possible, some are of such a high risk to protecting the interests of members of the public and to maintaining the trust of the public, that they are considered never acceptable (see Standard III.31). The risk level of other conflicts of interest (e.g., dual or multiple relationships) might be partially dependent on cultural factors and the specific type of professional relationship (e.g., long-term psychotherapy vs. community development activities). It is the responsibility of psychologists to avoid dual or multiple relationships and other conflicts of interest when appropriate and possible. When such situations cannot be avoided or are inappropriate to avoid, psychologists have a responsibility to declare that they have a conflict of interest, to seek advice, and to establish safeguards to ensure that the best interests of members 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, or misrepresentation.
- III.2 Accurately represent their own and their colleagues' credentials, qualifications, education, experience, competence, and 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' credentials 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, or printed communication. This includes, but is not limited to: advertisements of services or products; 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), in proportion to their contribution.

- III.8 Acknowledge the limitations of their own and their colleagues' knowledge, methods, findings, interventions, and views.
- III.9 Not suppress disconfirming evidence of their own and their colleagues' findings and views, acknowledging alternative hypotheses and explanations.

Objectivity/lack of bias

- III.10 Evaluate how their personal experiences, attitudes, values, social context, individual differences, stresses, and specific training influence their activities and thinking, integrating this awareness into all attempts to be objective and unbiased in their research, service, and other activities.
- III.11 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.12 Present instructional information accurately, avoiding 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.13 Act quickly to clarify any distortion by a sponsor, client, agency (e.g., news media), or other persons, of the findings of their research.

Straightforwardness/openness

- III.14 Be clear and straightforward about all information needed to establish informed consent or any other valid written or unwritten agreement (for example: fees, including any limitations imposed by third-party payers; relevant business policies and practices; mutual concerns; mutual responsibilities; ethical responsibilities of psychologists; purpose and nature of the relationship, including research participation; alternatives; likely experiences; possible conflicts; possible outcomes; and, expectations for processing, using, and sharing any information generated).
- III.15 Provide suitable information about the results of assessments, evaluations, or research findings to the persons involved, if appropriate and if asked. This information would be communicated in understandable language.
- III.16 Fully explain reasons for their actions to persons who 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 financial interests that might affect or appear to affect the research.
- III.20 Submit their research, in some accurate form and within the limits of confidentiality, to persons with expertise in the research area, 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, colleagues, and the public.
- III.22 Make no attempt to conceal the status of a trainee and, if a trainee is providing direct client service, ensure that the client is informed of that fact.

Avoidance of incomplete disclosure

- III.23 Not engage in incomplete disclosure, or in temporarily leading research participants to believe that a research project or some aspect of it has a different purpose, if there are alternative procedures available or if the negative effects cannot be predicted or offset.
- III.24 Not engage in incomplete disclosure, or in temporarily leading research participants to believe that a research project or some aspect of it has a different purpose, if it would interfere with the person's 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.25 Use the minimum necessary incomplete disclosure or temporary leading of research participants to believe that a research project or some aspect of it has a different purpose, when such research

- procedures are used.
- III.26 Debrief research participants as soon as possible after the participants' involvement, if there has been incomplete disclosure or temporary leading of research participants to believe that a research project or some aspect of it has a different purpose.
 - III.27 Provide research participants, during such debriefing, with a clarification of the nature of the study, seek to remove any misconceptions that might have arisen, and seek to re-establish any trust that might have been lost, assuring the participants that the research procedures were neither arbitrary nor capricious, but necessary for scientifically valid findings. (Also see Standards II.23 and II.44.)
 - III.28 Act to re-establish with research participants any trust that might have been lost due to the use of incomplete disclosure or temporarily leading research participants to believe that the research project or some aspect of it had a different purpose.
 - III.29 Give a research participant the option of removing his or her data, if the research participant expresses concern during the debriefing about the incomplete disclosure or the temporary leading of the research participant to believe that the research project or some aspect of it had a different purpose, 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.30 Seek an independent and adequate ethical review of the risks to public or individual trust and of safeguards to protect such trust for any research that plans to provide incomplete disclosure or temporarily lead research participants to believe that the research project or some aspect of it has a different purpose, before making a decision to proceed.

Avoidance of conflict of interest

- III.31 Not exploit any relationship established as a psychologist to further personal, political, or business interests at the expense of the best interests of their clients, research participants, students, employers, or others. This includes, but is not limited to: soliciting clients of one's employing agency for private practice; taking advantage of trust or dependency to encourage or engage in sexual intimacies (e.g., with clients not included in Standard II.27, with clients' partners or relatives, with students or trainees not included in Standard II.28, or with research participants); taking advantage of trust or dependency to frighten clients into receiving services; misappropriating students' ideas, research or work; using the resources of one's employing institution for purposes not agreed to; giving or receiving kickbacks or bonuses for referrals; seeking or accepting loans or investments from clients; and, prejudicing others against a colleague for reasons of personal gain.
- III.32 Not offer rewards sufficient to motivate an individual or group 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.49.)
- III.33 Avoid dual or multiple relationships (e.g., with clients, research participants, employees, supervisees, students, or trainees) and other situations that might present a conflict of interest or that might reduce their ability to be objective and unbiased in their determinations of what might be in the best interests of others.
- III.34 Manage dual or multiple relationships that are unavoidable due to cultural norms or other circumstances in such a manner that bias, lack of objectivity, and risk of exploitation are minimized. This might include 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 client or employee about becoming a research participant).
- III.35 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 (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.36 Familiarize themselves with their discipline's rules and regulations, and abide by them, unless abiding by them would be seriously detrimental to the rights or welfare of others as demonstrated in the Principles of Respect for the Dignity of Persons or Responsible Caring. (See Standards IV.17 and IV.18 for guidelines regarding the resolution of such conflicts.)
- III.37 Familiarize themselves with and demonstrate a commitment to maintaining the standards of their discipline.
- III.38 Seek consultation from colleagues and/or appropriate groups and committees, and give due regard to their advice in arriving at a responsible decision, if faced with difficult situations.

Extended responsibility

- III.39 Encourage others, in a manner consistent with this *Code*, to relate with integrity.
- III.40 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. 1 Society is used here in the broad sense of a group of persons living as members of one or more human communities, rather than in the limited sense of state or government.

Principle IV: Responsibility to Society

Values Statement

Psychology functions as a discipline within the context of human society.¹ Psychologists, both in their work and as private citizens, have responsibilities to the societies in which they live and work, such as the neighbourhood or city, 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 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 beneficial purposes, and that the discipline's own structures and policies will support those beneficial purposes. Within the context of this document, social structures and policies that have beneficial purposes are defined as those that more readily support and reflect respect for the dignity of persons, 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 must 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, 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 with others, be self-reflective, and be open to external suggestions and criticisms about 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 beneficial use of psychological knowledge and structures, and avoid their 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. Once again, individual psychologists must 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 of society's understanding of itself and human beings generally, through free enquiry and the acquisition, transmission, and expression of knowledge and ideas, unless such activities conflict with other basic ethical requirements.
- IV.2 Not interfere with, or condone interference with, free enquiry and the acquisition, transmission, and expression of knowledge and ideas that do not conflict with other basic 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 continuing education and the professional and scientific growth of self and colleagues.
- 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, and possible misuses of the scientific paradigm.
- IV.6 Participate in the process of critical self-evaluation of the discipline's place in society, and in the development and implementation of structures and procedures that help the discipline to contribute to beneficial societal functioning and changes.
- IV.7 Provide and/or contribute to a work 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, and in programme 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.
- 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 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 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 only into 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, and customs of a community before beginning any major work there.
- IV.16 Convey respect for and abide by prevailing community mores, social customs, and cultural expectations in their scientific and professional activities, 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, 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 or physical harm), decision for final action would be considered a matter of personal conscience.
- IV.18 Consult with colleagues, 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 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 Be especially careful to keep well informed of social issues through relevant reading, peer consultation, and continuing education, if their work is related to societal issues.
- 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 Consult, if feasible and appropriate, with groups, organizations, or communities being studied, in order to increase the accuracy of interpretation of results and to minimize risk of misinterpretation or misuse.
- IV.25 Make themselves aware of the current social and political climate and of previous and possible future societal misuses of psychological knowledge, and exercise due discretion in communicating psychological information (e.g., research results, theoretical knowledge), in order to discourage any further misuse.
- IV.26 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 persons or reinforcing discrimination against any specific population).
- IV.27 Not contribute to nor engage in research or any other activity that contravenes international humanitarian law, such as the development of methods intended for use in the torture of persons, the development of prohibited weapons, or destruction of the environment.
- IV.28 Provide the public with any psychological knowledge relevant to the public's informed participation in the shaping of social policies and structures, if they possess expert knowledge that bears on the social policies and structures.
- IV.29 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.30 Encourage others, in a manner consistent with this *Code*, to exercise responsibility to society.
- IV.31 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.

