

# Rules Relating to the Practice of Psychology

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## **Laws Relating to Psychologists**

## **Rules Relating to Psychologists**

### **Part 1. General Information about the Board**

#### **1.1 The Board's Purpose**

The Board of Psychological Examiners (referred to as "the Board" in this Rule) has been created and given certain powers by Vermont law. Its purpose is to protect the public health, safety, and welfare. It does this by setting standards, licensing applicants, and regulating licensed psychologists and their practices.

#### **1.2 Business Location**

The business location of the Board is the Office of the Secretary of State, Office of Professional Regulation, Redstone Office Building, 26 Terrace Street, Montpelier, (the Office). The mailing address is Board of Psychological Examiners, Office of Secretary of State, 26 Terrace Street, Drawer 09, Montpelier, Vermont 05609-1106. The telephone number is (802)828- 2373. Copies of these rules and more information about the Board and its requirements and procedures are available by writing or telephoning the Office or by accessing the Board's Web site at [www.vtprofessionals.org/psychologists](http://www.vtprofessionals.org/psychologists).

#### **1.3 Regular, Special, and Emergency Meetings**

- (a) The Board is required to hold at least two regular meetings a year, although it usually meets more often, as dictated by the volume of business to be conducted. If necessary, the Chair or any two members may call a special or emergency meeting.
- (b) Three members of the Board constitute a quorum for all meetings. The Board may not take any formal action at any meeting unless a majority of the members present vote in favor of the action.
- (c) Interested persons may learn when meetings are scheduled by writing or telephoning the Office. Notice of the time and place of meetings is also published in major newspapers throughout the state.

#### **1.4 Laws that Govern the Board**

The Board is governed by a specific state law that establishes its responsibilities for setting standards, issuing licenses, and regulating the profession. The law is in Title 26, Chapter 55, Vermont Statutes Annotated (26 V.S.A. Chap. 55). In addition, the Board is obligated to comply with several other state laws, such as the Administrative Procedure Act (3 V.S.A. §§ 801-849); the "Right To Know Law" (1 V.S.A. §§ 311-314), the "Access To Public Records Law" (1 V.S.A. §§ 315-320), and the "Law of Professional Regulation" (3 V.S.A. §§ 121-131). These laws spell out the rights of an applicant, licensed psychologist, or member of the public. The complete text of any of these laws may be read at a town clerk's office or library, which should have a set of the Vermont Statutes Annotated. "Vermont Statutes Online" are also available on the Internet at <http://www.leg.state.vt.us>.

#### **1.5 The Rules**

The Board is authorized to make these rules under 26 V.S.A. § 3009a. They have the effect of law and govern Board proceedings.

#### **1.6 Complaint Procedure**

The Board follows the Office procedure for receiving complaints, conducting investigations, and resolving charges of unprofessional conduct. Copies of the procedure are available from the Office.

### **Part 2. Information for Applicants**

#### **2.1 Definitions**

Unless otherwise indicated, all words and phrases used in these rules have the same meaning as the terms are defined in 26 V.S.A Chapter 55. As used in these rules:

- (1) "APA" means the American Psychological Association.
- (2) "ASPPB" means the Association of State and Provincial Psychology Boards.
- (3) "CAMPP" means the Council of Applied Master's Programs in Psychology.
- (4) "CPA" means the Canadian Psychological Association.
- (5) "Continuing education credit" means, for purposes of Rule 3.5 generally, one hour of actual time spent as a learner. Breaks for meals or other purposes must be deducted. For purposes of Rule 3.5(d)(1)(D), each university credit hour is worth 15 continuing education credits.

(6) "Face-to-face" means, for purposes of Rule 2.4(2)(A), supervision conducted by a supervisor individually with one trainee in the formal setting of an office, clinic, or institution. Face-to-face supervision is not conducted with a group of trainees.

(7) "National Register" means the National Register of Health Service Providers in Psychology.

(8) "Degree in psychology" means a degree from a university, professional school, or other institution of higher learning that (A) in the United States, is regionally accredited by bodies approved by the Council on Postsecondary Accreditation and the United States Office of Education, (B) in Canada, holds a membership in the Association of Universities and Colleges of Canada, or (C) in other countries, is accredited by the respective official organization having such authority. The degree must be from (A) a doctoral program designated by the Association of State and Provincial Psychology Boards and the National Register of Health Service Providers in Psychology, or (B) a doctoral program accredited by the American Psychological Association or the Canadian Psychological Association, or (C) a master's program in psychology offered by an institution that is a full member of the Council of Applied Master's Programs in Psychology. The degree program, wherever it may be administratively housed, must be clearly identified and labeled as a Psychology program, must have an identifiable psychology faculty and a licensed psychologist responsible for the program, must be directed and taught predominantly by psychologists, and must offer both training in the practice of Psychology and a degree in Psychology. The degree program must specify in pertinent institutional catalogs and brochures its intent to educate and train professional psychologists in the area of Psychology. The degree program must be based on substantial coursework that is primarily psychological in nature, meaning courses which:

(A) are taught in the Department of Psychology or by an instructor with a graduate degree in Psychology or with psychological training and experience appropriate to the content of the course;

(B) include a review of the scholarly literature in the particular area of Psychology involved; that is, a review of psychological theory, research methods, and applications, as distinguished from practice and field experience; and

(C) are psychological in content, as distinguished from courses which ordinarily are the subject matter of another discipline that may incidentally draw on psychological theory or research.

(9) "Supervised practice" means clinical work that is supervised by a licensed psychologist who is familiar with the nature of the trainee's clinical activities and who monitors the quality of the work and contributes to the enhancement of the trainee's knowledge of self and of clinical work.

(10) "Supervision report" means a report submitted by the trainee's clinical supervisor containing sufficient detail to evaluate the trainee's supervised experience, including:

A. The trainee's name.

B. The trainee's educational level.

C. The supervisor's name, signature, address, license number, state where granted, date granted, and areas of specialization.

D. The name and nature of the practice setting, and a description of the client population served.

E. Specific dates of practice covered in this report.

F. Number of practice hours during this period (to include all duties).

G. The trainee's specific duties.

H. Number of one-to-one supervisory hours and group supervisory hours.

I. Detailed assessment of the trainee's performance.

J. The clinical skills supervised.

K. The ethical practices reviewed.

L. The professional readings covered.

M. A photocopy of the supervisor's license or licenses.

(11) "V.S.A." means the Vermont Statutes Annotated, the authorized compilation of Vermont legislative enactments.

(12) "Year" means 2000 hours of supervised practice, including a substantial amount of direct clinical work, in no less than 12 months.

## 2.2 Need for a License

§ 3002, "A person who is not licensed under the Act shall not engage in the practice of psychology;" and "A person who is not licensed under the Act shall not use the title 'psychologist' or any title which contains that word."

(b) Persons who are in the process of meeting their supervised experience requirement for licensure may only identify themselves as "psychological trainee" or "psychological intern" and may not hold themselves out as psychologists before becoming licensed by the Board.

(c) The Act sets out exceptions for related professions. Consult 26 V.S.A. §§ 3004 & 3005 for specifics.

### 2.3 Application

(a) Applications for a license and information about the application process are available from the Office. An applicant must file a completed application in sufficient time to allow the Board at least 60 days to review the application before the candidate sits for the examination. Mail the signed application and check to:

Vermont Board of Psychological Examiners  
Office of the Secretary of State  
26 Terrace Street, Drawer 09  
Montpelier, Vermont 05609-1106

(b) The Board will review an application following receipt of transcripts and the first supervision report to determine if the degree is satisfactory, and will review the application a second time after all supervision reports have been received.

(c) A candidate whose application remains inactive for more than one year must reapply. The Board will then consider the application a new application. An application is deemed inactive if it was received by the Board more than one year previously.

(1) The new application for licensure by examination must include three current letters of reference and documentation of 4,000 hours of supervised practice (at least 2,000 of which must be post-degree). If transcripts are already in the Board's file, new transcripts are not needed.

(2) If the applicant is currently licensed as a psychologist in another jurisdiction, he or she may apply for licensure by endorsement under Rule 2.8. The new application for licensure by endorsement must include three current letters of reference and verification of current state licensure in good standing.

### 2.4 Qualifications for a License as a Psychologist-Doctorate or a Psychologist-Master

The basic qualifications for a license are (1) a degree in psychology, (2) two years of supervised practice (4,000 hours), and (3) passing an examination. In addition, the applicant must be 18 years old or older. Before being allowed to sit for the examination, the applicant must have completed all other requirements for licensure.

(1) Degree requirement: An applicant must hold a doctoral degree in psychology from a professional psychology training program to be licensed as a psychologist-doctorate. An applicant must hold a master's degree in psychology from a professional psychology training program to be licensed as a psychologist-master. A professional psychology training program is based upon a planned program of study which includes, at a minimum, the areas set forth in subparagraphs (A) through (E) below. Doctoral level applicants must have nine (9) credits and master's level applicants must have six (6) credits in each of the following areas: Assessment, Intervention, and Psychopathology. Applicants must also have a minimum of three (3) credits in Statistical Methods (Statistics or Research Methodology) and three (3) credits in Professional Ethics.

Except for Intervention, at least one three-credit course in each major area must be a foundation course which provides a general overview of the subject area.

Courses must be at the graduate level and must be clearly designated as such. Undergraduate courses and work experiences may not be substituted for coursework.

In determining whether an applicant's training program has met these course distribution requirements, the Board will accept a course as fulfilling the requirement of one area only. The Board will not accept subdivision of the credit hours of a course into two or more areas.

(A) Assessment. Psychological theory, research, and methods concerning the measurement and assessment of an individual's behavioral or psychological functioning, such as the assessment of psychopathology, personality characteristics, intellectual functioning, skills and interests, and neuropsychological functioning. Examples of relevant courses include but are not limited to the following:

Assessment:

General foundation courses:

Psychological Testing/Assessment  
Intellectual (Cognitive) Assessment  
Personality Testing/Assessment  
Introduction to Psychometrics

Specialized courses:

Projective Testing  
Neuropsychological Testing  
Diagnostic Interviewing  
MMPI  
Tests and Measurements

(B) Intervention. Psychological theory, research, and methods concerning the remediation, treatment, or prevention of behavior disorders, adjustment problems, and psychopathology, or other disturbances in psychological functioning. Examples of relevant courses include but are not limited to the following:

Intervention:

- Cognitive Psychotherapy
- Family Therapy
- Group Therapy
- Psychoanalytic/Psychodynamic Therapy
- Community Psychology
- Prevention of Psychopathology

(C) Psychopathology. Psychological theory, research, and methods concerning the descriptive characteristics, diagnosis, and etiology of psychopathology, or mental and behavioral disorders of children and adults. Examples of relevant courses include but are not limited to the following:

Psychopathology:

General foundation courses:

- Advanced Abnormal Psychology
- Child Psychopathology
- Adult Psychopathology
- DSM IV

Specialized courses:

- Mood Disorders
- Substance Abuse
- Eating Disorders
- Mental Retardation
- ADHD

(D) Statistical Methods (Statistics or Research Methodology)

(E) Professional Ethics

(2) Supervised practice:

(A) An applicant must have completed two years of supervised practice as a psychological trainee, beginning no earlier than the beginning of the graduate program. The trainee must have at least two different supervisors during the course of training with a minimum of 500 hours practice with each of two individual supervisors. This supervision must be individual, face-to-face supervision (not in group). If an applicant had 500 or more hours of supervised practice to complete as of February 1, 1997, and has been supervised by only one supervisor, the applicant must obtain a second supervisor to meet the requirements of these rules. The trainee must have two hours of clinical supervision during each forty hours of practice. One hour of this supervision must be in a formal, individual, face-to-face setting. The other hour may be in group supervision. One year of this supervised experience may be obtained concurrently with study toward the masters or doctoral degree. The remainder of the supervised experience must be obtained following receipt of the first such degree upon which the application is based, except for applicants at the doctoral level who have been previously licensed for independent practice at the master's level.

(B) Although the Board recognizes that a trainee must have both administrative and clinical supervision it is only the clinical supervision that counts toward the supervisory requirement. A clinical supervisor assumes full professional and legal responsibility for a trainee's work. The clinical supervisor must be certain to maintain a level of supervision and practice consistent with professional standards ensuring the trainee's welfare and that of the client.

(C) The trainee will receive credit in an area of practice only if the clinical supervisor is qualified in that area. In addition, the trainee will receive credit only for work that is acceptable to the supervisor and satisfies the requirements of the Board. Because of a potential conflict of interest, the Board will not credit clinical supervision by a spouse, business associate, employer, or relative or by an individual who may financially benefit directly from the trainee's work; however, supervision of employees of any agency or institution by another employee of that agency or institution may be accepted.

(D) Coverage of any portion of practice by group supervision alone disqualifies that portion for credit as supervised practice. In order for group supervision to count, each hour must be accompanied by one hour of concurrent individual supervision covering that portion. Supervision of practice in one part-time setting cannot be considered to cover another part-time setting unless the supervisor explicitly assumes responsibility for both settings, even if the number of supervisory hours is sufficient for both. A supervisory session must be of at least one full hour's duration and occur no less frequently than every other week in order to be accepted by the Board, regardless of the hours of practice covered. The Board does not give credit for more than 40 hours per week of supervised practice regardless of the amount of supervision.

(E) For supervision prior to October 23, 1987, if the trainee's supervisor was not licensed at the time of supervision, the trainee must show that the supervisor could have satisfied the requirements for a license in Vermont at that time, except passing the exam. Evidence consisting of certified transcripts and documentation of appropriate supervised experience should be submitted together with the supervision report. Such supervision will only be credited after the supervisor has sat for and passed the licensing examination.

(F) For supervision after October 22, 1987, if the trainee was supervised in Vermont or another state with similar licensing requirements, the trainee will be credited for supervision only if the supervisor has met all qualifications for licensing, including passing the licensing examination. If the trainee was supervised in a jurisdiction without similar licensing requirements, the trainee will be credited for supervision if the supervisor has a degree and supervised practice which meets the requirements of these rules. Supervision will be counted from the day the supervisor met these qualifications.

(G) The applicant must submit adequate supervision reports. The Office will provide forms.

(H) Supervision may be obtained pre- or post-degree. A minimum of 2,000 hours of supervised practice must be completed after the degree is obtained. An applicant may begin counting supervision as post-degree after completion of all formal requirements for the degree even though the degree may not be conferred for several months.

(I) Applicants and supervisors must avoid any situation that suggests a "dual relationship," as defined in the APA Code of Ethics. Under Rule 2.4(2)(C) above, a potential or demonstrable conflict of interest would exclude any particular clinical supervision from consideration.

(J) Applicants are responsible for insuring that their supervision is consistent with these rules.

(K) An applicant must document 4,000 hours of supervised practice, 2,000 of which must have occurred after completion of the highest degree on which the application for licensure is based. The post-degree hours should be obtained following the degree which leads to practice and may not be obtained as part of an academic program of study or practicum experience. Practicum or internship supervised practice will be credited toward the pre-degree requirement. Applicants licensed at the master's level based on a master's degree obtained during an ongoing course of studies towards a doctoral degree will need to complete 2,000 hours of post-doctoral supervised practice before their licenses can be upgraded to the doctoral level.

(L) One hour of supervision is needed for every 20 hours of clinical practice.

(M) A maximum of 40 hours of supervised practice will be credited in any week.

(N) An applicant needs two hours of supervision for each 40 hours of work. One hour must be individual supervision. The second hour may be either individual or group. Qualifying hours are defined as the number of hours per month for which the applicant received the required hours of supervision. For example, if an applicant received one hour of supervision in a week, he or she may claim only up to 20 hours of supervision regardless of the total number of hours the applicant may have actually completed.

(O) For applicants who work part-time and who document 20 hours per week or less, the supervision must be at least one hour and must be individual. (3) Examination: The Board currently administers the Examination for Professional Practice in Psychology (EPPP), prepared by the Association of State and Provincial Psychology Boards (ASPPB), and may administer an examination on the Vermont laws and rules governing the practice of psychology. Applicants for licensure by examination must complete an application for computer-based testing. Once an applicant is approved by the Board to sit for the EPPP, the application for computer-based testing will be forwarded to the examination vendor by the Board. After receipt of an authorization to test letter from the examination vendor, the applicant bears the responsibility of scheduling his or her EPPP administration with a test delivery site within 60 days from the date on the authorization to test letter. The passing score accepted by the Board is the ASPPB recommended passing point. An applicant's score will be reported to the Board to which the applicant applied and which approved the applicant to sit for the EPPP. Reporting of a score to any other jurisdiction will be the responsibility of the applicant. An applicant who took the EPPP in another jurisdiction and whose score meets the passing score required by this rule may have his or her score on the EPPP transferred to the Board by the score transfer service maintained by the ASPPB. The Board will notify an applicant of whether the applicant passed or failed the examination and of the applicant's score on the examination. More information about the examination is available from the Office or by accessing the Board's Web page at [www.vtprofessionals.org/psychologists](http://www.vtprofessionals.org/psychologists).

(4) Retaking the examination: Unsuccessful candidates may retake the examination. They will, however, be required to pay a new examination fee. The maximum number of times a candidate may take the examination is four times in any 12-month period.

(5) Changing the level of license: A person who is currently licensed as a psychologist-master, has since earned a doctoral degree, and wishes to upgrade the license to a psychologist-doctorate, must file a new application and submit certified copies of transcripts, as on initial application. Those applicants who now hold a doctoral degree in psychology and have passed the examination (at the previous doctoral level) need not take the examination a second time, and will be licensed as a psychologist-doctorate if all other requirements for licensure have been met. From 1977 to 1982, the passing score for a license at the master's level was lower than at the doctoral level. In addition, some people were licensed without examination

under a temporary provision in the first licensure statute that has now expired. Those applicants who have already met the statutory supervision requirement need not submit additional supervision. Since supervision was not a requirement for persons who were licensed under the temporary provision of the original statute, such individuals will also have to document to the satisfaction of the Board that this requirement has been met in order to upgrade their licenses to psychologist-doctorate. If a doctoral degree was obtained in the same continuous program as a master's degree, the applicant must obtain 2,000 hours of supervised practice following completion of the doctoral degree prior to licensure. However, if an applicant practiced psychology as a master's-level psychologist for at least one year and subsequently began the doctoral program, he or she may be able to qualify for an upgrade without the further requirement of 2,000 hours of post-degree supervision. Those applicants who have not passed the examination at the required level may re-take it.

### **2.5 Applicants Who Were Enrolled As Candidates For A Master's Degree No Later Than December 31, 1993**

An applicant who was enrolled as a candidate for a master's degree in psychology no later than December 31, 1993, may be eligible for licensure at the master's level. Under this provision, the master's degree does not have to be obtained through a professional psychology training program which includes the areas of study set forth in Rule 2.4(1). However, the master's degree must be a degree in psychology, as defined in relevant parts of Rule 2.1(6).

### **2.6 Applicants with Degrees from Equivalent Programs**

An applicant with a degree in psychology (as defined in relevant parts of Rule 2.1(6)) from a professional psychology training program which does not meet the statutory requirements has an opportunity to prove that the degree was granted by a program which is equivalent to (1) a doctoral program in psychology designated by the Association of State and Provincial Psychology Boards and the National Register of Health Service Providers in Psychology, (2) a doctoral program in psychology accredited by the American Psychological Association or the Canadian Psychological Association, or (3) a master's program in psychology offered by a full member of the Council of Applied Master's Programs in Psychology. The degree must be from a university, professional school, or other institution of higher learning that (A) in the United States, is regionally accredited by bodies approved by the Council on Postsecondary Accreditation and the United States Office of Education, (B) in Canada, holds a membership in the Association of Universities and Colleges of Canada, or (C) in other countries, is accredited by the respective official organization having such authority. In addition, the post-graduate training program must be a planned program of study which reflects an integration of the science and practice of psychology and includes courses in assessment, intervention, psychopathology, statistical methods and professional ethics, as well as a supervised practicum and internship. The applicant should obtain the current criteria for designation, accreditation or full membership from the appropriate organization, and assemble the evidence and documentation necessary to demonstrate that those criteria could have been met by the applicant's program at the time of enrollment. If the program had applied for designation, accreditation or full membership, that application and the action on it must also be provided.

### **2.7 Exceptional Cases**

The Board may waive the education, experience or examination requirement in exceptional cases when the applicant demonstrates appropriate qualification. Only one of the three requirements may be waived. In general this section applies to individuals who by reason of research, teaching or practice are nationally or internationally recognized as exceptional; that is, those individuals who, in the sole judgment of the Board, are generally recognized by the profession at large as having made a major contribution to the practice of psychology. In all other instances, success or failure in attaining a license shall depend on the individual's qualifications and not on any waiver of educational or other requirements established by law.

### **2.8 Licenses from Other Jurisdictions and Licenses Granted Upon Examination of Credentials**

(a) Applicants who are licensed psychologists in good standing in another jurisdiction in the United States or Canada may be licensed at the same level of academic degree in Vermont upon showing that the jurisdiction has licensing requirements which currently are essentially equivalent to Vermont's. Under this section, the applicant's particular education, experience and examination are not relevant. If the other jurisdiction's requirements are not essentially equivalent to Vermont's, the applicant may apply under Rule 2.4.

(b) Applicants who demonstrate that they are diplomates in good standing in one of the academies of the American Board of Professional Psychology (ABPP) may be licensed.

(c) Applicants who present evidence of professional qualification from an individual certification program acceptable to the Board may be licensed. Applicants may contact the Board by accessing its Web page for a list of acceptable individual certification programs.

(d) Under (a), (b), or (c) above, an applicant may also be required to take and pass an examination on the Vermont laws and rules governing the practice of psychology.

## 2.9 Licensure of Foreign-Trained Graduates

An applicant must have completed a psychologist-doctorate or a psychologist-master educational program equivalent to the standards of a professional psychology training program as defined in 26 V.S.A. § 3001(10). The Board will evaluate an applicant's academic credentials after the Board receives a report from a credentials evaluation service. Applicants should consult the Board's Web page or contact the Board for a current list of acceptable services. Applicants are responsible for the costs of this evaluation. Upon approval, an applicant may then be eligible for licensure under Rule 2.4.

## 2.10 Degrees Granted under Prior Law

[Note: Notwithstanding any current or former rules of the Board, an applicant who applied for licensure July 1, 1994, or later must possess a degree in psychology under 26 V.S.A. § 3011a (formerly 26 V.S.A. § 3011) and may not rely upon an equivalent or augmentable degree. See *In re Nystrom*, No. AO-PS03-0397 (Vt. Sec. Of State, Appellate Officer, Nov. 10, 1997); *In re McCormick*, No. AO-PS06-0997 (Vt. Sec. Of State, Appellate Officer, Jan. 29, 1998).]

- (a) The former rules of the Board still govern the requirements for licensure of applicants who have certain degrees. Those applicants should consult the Appendix, containing selected former rules.
- (b) The following degrees are currently acceptable for doctoral level licensing:
  - (1) Doctoral degrees in psychology from a regionally accredited institution without regard to distribution of coursework, **granted before 1 January 1988**;
  - (2) Doctoral degrees in psychology from a regionally accredited institution with coursework distributed over four of six major categories (see Appendix), from a program **begun before 1 July 1993**;
  - (3) Doctoral degrees in psychology from programs designated by ASPPB and the National Register, or accredited by APA, CPA, or equivalent programs in psychology, **granted after 30 June 1993**, and
  - (4) Equivalent doctoral degrees with coursework distributed over four of six major categories (see Appendix), from a program **begun before 1 July 1993**.
- (c) The following degrees are currently acceptable for master's level licensing:
  - (1) Master's degrees in psychology from an accredited institution without regard to distribution of coursework, **granted before 1 January 1988**;
  - (2) Master's degrees in psychology from a regionally accredited institution with coursework distributed over four of six major categories (see Appendix), from a program **begun before 31 December 1993**;
  - (3) Master's degrees in psychology from a school that is a full member of CAMPP, **granted after 30 June 1993**, and
  - (4) Equivalent master's degrees with coursework distributed over four of six major Categories (see Appendix), from a program **begun before 1 July 1993**.

## 2.11 Augmenting Degrees Granted under Prior Law

[Note: Notwithstanding any current or former rules of the Board, an applicant who applied for licensure July 1, 1994, or later must possess a degree in psychology under 26 V.S.A. § 3011a (formerly 26 V.S.A. § 3011) and may not rely upon an equivalent or augmentable degree. See *In re Nystrom*, No. AO-PS03-0397 (Vt. Sec. Of State, Appellate Officer, Nov. 10, 1997); *In re McCormick*, No. AO-PS06-0997 (Vt. Sec. Of State, Appellate Officer, Jan. 29, 1998).]

- (a) A degree granted under prior law before 1 January 1989 may be augmented with post-degree coursework to complete one or two major categories under the following conditions:
  - (1) The degree is from a regionally accredited college or university;
  - (2) The degree is based on at least 24 credit hours in psychology if a master's degree or 36 credit hours in psychology if a doctoral degree; and
  - (3) The degree is based on at least six hours in each of two major categories if a master's degree, or at least nine hours in each of two major categories if a doctoral degree.
- (b) A degree granted under prior law after 31 December 1988 may be augmented with post-degree coursework of no more than six credits.

## 2.12 Temporary License

A person licensed and in good standing to practice psychology in another jurisdiction may apply to the Board for a temporary license to practice in Vermont for no more than 10 days or 80 hours in any 12-month period. Information about temporary licenses and associated fees may be obtained from the Office.

## 2.13 Right to a Written Decision

The Board shall notify applicants in writing whether they are qualified for a license. If the Board denies an application, it will give specific reasons in writing and offer an opportunity for a hearing before the denial becomes final.

## **2.14 Right to Appeal**

A person who is not satisfied with a final decision of the Board may appeal to an appellate officer within 30 days of being sent notice of the Board's decision. The appellate process is governed by Vermont law, 3 V.S.A. § 130a, and has its own procedural rules. Information about the appellate process is available from the Office. The telephone number is (802) 828-2373.

## **Part 3. Information for Licensed Psychologists**

### **3.1 Renewing Licenses Biennially**

Licenses must be renewed every two years, by the expiration date printed on the license. Before the expiration date, the Office will mail a renewal application and notice of the renewal fee. If the renewal application and fee is not received by the Office by the expiration date, the license will expire automatically.

### **3.2 Reinstating a License**

(a) A license that expires for failure to renew on time may be reinstated by applying to the Board for reinstatement and paying the appropriate fees. As a condition of reinstatement, the Board will require that licensees establish that they have satisfied all continuing education requirements.

(b) The Board may also revoke a license, after an opportunity for a formal hearing, if it has lapsed for five years or longer.

### **3.3 Change of Name or Address**

Licenses are responsible for notifying the Office promptly if they change name or address.

### **3.4 Complete Title**

Under 26 V.S.A. § 3016(2) a licensee is required to indicate a complete title, (that is, psychologist-doctorate, psychologist-master, or psychologist-bachelor) on all signs, business cards, letterhead, promotional materials and other professional uses. A licensee whose name appears in the Yellow Pages telephone directory in a box advertisement listing individuals in a practice must include his or her full professional title in the listing, clearly indicating licensure as a psychologist-doctorate or psychologist-master. This rule applies whether the box advertisement appears under the heading "Psychologists" or under any other heading in the Yellow Pages.

### **3.5 Requirements for Continuing Education**

(a) Definition and Goals. Continuing education is the process through which professional psychologists review psychological concepts and techniques, acquire new knowledge or skills relevant to their work, and improve their competence in current skills, so that the public will benefit from the most current and effective standards of professional practice. These activities are intended to supplement what has already been attained in training and practice. The aim of continuing education is to foster the highest quality of professional work. Activities that are primarily of a self-help nature are not acceptable as continuing education. Courses, workshops, seminars, or symposia designed to increase income or office efficiency shall not be eligible for continuing education credit.

(b) Requirements.

(1) Unit Requirements. All psychologists must complete 60 continuing education credits within each full two-year period of licensure. Beginning with the renewal period of February 1, 2002, through January 31, 2004, at least six of these credits must be devoted to continuing education specifically addressed to professional ethics. The dominant topic of an acceptable course or program which meets this requirement must be ethics and the practice of psychology, professional conduct, jurisprudence and/or related legal issues. The six ethics credits may be accrued in either Category I or Category II, or both. The license of a psychologist who has not complied with the continuing education requirement shall not be renewed.

(2) Record Keeping. It is the responsibility of the psychologist to provide the Board with appropriate documentation of continuing education credits. On written request, the Board will provide the psychologist with information about his or her documented credits. Licensees are encouraged to submit documentation to the Board as they accrue continuing education credits.

(3) Approval. Any activities submitted in satisfaction of the continuing education requirement must be relevant to psychology and acceptable to the Board.

(4) Time Period.

(A) Each two-year period shall begin 1 January of even-numbered years and end 31 December of the next odd-numbered year.

(B) All documentation of continuing education credits must be provided to the Board by 1 February of the year of license renewal.

(c) Approval of Continuing Education Activities. A licensee may submit the activities he or she intends to participate in to satisfy the continuing education requirement to the Board for advance approval. Activities sponsored by the APA or by the Vermont Psychological Association will be accepted for credit.

(d) Categories of Continuing Education Credits.

**(1) Category I: Formal Activities:**

- (A) At least 30 credit hours of documented attendance are required of this type over a two year period. If more than 30 credits are claimed, then more than one area must be represented (that is, a maximum of 30 credit hours per topic). All 60 credits needed for renewal may be obtained in this category. Documentation of activities must include a certificate of attendance and a brief summary (100-200 words) of the content. Credit: 1 credit for each hour.
- (B) Formal activities must be primarily psychological in nature, that is, related to a generally accepted field of psychology as represented, for example, by any of the divisions of the APA. Relevant activities include courses, lectures, symposia, presentations, workshops, institutes, formal panel discussions, and invited speaker sessions. (The distinction between former Category 1 and Category 2 credits is erased).
- (C) Within alternative paradigms not generally recognized or accepted by mainstream psychology, the documentation must include a thorough critique (two to three pages) of the new paradigm, critically examining the evidence, looking at advantages and disadvantages. Maximum of 15 hours of this type is allowable.
- (D) Courses taken for credit from an accredited institution of higher learning within a graduate program in psychology or related field are acceptable, including graduate courses leading to doctoral degrees taken by psychologists already licensed at the master's level. Each university credit hour is worth 15 continuing education credits. If such a course is audited, written documentation by the professor attesting to attendance, participation, work, and estimated learning is required.
- (E) Presenters generally should be qualified psychologists (licensed, applied, academic, etc.) or related mental health professionals. They could include psychiatrists, social workers, certified substance abuse counselors, mental health counselors, or school psychologists.
- (F) Any program sponsored by APA or Vermont Psychological Association is acceptable as a program. Other programs require pre-approval.
- (G) For pre-approval as a program, a description containing the rationale, syllabus, agenda, goals, and related readings of the enterprise is required. If an alternative paradigm, it must also provide an objective framework for analysis and potential use.
- (H) A program presented within another disciplinary framework (such as Religion, History, Sociology, Anthropology, Political Science, or Education) even though it might contain some psychologically-oriented topics or workshops, is not eligible for Category I credit as a program.

**(2) Category II: Individualized Learning**

- (A) Up to 30 credit hours of this type are allowed. Credit: 1 credit for each hour.
- (B) This category consists of individualized learning experiences pertaining to psychology. Pre-approval is necessary for any topic not generally recognized or accepted by mainstream psychology. Similar content guidelines apply as in Category 1. Prior Category 3, 4, 5, and 6 are subsumed under this category.
- (C) Relevant experiences could include any of the following:
  - (i) Independent study (including professional readings, audiotapes, and videotapes);
  - (ii) Professional writing or speaking;
    - (iii) Scholarship or research;
  - (iv) Journal clubs;
  - (v) Supervision;
  - (vi) Ongoing case consultation;
  - (vii) Attendance at professional or scientific meetings relevant to the practice or organization of psychology;
  - (viii) Preparation for courses and formal presentations.

- (D) For independent study, scholarship or research, professional writing or speaking, and preparation for courses or presentations, documentation is required as to process and product, including relevant readings, activities, research procedures, products and a brief critique of the material.
  - (E) For supervision, journal club participation, and ongoing case consultation, documentation is required from both the supervisee and the supervisor or colleagues as to general topic and approach as well as assessed professional development.
  - (F) For participation in professional or scientific meetings pertinent to psychology as a practice or discipline, a brief summary and critique or reflections of the experience is required.
- (e) Failure to Comply with the Continuing Education Requirements.  
 At the end of each two-year cycle, the Board shall determine whether any psychologists have failed to comply and shall send a notice to each noncomplying psychologist explaining the nature of the noncompliance. Upon receiving a notice of noncompliance, the psychologist must respond within 15 days by:
- (1) filing documentation demonstrating compliance; or
  - (2) filing a specific corrective action plan as described in (f)(2) below
- (f) Noncompliance Procedures.
- (1) Documentation demonstrating compliance will be treated in the same way as similar documentation filed before a notice of noncompliance.
  - (2) Corrective action plans must contain a specific plan for correcting the psychologist's noncompliance within 90 days from the date of filing. The Board will notify a licensee regarding acceptability of the plan within 60 days of its receipt by the Board. The psychologist shall report full completion of the plan to the Board within 15 days following the 90-day period.
  - (3) The Board will extend but will not renew the license of a licensee in noncompliance during the 90-day period. The Board will not renew the license of a licensee who fails to develop and complete a specific corrective action plan and associated coursework within the 90-day period.

### **3.6 Code of Ethics**

The Board endorses the "Ethical Principles of Psychologists and Code of Conduct," of the American Psychological Association, Inc., effective 1 December 1992, and the "ASPPB Code of Ethics-1990" of the Association of State and Provincial Psychology Boards, or their successor principles and codes, as guides to the profession. Conduct which violates these ethical principles and codes, or their successor principles and codes, constitutes unprofessional conduct under 26 V.S.A. § 3016(9) and § 3016(10). It is the licensee's responsibility to become familiar with these ethical principles and codes as guides to conduct and practice. Copies of the "Ethical Principles" may be obtained from the American Psychological Association; copies of the "ASPPB Code" may be obtained from the Association of State and Provincial Psychology Boards; copies of either code may be obtained on written request from the Office. Copies of both codes in effect at the time of the adoption of these rules are attached. However, licensees are responsible for obtaining copies of any successor versions of either code.

### **3.7 Requirement to Report Unprofessional Conduct and Abuse of Children and Elderly and Disabled Adults**

- (a) Any professional psychological association, society, professional standards review organization, or similarly constituted professional body, whether local, regional, state, or national in scope, or any of its committees, having responsibility for the evaluation, improvement, utilization, or cost of psychological services, and any hospital, clinic or health care institution shall report to the Board within 10 days of its occurrence:
  - (1) any disciplinary action taken by it or its staff that limits the practice privileges of a psychologist or leads to suspension or expulsion from an educational institution or health care organization; and
  - (2) any finding by it or its staff of a violation of ethical standards.
- (b) Please note also that under 12 V.S.A. § 1612(a), patients of mental health professionals enjoy a privilege of confidentiality. Under 33 V.S.A. § 4913(a), however, any psychologist who has reasonable cause to believe that a child has been abused or neglected must report the incident to the Department of Social and Rehabilitation Services. Under 33 V.S.A. § 6903(a)(1), any psychologist who has reasonable cause to believe that any elderly or disabled adult has been abused, neglected or exploited must report the incident to the Commissioner of Aging and Disabilities.

### **3.8 Responsibility to Cooperate with Investigations**

Each licensed psychologist has a responsibility to cooperate with investigations by the Board. When an investigation seeks confidential client information, the psychologist, whether or not the subject of the investigation, has a duty to request that the client release the information to the Board's investigators. When a client has made a complaint about a psychologist, the Board considers that the complaint waives the client's claim of confidentiality to the extent the Board's investigating committee deems necessary to investigate the complaint, and no further release is required.

### **3.9 Disclosure of Information**

(a) Each psychologist shall disclose to each client, whether current or new and whether residing in Vermont or elsewhere, the following information, printed or typed in easily readable format:

(1) The psychologist's professional qualifications and experience, including (A) all relevant graduate programs attended and all graduate degrees and certificates earned, including the full legal name of the granting institution, (B) a brief description of any special qualifications and areas of practice, and (C) if providing direct human services in a service or technique that is new to the profession, clear and concise information about the innovative nature of and known risks associated with the services, so that the client can exercise freedom of choice concerning such services. A psychologist providing services under subsection (C) above shall also provide the Board with a copy of the written information provided to the client.

(2) A copy of the statutory definition of unprofessional conduct (26 V.S.A. § 3016 and 3 V.S.A. § 129a).

(3) Information on the process for filing a complaint with, or making a consumer inquiry to, the Director of the Office of Professional Regulation. Sample information cards are available from the Office.

(b) Disclosure means, at a minimum, (1) posting the information and informing the client where the information is posted, or (2) having the information printed, displaying the printed information in an easily accessible location, and informing the client where the information is displayed, or (3) having the information printed and directly handing a copy of the information to the client.

(c) Not later than the third office visit, the psychologist shall present to the client for signature a document stating that the information required to be disclosed in paragraphs (1), (2), and (3) above has been disclosed to the client. The psychologist shall also sign the document and shall prepare and shall retain the signed original. If, by the third office visit, disclosure cannot be made or the client declines to sign, the psychologist shall prepare and sign a written statement explaining the omission, which shall be retained in place of the signed copy.

(d) When the client is not able to understand the disclosure, as in the case of a minor or an adult who is under the supervision of guardian, the disclosure shall be made to a suitable parent or guardian. If no guardian has been appointed but guardianship application has been made, the disclosure should be to the person named in the petition. If the guardianship petition is contested or soon to be awarded, the licensee may either wait or have the client sign and then subsequently, if a guardian is appointed, have the guardian sign.

(e) When the client is a patient or resident in an institution, including a hospital, nursing home, school, correctional facility or community mental health center, psychologists providing care are excused from obtaining a signed receipt of disclosure so long as the information required in (a) and (b) above is readily available from the institution. The psychologist must make individual disclosure as provided in (a) and (b) above in cases where the institution's disclosure is inadequate.

(f) Psychologists employed by or belonging to a private practice group (partnership or corporation) or managed care group (corporation or other form of business organization) are considered to be practicing independently and subject to the disclosure requirements of these rules.

(g) Employees or persons under contract with an institution which is under the oversight of a governmental agency are exempt from the disclosure requirements of these rules but must inform clients that the information listed in Rule 3.9(a) above is available upon request.

(h) At its discretion, the Board may inspect and audit a licensee's records of information disclosure. The Board will inspect only general materials relating to information disclosure and will not inspect individual client records or notes, unless a complaint has been filed by or concerning a particular client. The Board will select individuals to be audited on a random basis or in response to a complaint.

### **3.10 Telepractice**

Telepractice is governed by statute, 26 V.S.A. § 3018. Professionals who provide service via the Internet or other electronic means should provide as much information as possible to individuals who access their services. At a minimum, the psychologist should prominently disclose:

- (1) Name, location, and telephone number of the psychologist;
- (2) Type of license, full title, and jurisdiction where licensed;
- (3) What the psychologist is licensed and trained to do;
- (4) To whom the client may make a complaint and how;
- (5) The limits and limitations of Internet practice and service delivery.

This is similar to the disclosure required of psychologists and other mental health providers in face-to-face settings (see Rule 3.9 above), and it is just as important.

### **3.11 Medication Recommendations to Prescribing Physicians**

A psychologist licensed by the Board may offer a medication recommendation to the prescribing physician about a patient the psychologist has evaluated when such recommendation is an informed opinion based on the psychologist's education, training, supervised experience, or appropriate professional experience. It is then incumbent upon the physician, based on all of the evidence before him or her, which may include the recommendations of the psychologist, to decide what, if any, medication or medical treatment to prescribe.

### **3.12 Record Keeping**

Rule III(A)(6) of the "ASPPB Code of Conduct - 1990" (or the pertinent rule of its successor code) governs the content, maintenance, and retention of records in the practice of psychology. A violation of this or any other provision of the Code constitutes unprofessional conduct under 26 V.S.A. § 3016(10). A copy of the 1990 Code is appended to these rules.

Effective date: June 1, 2001

**Appendix  
Selected Former Rules**

*The former rules of the Board still govern the requirements for licensure of applicants who have certain degrees (see Rule 2-7 2.10). Relevant parts of the rules adopted September 30, 1987 are set out below.*

[Note: Notwithstanding any current or former rules of the Board, an applicant who applied for licensure July 1, 1994, or later must possess a degree in psychology under 26 V.S.A. § 3011a (formerly 26 V.S.A. § 3011) and may not rely upon an equivalent or augmentable degree. See *In re Nystrom*, No. AO-PS03-0397 (Vt. Sec. Of State, Appellate Officer, Nov. 10, 1997); *In re McCormick*, No. AO-PS06-0997 (Vt. Sec. Of State, Appellate Officer, Jan. 29, 1998).]

**Part 2.  
Information for Applicants**

**2.1 Definitions**

(1) **CLINICAL PSYCHOLOGY** means a professional discipline that applies the principles and methods of the science of psychology to individuals or groups who are suffering from adjustment problems or emotional or mental disorders. The application of these principles and methods includes, but is not restricted to, assessment, diagnosis, prevention, and amelioration of such disorders. While clinical psychology at any particular time can be characterized by the use of particular techniques and procedures, it is reliance on theory and research in scientific psychology that distinguishes the discipline from other professional disciplines with related objectives. As a professional discipline, psychology is also distinguished by a unique Code of Ethics known as "Ethical Principles of Psychologists."

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(3) **DEGREE IN PSYCHOLOGY** means a degree from a regionally accredited school resulting from a program of studies which includes a minimum of 24 graduate level credit hours in psychology for a license at the master's level and a minimum of 36 graduate level credit hours for a license at the doctoral level. The program, wherever it may be administratively housed, must be clearly identified and labeled as a psychology program. Courses must be evenly distributed across at least four of the six major categories of psychology defined below; that is, the minimum required is either six or nine credit hours in each major category. This definition applies to degrees granted after January 1, 1988.

(4) **EQUIVALENT MASTER'S DEGREE** means a master's degree from a regionally accredited school resulting from a program of studies which includes a minimum of 24 graduate-level credit hours in psychology. Courses must be evenly distributed across at least four of the six major categories of psychology defined below; that is, the minimum required is six graduate-level credits in each major category.

(5) **EQUIVALENT DOCTORAL DEGREE** means a doctoral degree from a regionally accredited school resulting from a program of studies which includes a minimum of 36 graduate-level credit hours in psychology. Courses must be evenly distributed across at least four of the six major categories of psychology defined below; that is, the minimum required is nine graduate-level credits in each major category.

(6) **EXCEPTIONAL CASES** mean those individuals who, in the sole judgment of the Board, are generally recognized by the profession at large as having made a major contribution to the practice of psychology. In general this section applies to individuals who by reason of research, teaching or practice are nationally or internationally recognized as exceptional. In all other instances, success or failure in attaining a license shall depend on the individual's qualifications and not on any waiver of educational or other requirements established by law.

(7) **MAJOR CATEGORY** means one of the following:

(A) **Assessment.** Psychological theory, research, and methods concerning the measurement and assessment of an individual's behavioral or psychological functioning, such as the assessment of psychopathology, personality characteristics, intellectual functioning, skills and interests,

and neuropsychological functioning. Relevant courses include but are not limited to the following:

Diagnostic Interview Methods and Techniques;  
Intellectual Evaluation;  
Personality Evaluation;  
Behavioral Assessment; and  
Neuropsychological Assessment.

(B) **Intervention.** Psychological theory, research, and methods concerning the remediation, treatment, or prevention of behavior disorders, adjustment problems, and psychopathology, or other disturbances in psychological functioning. Relevant courses include but are not limited to the following:

Behavior Modification;  
Psychotherapy;  
Family Therapy;  
Group Therapy;  
Community Psychology; and  
Prevention of Psychopathology.

(C) Experimental Foundations. Psychological theory, research, and methods concerning the design, conduct, analysis, and interpretation of psychological research, or concerning the general principles and processes for the core areas of experimental psychology. Relevant courses include but are not limited to:

Psychological Methodology;  
Test and Measurement Theory;  
Physiological Psychology;  
Cognition/Perception;  
Learning/Motivation; and  
Comparative Psychology.

(D) Psychopathology. Psychological theory, research, and methods concerning the descriptive characteristics, diagnosis, and etiology of psychopathology, or mental and behavioral disorders of children and adults. Relevant courses include but are not limited to:

Abnormal Psychology;  
Child Psychopathology;  
Adult Psychopathology;  
Mental Retardation; and  
Learning Disorders.

(E) Applied. Psychological theory, research, and methods concerning the psychological functioning of the individual in groups and organizations. Relevant courses include but are not limited to the following: Industrial Psychology;

Personnel Psychology;  
Human Factors; and  
Organizational Psychology.

(F) Social/Individual Differences/Personality. Psychological theory, research, and methods concerning the psychological or behavioral development and functioning of the individual, and the study of individual differences. Relevant courses include but are not limited to the following:

Personality;  
Developmental Psychology;  
Child Psychology;  
Social Psychology; and  
Educational Psychology.

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(10) SUBSTANTIAL COURSEWORK means courses which:

(A) are taught in the Department of Psychology or by an instructor with a graduate degree in psychology or with psychological training and experience appropriate to the content of the course;

(B) include a review of the scholarly literature in the particular area of psychology involved; that is, a review of psychological theory, research methods, and applications, as distinguished from practice and field experience; and

(C) are psychological in content, as distinguished from courses which ordinarily are the subject matter of another discipline that may incidentally draw on psychological theory of research.

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#### **2.4 Qualifications for a License as Psychologist-Doctorate or a Psychologist-Master**

The basic qualifications for a license are (1) a degree in psychology \* or equivalent, (2) two years of supervised practice,\* and (3) passing our examination. In addition, you must be 18 years old or older and either a resident of Vermont\* or engaged in the regular practice of psychology\* in Vermont. Before you are allowed to sit for the examination, you must have completed all other requirements, except that the Board may allow you to sit before you complete the last few weeks of supervision.

(A) Degree requirement: You must hold a doctoral degree in psychology\* or equivalent doctoral degree\* if you want to be licensed as a psychologist-doctorate. You must hold a master's degree in psychology\* or an equivalent master's degree\* if you want to be licensed as a psychologist- master. In either case, your degree must be granted by a regionally accredited college or university and be based on substantial coursework\* that is primarily psychological in nature.

(B) Augmenting deficient degrees: You may submit post-degree coursework to augment your degree and fulfill one or more major categories \* if your degree:

- (1) Is from a regionally accredited college or university;
  - (2) Is based on at least 24 credit hours in psychology if a master's degree or 36 credit hours in psychology if a doctoral degree;
  - (3) Is based on at least six hours in each of two major categories\* if a master's degree, or at least nine hours in each of two major categories\* if a doctoral degree;
  - (4) Was granted before January 1, 1989.
- (C) Supervised practice: You must have completed two years of supervised practice,\* beginning no earlier than the beginning of your graduate program. You must submit adequate supervision reports.\* The Division will provide forms.
- (D) Examination: We currently administer the Professional Practicing Psychologist Examination (EPPP), prepared by the American Association of State Psychology Boards (AASPB), in April and October. The precise day is set by AASPB. The passing score has been established as one-half standard deviation below the national mean. The examination will be given at least twice a year at a time and place set well in advance. You can get more information about the examination from the Division. Barring unforeseen circumstances, we shall send you the results of your examination within 60 days. You have a right to discuss these results with us.
- (E) Retaking the examination: If you do not pass the examination, you may retake it. You will, however, be required to pay a new examination fee.
- (F) Changing your license: If you are currently licensed as a Psychologist-Master, have since earned a doctoral degree, and wish to upgrade your license to a Psychologist-Doctorate, you must file a new application and submit certified copies of your transcripts, as you did before. If you now hold a doctoral degree in psychology \* or an equivalent doctoral degree \* and have passed the examination at the level of one-half standard deviation below the national mean or higher (previously the doctoral level), you need not take the examination a second time, and you will be licensed as a Psychologist-Doctorate. For example, from 1977 to 1982, the passing score for a license at the master's level was lower than at the doctoral level. In addition, some people were licensed without examination under a grandfather clause which has now expired. If you have already met the statutory supervision requirement, no additional supervision will be required. Since supervision was not a requirement for persons who were "grand-fathered" under the original statute, such individuals will also have to document to the satisfaction of the Board that this requirement has been met in order to upgrade their licenses to Psychologist-Doctorate. If you have not passed the examination at the required level, you will be required to take and pass it.

## ASPPB Code of Conduct

### Foreword

Enclosed is the ASPPB Code of Conduct, which was approved by the Delegates to the Annual Meeting in October 1990. Since that meeting, several suggestions for minor revisions were incorporated by the Model Licensure Committee, which was responsible for the previous draft versions.

It is important to note that this version of the Code of Conduct began with the review and distillation of similar codes from fourteen (14) U.S. and Canadian jurisdictions. These fourteen were selected as representative from twenty-seven (27) U.S./Canadian regulatory codes. The rules contained in the Code reflect suggestions of many jurisdictions and many concerned individuals following the review of former drafts of the Code. The rules contained in the Code also reflect much debate and scrutiny by the Model Licensure Committee which spent approximately two years in the drafting stage.

The committee that prepared the various drafts, as well as the approved version of the Code, represented considerable geographic and professional diversity, yet was able to reach an essentially enthusiastic consensus on nearly all of the rules contained in the Code. Generally favorable reaction by many boards and board members, as well as the vote of the delegates, supports the impression that a consensus Code of Conduct is possible.

Certain concepts should be kept in mind while reviewing and applying the rules contained in the Code. Regulatory rules of conduct protect the public welfare by assuring that the client of a licensed psychologist can have a reasonable, legally protected, understanding of the rules that will govern the professional's behavior in the professional relationship. Effective rules of conduct, in the opinion of the committee, have several characteristics of note:

1. They pertain to the process or "mechanics" of the professional relationship, not to the content of the professional judgment itself. They set the boundaries within which the professional relationship functions and are not intended to determine or dictate professional judgment as such.
2. They primarily protect the public interest. They secondarily protect the interests of the profession only as they assure public confidence and trust in the predictability of the professional relationship.
3. They are as nonintrusive as possible, interfering as little as possible with professional work while still accomplishing their necessary function of protecting the public from exploitation secondary to particular characteristics of the professional relationship.
4. They are essentially unambiguous concerning what behavior is acceptable and what is not.
5. Among other functions, they assure the creation/ existence/retention of appropriate information with which the regulatory board can judge compliance with or deviation from its requirements.
6. They are sufficient unto themselves, without dependence for interpretation on additional explanatory materials, since they will be applied in a judicial/legal context interpreting the regulatory code which they are a part, and the explanatory materials would not be an incorporated part of the regulatory code.
7. They are not optional and always pertain. They are coercive, not advisory or aspirational. They are nontrivial, to the extent that any violation is basis for formal disciplinary action, including loss of licensure.

Rules of conduct differ in function in critical ways from a professional association ethics code, with which they are sometimes confused. The professional association ethics code is the profession's own standards and guidelines to its own professionals about how to handle the professional-client relationship. Its ultimate purpose is to protect the welfare and integrity of the profession, although it accomplishes these functions partially by structuring professional behavior such as to build confidence in the profession, by much the same process as do the rules of conduct. It may, and usually does, incorporate the basic concepts or structure of regulatory rules of conduct as those are herein conceptualized. Rules of conduct in a professional association ethics code may be dealt with in less detail or specificity, however, than is desirable for a regulatory code. They also often address aspirational or advisory issues as well as coercive ones, and professional matters as well as regulatory matters.

At least one recent court ruling, *White v. N.C. State Bd. of Examiners*, 388 S.E.2nd 148 (N.C. App. 1990) highlights distinctions between aspirational ethics code language and enforceable regulatory code of conduct language. In this case, which involved the utilization of the American Psychological Association's "Ethical Principles of Psychologists", a reviewing court held that the preambles to the various ethical principles could not be used as the basis for disciplinary action against a

psychologist. At the same time, this court upheld the use of certain specific principles in such disciplinary proceedings. The questionable use of principles adopted by a professional association, was one of the reasons that the ASPPB Executive Committee directed the development of this Code of Conduct. Board members and attorneys involved in disciplinary proceedings based on codes of conduct or ethical principles should review *White v. N.C. State Bd. of Examiners*, supra for its most instructive language.

The primary work in drafting the Code was done by the ASPPB Model Licensure Committee consisting of David Rodgers, OH (Chair); Stephen DeMers, KY; Terez Retfalvi, NB; Norma Simon, NY; Robert Tipton, VA; Randolph P. Reaves, AL.

ASPPB views this code as one that may change over time\*. We trust that it will be a useful and productive document for boards, board members, staff and board attorneys. As always we welcome your comments and suggestions.

Gerald T. Jorgensen, Ph.D.  
President 1990-1991

\*This edition of the ASPPB Code of Conduct was amended and adopted during the month of June 2001.

## **I. Introduction**

A. Purpose. The rules within this Code of Conduct constitute the standards against which the required professional conduct of a psychologist is measured.

B. Scope. The psychologist shall be governed by this Code of Conduct whenever providing psychological services in any context. This Code shall not supersede state, federal, or provincial statutes. This Code shall apply to the conduct of all licensees and applicants, including the applicant's conduct during the period of education, training, and employment which is required for licensure. The term "psychologist," as used within this Code, shall be interpreted accordingly.

C. Responsibility for own actions. The psychologist shall be fully responsible for his/her own professional decisions and professional actions.

D. Violations. A violation of this Code of Conduct constitutes unprofessional conduct and is sufficient reason for disciplinary action or denial of either original licensure or reinstatement of licensure.

E. Aids to interpretation. Ethics codes and standards for providers promulgated by the American Psychological Association, the Canadian Psychological Association, and other relevant professional groups shall be used as an aid in resolving ambiguities which may arise in the interpretation of this Code of Conduct, except that this Code of Conduct shall prevail whenever any conflict exists between this Code and any professional association standard.

## **II. Definitions**

A. Client. "Client" means a receiver of psychological services. A corporate entity or other organization can be a client when the professional contract is to provide services of benefit primarily to the organization rather than to individuals. In the case of individuals with legal guardians, including minors and legally incompetent adults, the legal guardian shall be the client for decision making purposes, except that the individual receiving services shall be the client for:

1. Issues directly affecting the physical or emotional safety of the individual, such as sexual or other exploitative dual relationships, and
2. Issues specifically reserved to the individual, and agreed to by the guardian prior to rendering of services, such as confidential communication in a therapy relationship.

B. Confidential information. "Confidential information" means information revealed by a client or clients or otherwise obtained by a psychologist, where there is reasonable expectation that because of the relationship between the client(s) and the psychologist, or the circumstances under which the information was revealed or obtained, the information shall not be disclosed by the psychologist without the informed written consent of the client(s). When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract. Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless there is reasonable expectation by such individual that such information was obtained in a separate professional relationship with that individual and is therefore subject to confidentiality requirements in itself.

C. Court order. "Court order" means the written or oral communication of a member of the judiciary, or other court magistrate or administrator, if such authority has been lawfully delegated to such magistrate or administrator.

D. Licensed. "Licensed" means licensed, certified, registered, or any other term when such term identifies a person whose professional behavior is subject to regulation by the Board.

E. Professional relationship. "Professional relationship" means a mutually agreed upon relationship between a psychologist and a client(s) for the purpose of the client(s) obtaining the psychologist's professional expertise.

F. Professional service. "Professional service" means all actions of the psychologist in the context of a professional relationship with a client.

G. Supervisee. "Supervisee" means any person who functions under the extended authority of the psychologist to provide, or while in training to provide, psychological services.

### **III. Rules of Conduct**

#### **A. Competence**

1. Limits on practice. The psychologist shall limit practice and supervision to the areas of competence in which proficiency has been gained through education, training, and experience.

2. Maintaining competency. The psychologist shall maintain current competency in the areas in which he/she practices, through continuing education, consultation, and/or other procedures, in conformance with current standards of scientific and professional knowledge.

3. Accurate representation. A licensee shall accurately represent his or her areas of competence, education, training, experience, and professional affiliations to the boards, the public, and colleagues. 4. Adding new services and techniques. The psychologist, when developing competency in a service or technique that is either new to the psychologist or new to the profession, shall engage in ongoing consultation with other psychologists or relevant professionals and shall seek appropriate education and training in the new area. The psychologist shall inform clients of the innovative nature and the known risks associated with the services, so that the client can exercise freedom of choice concerning such services.

5. Referral. The psychologist shall make or recommend referral to other professional, technical, or administrative resources when such referral is clearly in the best interests of the client.

6. Sufficient professional information. A psychologist rendering a formal professional opinion about a person, for example about the fitness of a parent in a custody hearing, shall not do so without direct and substantial professional contact with or a formal assessment of that person.

7. Maintenance and retention of records.

a. The psychologist rendering professional services to an individual client (or a dependent), or services billed to a third party payer, shall maintain professional records that include:

- 1) the name of the client and other identifying information
- 2) the presenting problem(s) or purpose or diagnosis,
- 3) the fee arrangement,
- 4) the date and substance of each billed or service-count contact or service,
- 5) any test results or other evaluative results obtained and any basic test data from which they were derived,
- 6) notation and results of formal consults with other providers,
- 7) a copy of all test or other evaluative reports prepared as part of the professional relationship.
- 8) any releases executed by the client.

b. To meet the requirements of this rule, so as to provide a formal record for review, but not necessarily for other legal purposes, the psychologist shall assure that all data entries in the professional records are maintained for a period of not less than five years after the last date that service was rendered. The psychologist shall also abide by other legal requirements for record retention, even if longer periods of retention are required for other purposes.

c. The psychologist shall store and dispose of written, electronic and other records in such a manner as to ensure their confidentiality. The psychologist shall maintain the confidentiality of all psychological records in the psychologist's possession or under the psychologist's control except as otherwise provided by law or pursuant to written or signed authorization of a client specifically requesting or authorizing release or disclosure of the client's psychological records.

d. For each person professionally supervised, the psychologist shall maintain, for a period of not less than five years after the last date of supervision, a record of the supervisory session that shall include, among other information, the type, place, and general content of the session.

8. Continuity of care. The psychologist shall make arrangements for another appropriate professional or professionals to deal with emergency needs of his/her clients, as appropriate, during periods of his/her foreseeable absences from professional availability.

## **B. Impaired Objectivity And Dual Relationships**

1. Impaired psychologist. The psychologist shall not undertake or continue a professional relationship with a client when the psychologist is, or could reasonably be expected by the Board to be, impaired due to mental, emotional, physiologic, pharmacologic, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, shall notify the client in writing of the termination, and shall assist the client in obtaining services from another professional.

2. Prohibited Dual Relationships.

a. The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency of the psychologist is, or could reasonably be expected by the Board to be, impaired because of the psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a relevant person associated with or related to the client.

b. The psychologist, in interacting with a client or former client to whom the psychologist has at anytime within the previous 24 months rendered counseling, psychotherapeutic, or other professional psychological services for the treatment or amelioration of emotional distress or behavioral inadequacy, shall not:

1) engage in any verbal or physical behavior toward him/ her which is sexually seductive, demeaning, or harassing; or

2) engage in sexual intercourse or other physical intimacies with him/her; or

3) enter into a financial or other potentially exploitative relationship to him/her.

c. The prohibitions set out in (b.) above shall not be limited to the 24-month period but and shall extend indefinitely if the client is proven to be clearly vulnerable, by reason of emotional or cognitive disorder, to exploitative influence by the psychologist.

## **C. Client Welfare**

1. Providing explanation of procedures. The psychologist shall give a truthful, understandable, and appropriate account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided.

2. Termination of services. Whenever professional services are terminated, the psychologist shall offer to help locate alternative sources of professional services or assistance if indicated. The psychologist shall terminate a professional relationship when it is reasonably clear that the client is not benefitting from the relationship, and shall prepare the client appropriately for such termination.

3. Stereotyping. The psychologist shall not impose on the client any stereotypes of behavior, values, or roles related to age, gender, religion, race, disability, nationality, sexual preference, or diagnosis which would interfere with the objective provision of psychological services to the client.

4. Sexual or other dual relationship with a client. The psychologist shall not enter into a sexual or other dual relationship with a client, as specified in Section III, B. of this Code of Conduct.

5. Solicitation of business by clients. The psychologist providing services to an individual client shall not induce that client(s) to solicit business on behalf of the psychologist.

6. Referrals on request. The psychologist providing services to a client shall make an appropriate referral of the client to another professional when requested to do so by the client.

#### **D. Welfare of Supervisees And Research Subjects**

1. Welfare of supervisees. The psychologist shall not exploit a supervisee in any way — sexually, financially, or otherwise.

2. Welfare of research subjects. The psychologist shall respect the dignity and protect the welfare of his/her research subjects, and shall comply with all relevant statutes and administrative rules concerning treatment of research subjects.

#### **E. Protecting Confidentiality of Clients**

1. In general. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional services. With the exceptions set forth below, the psychologist shall disclose confidential information to others only with the informed written consent of the client.

2. Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client when the psychologist judges that disclosure is necessary to protect against a clear and substantial risk of imminent serious harm being inflicted by the client on the client or another person. In such case, the psychologist shall limit disclosure of the otherwise confidential information to only those persons and only that content which would be consistent with the standards of the profession in addressing such problems. When the client is an organization, disclosure shall be made only after the psychologist has made a reasonable and unsuccessful attempt to have the problems corrected within the organization.

3. Services involving more than one interested party. In a situation in which more than one party has an appropriate interest in the professional services rendered by the psychologist to a client or clients, the psychologist shall, to the extent possible, clarify to all parties prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification is specifically indicated, among other circumstances, when the client is an organization.

4. Multiple clients. When service is rendered to more than one client during a joint session, for example to a family or a couple or a parent and child or a group, the psychologist shall, at the beginning of the professional relationship, clarify to all parties the manner in which confidentiality will be handled. All parties shall be given opportunity to discuss and to accept whatever limitations to confidentiality adhere in the situation.

5. Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is below the age of majority or who has a legal guardian, of the limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist.

6. Limited access to client records. The psychologist shall limit access to client records to preserve their confidentiality and shall assure that all persons working under the psychologist's authority comply with the requirements for confidentiality of client material.

7. Release of confidential information. The psychologist may release confidential information upon court order, as defined in Section II of this Code, or to conform with state, federal or provincial law, rule, or regulation.

8. Reporting of abuse of children and vulnerable adults. The psychologist shall be familiar with any relevant law concerning the reporting of abuse of children and vulnerable adults, and shall comply with such laws.

9. Discussion of client information among professionals. When rendering professional services as part of a team or when interacting with other appropriate professionals concerning the welfare of the client, the psychologist may share confidential information about the client provided the psychologist takes reasonable steps to assure that all persons receiving the information are informed about the confidential nature of the information and abide by the rules of confidentiality.

10. Disguising confidential information. When case reports or other confidential information is used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to insure that the reported material is appropriately disguised to prevent client identification.

11. Observation and electronic recording. The psychologist shall ensure that diagnostic interviews or therapeutic sessions with a client are observed or electronically recorded only with the informed written consent of the client.

12. Confidentiality after termination of professional relationship. The psychologist shall continue to treat as confidential information regarding a client after the professional relationship between the psychologist and the client has ceased.

#### **F. Representation of Services**

1. Display of license. The psychologist shall display his/her current (name of jurisdiction) license to practice psychology, on the premises of his/her professional office.

2. Misrepresentation of qualifications. The psychologist shall not misrepresent directly or by implication his/her professional qualifications such as education, experience, or areas of competence.

3. Misrepresentation of affiliations. The psychologist shall not misrepresent directly or by implication his/her affiliations, or the purposes or characteristics of institutions and organizations with which the psychologist is associated.

4. False or misleading information. The psychologist shall not include false or misleading information in public statements concerning professional services offered.

5. Misrepresentation of services or products. The psychologist shall not associate with or permit his/her name to be used in connection with any services or products in such a way as to misrepresent (a) the services or products, (b) the degree of his/her responsibility for the services or products, or (c) the nature of his/her association with the services or products.

6. Correction of misrepresentation by others. The psychologist shall correct others who misrepresent the psychologist's professional qualifications or affiliations.

#### **G. Fees and Statements**

1. Disclosure of cost of services. The psychologist shall not mislead or withhold from the client, a prospective client, or third party payer, information about the cost of his/her professional services.

2. Reasonableness of fee. The psychologist shall not exploit the client or responsible payer by charging a fee that is excessive for the services performed or by entering into an exploitative bartering arrangement in lieu of a fee.

#### **H. Assessment Procedures**

1. Confidential information. The psychologist shall treat an assessment result or interpretation regarding an individual as confidential information.

2. Communication of results. The psychologist shall accompany communication of results of assessment procedures to the client, parents, legal guardians, or other agents of the client by adequate interpretive aids or explanations.

3. Reservations concerning results. The psychologist shall include in his/her report of the results of a formal assessment procedure for which norms are available, any deficiencies of the assessment norms for the individual assessed and any relevant reservations or qualifications which affect the validity, reliability, or other interpretation of results.

4. Protection of integrity of assessment procedures. The psychologist shall not reproduce or describe in popular publications, lectures, or public presentations psychological tests or other assessment devices in ways that might invalidate them.

5. Information for professional users. The psychologist offering an assessment procedure or automated interpretation service to other professionals shall accompany this offering by a manual or other printed materials which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive service are factual and descriptive.

**I. Violations of Law**

1. Violation of applicable statutes. The psychologist shall not violate any applicable statute or administrative rule regulating the practice of psychology.

2. Use of fraud, misrepresentation, or deception. The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license or to pass a psychology licensing examination, in billing clients or third party payers, in providing psychological service, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

**J. Aiding Illegal Practice**

1. Aiding unauthorized practice. The psychologist shall not aid or abet another person in misrepresenting his/her professional credentials or in illegally engaging in the practice of psychology.

2. Delegating professional responsibility. The psychologist shall not delegate professional responsibilities to a person not appropriately credentialed or otherwise appropriately qualified to provide such services.

3. Providing supervision. The psychologist shall exercise appropriate supervision over supervisees, as set forth in the rules and regulations of the Board.

4. Reporting of violations to Board. The psychologist who has substantial reason to believe that there has been a violation of the statutes or rules of the Board shall so inform the Board in writing, except that when the information regarding such violation is obtained in a professional relationship with a client, the psychologist shall report it only with the written permission of the client. Nothing in this Code shall relieve a psychologist of the duty to file any report required by applicable statutes.

## Ethical Principles of Psychologists and Code of Conduct

### Introduction And Applicability

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A – E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The modifiers used in some of the standards of this Ethics Code (e.g., reasonably, appropriate, potentially) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.

## **PREAMBLE**

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

## **GENERAL PRINCIPLES**

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

### **Principle A: Beneficence and Non-maleficence**

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

### **Principle B: Fidelity and Responsibility**

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

### **Principle C: Integrity**

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact.

Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists 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 that arise from the use of such techniques.

### **Principle D: Justice**

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

## **Principle E: Respect for People's Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

### **ETHICAL STANDARDS**

#### **1. Resolving Ethical Issues**

##### **1.01 Misuse of Psychologists' Work**

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

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

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.

##### **1.03 Conflicts Between Ethics and Organizational Demands**

If the demands of an organization with which psychologists are affiliated or for whom they are working conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code.

##### **1.04 Informal Resolution of Ethical Violations**

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

##### **1.05 Reporting Ethical Violations**

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

##### **1.06 Cooperating With Ethics Committees**

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

##### **1.07 Improper Complaints**

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

##### **1.08 Unfair Discrimination Against Complainants and Respondents**

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

## **2. Competence**

### **2.01 Boundaries of Competence**

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

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

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

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

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

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

### **2.02 Providing Services in Emergencies**

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

### **2.03 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

### **2.04 Bases for Scientific and Professional Judgments**

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

### **2.05 Delegation of Work to Others**

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

### **2.06 Personal Problems and Conflicts**

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

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

### **3. Human Relations**

#### **3.01 Unfair Discrimination**

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

#### **3.02 Sexual Harassment**

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

#### **3.03 Other Harassment**

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

#### **3.04 Avoiding Harm**

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

#### **3.05 Multiple Relationships**

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

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

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

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

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

#### **3.06 Conflict of Interest**

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

#### **3.07 Third-Party Requests for Services**

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

confidentiality. (See also Standards 3.05, Multiple Relationships, and 4.02, Discussing the Limits of Confidentiality.)

### **3.08 Exploitative Relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter With Clients/Patients; 7.07, Sexual Relationships With Students and Supervisees; 10.05, Sexual Intimacies With Current Therapy Clients/Patients; 10.06, Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy With Former Sexual Partners; and 10.08, Sexual Intimacies With Former Therapy Clients/Patients.)

### **3.09 Cooperation With Other Professionals**

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

### **3.10 Informed Consent**

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

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

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

### **3.11 Psychological Services Delivered To or Through Organizations**

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

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

### **3.12 Interruption of Psychological Services**

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

## **4. Privacy And Confidentiality**

### **4.01 Maintaining Confidentiality**

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

#### **4.02 Discussing the Limits of Confidentiality**

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

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

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

#### **4.03 Recording**

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

#### **4.04 Minimizing Intrusions on Privacy**

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

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

#### **4.05 Disclosures**

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

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

#### **4.06 Consultations**

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

#### **4.07 Use of Confidential Information for Didactic or Other Purposes**

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

### **5. Advertising and Other Public Statements**

#### **5.01 Avoidance of False or Deceptive Statements**

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

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

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

### **5.02 Statements by Others**

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

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

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

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

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

### **5.04 Media Presentations**

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

### **5.05 Testimonials**

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

### **5.06 In-Person Solicitation**

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefitting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

## **6. Record Keeping and Fees**

### **6.01 Documentation of Professional and Scientific Work and Maintenance of Records**

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

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

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

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

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

### **6.03 Withholding Records for Nonpayment**

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

### **6.04 Fees and Financial Arrangements**

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

### **6.05 Barter With Clients/Patients**

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

### **6.06 Accuracy in Reports to Payors and Funding Sources**

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

### **6.07 Referrals and Fees**

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation With Other Professionals.)

## **7. Education and Training**

### **7.01 Design of Education and Training Programs**

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

### **7.02 Descriptions of Education and Training Programs**

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

### **7.03 Accuracy in Teaching**

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

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

#### **7.04 Student Disclosure of Personal Information**

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

#### **7.05 Mandatory Individual or Group Therapy**

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

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

#### **7.06 Assessing Student and Supervisee Performance**

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

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

#### **7.07 Sexual Relationships With Students and Supervisees**

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

### **8. Research and Publication**

#### **8.01 Institutional Approval**

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

#### **8.02 Informed Consent to Research**

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

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

#### **8.03 Informed Consent for Recording Voices and Images in Research**

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and

consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

#### **8.04 Client/Patient, Student, and Subordinate Research Participants**

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

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

#### **8.05 Dispensing With Informed Consent for Research**

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

#### **8.06 Offering Inducements for Research Participation**

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

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

#### **8.07 Deception in Research**

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

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

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

#### **8.08 Debriefing**

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

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

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

#### **8.09 Humane Care and Use of Animals in Research**

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

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

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

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

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

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

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

### **8.10 Reporting Research Results**

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

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

### **8.11 Plagiarism**

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

### **8.12 Publication Credit**

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

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

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

### **8.13 Duplicate Publication of Data**

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

### **8.14 Sharing Research Data for Verification**

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

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

### **8.15 Reviewers**

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

## **9. Assessment**

### **9.01 Bases for Assessments**

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

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

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

### **9.02 Use of Assessments**

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

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

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

### **9.03 Informed Consent in Assessments**

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

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

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

### **9.04 Release of Test Data**

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

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

### **9.05 Test Construction**

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

### **9.06 Interpreting Assessment Results**

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

### **9.07 Assessment by Unqualified Persons**

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

### **9.08 Obsolete Tests and Outdated Test Results**

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

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

### **9.09 Test Scoring and Interpretation Services**

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

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

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

### **9.10 Explaining Assessment Results**

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

### **9.11. Maintaining Test Security**

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

## **10. Therapy**

### **10.01 Informed Consent to Therapy**

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

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

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

### **10.02 Therapy Involving Couples or Families**

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

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

### **10.03 Group Therapy**

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

### **10.04 Providing Therapy to Those Served by Others**

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

### **10.05 Sexual Intimacies With Current Therapy Clients/Patients**

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

### **10.06 Sexual Intimacies With Relatives or Significant Others of Current Therapy Clients/Patients**

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

### **10.07 Therapy With Former Sexual Partners**

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

### **10.08 Sexual Intimacies With Former Therapy Clients/Patients**

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

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

### **10.09 Interruption of Therapy**

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

### **10.10 Terminating Therapy**

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

### **History and Effective Date Footnote**

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, August 21, 2002, and is effective beginning June 1, 2003. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242. The Ethics Code and information regarding the Code can be found on the APA web site, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code as follows:

American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.  
American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.  
American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.  
American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.  
American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.  
American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.  
American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.  
American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.  
American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.  
Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

Ethics Code 2002.doc 10/8/02

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STATE OF VERMONT  
OFFICE OF THE SECRETARY OF STATE

In re Emily S. McCormick

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Docket No. A0-PS06-0997

OPINION AND ORDER

This is an appeal from a decision of the Board of Psychological Examiners ("Board") denying the application of Emily S. McCormick for licensure as a psychologist. Based on the record in this matter, including oral argument heard on January 5, 1998, the decision of the Board is affirmed.

History

Emily McCormick first applied for licensure as a master's level psychologist in December, 1995. The credential she offered to meet the educational requirements for licensure was a Master of Arts Degree in Education from Johnson State College. For reasons which are not entirely clear from the record, it was May of 1997 before the Board of Psychological Examiners considered Ms. McCormick's application. By letter dated May 22, 1997, the Board rendered its Preliminary Decision denying the application, because McCormick had neither a degree in psychology nor a degree that could be considered an equivalent degree under the Board's rules. The Board stated in its letter "your training does not meet distribution requirements (six hours in four of six major areas), as set forth on pages 14-16 of the Board of Psychological Examiners Laws and Rules adopted December 13, 1996."

McCormick appealed the Board's Preliminary Decision by letter dated May 24, 1997. In her letter she stated, "Please schedule a hearing for me and I will present information showing that I am qualified to take the Board of Psychological Examiners Exam. Appeal Request. A hearing was held on June 19, 1997. At that hearing, rather than presenting information, McCormick stated repeatedly that she knew her degree was an inadequate degree, but that she hoped the Board would allow her to take additional courses "to bring it up to par." Transcript at 3, 9,

12. The Board examined McCormick regarding the exact nature of the courses she had taken for her Education degree, but made no commitment as to whether or not it believed her degree could be augmented to become the equivalent of a degree in psychology. Tr. at 11, 18. McCormick was given additional time to submit further information, which she did.

By letter dated September 12, 1997 the Board affirmed its Preliminary Decision and issued its final decision ("Decision") denying McCormick's application for licensure. Based on the hearing and the additional materials she had submitted, the Board found that McCormick did not possess a master's degree either equivalent to or augmentable to a degree in psychology. The instant appeal followed.

Issues On Appeal

On appeal Ms. McCormick pursues two arguments: first, that the Board denied her a fair hearing by refusing to give her guidance regarding augmentation of her deficient degree; and second, that the Board's ruling must be voided, because it includes findings of fact which contradict the Preliminary Decision affirmed. A third argument, the Board denied her due process by providing an incomplete or erroneous statement of Its Laws and Rules, was briefed but withdrawn at oral argument. Tape of Oral Argument, January 5, 1993

Discussion

McCormick's first argument is easily dealt with. Her appeal of the Board's Preliminary Decision was brought pursuant to Board Rule 2.10, which provides an opportunity for a hearing before the Board before a preliminary adverse decision of the Board becomes final. In notifying McCormick of her right to appeal, the Board clearly informed McCormick that the purpose of the hearing was to review the Board's preliminary decision, and that the burden would be on her to show that she was qualified for examination. Preliminary Decision, May 22, 1997. McCormick's subsequent request for hearing indicated that she understood both these points, and gave no indication that she sought information from the Board about augmenting her degree. In its entirety the request read:

In response to your letter dated May 22, 1997, I am requesting a review of the Board's decision to deny my application for examination. Please schedule a hearing for me and I will present information showing that I am qualified to take the Board of Psychological Examiners Exam. I look forward meeting you [sic].

Had McCormick mentioned her intent to seek guidance from the Board regarding what additional courses she should take, the purpose of the hearing might have been clarified and McCormick's disappointment avoided. However, she did not. If she felt "befuddled by the Board asking her the very questions she had hoped the Board to answer," Appellant's Statement at 2, the Board may well have been equally befuddled at being asked for the very information she had proposed to provide. In any case, nothing unfair in the Board's treatment of McCormick appears from the transcript of the hearing or the subsequent Decision.

McCormick second claim, that the Board's final ruling should be voided because the conclusion it reached contradicts a preliminary finding, is equally unpersuasive. It is true that the Board's September 12, 1997 Decision concluded that McCormick did not possess a master's degree augmentable to a degree in Psychology, but it is not also true, as she argues, that the Preliminary Decision had deemed her degree augmentable. Appellant's Statement at 2. The Board's initial conclusion was only that the degree "is not a degree in Psychology, nor is it an equivalent degree. . . ." Preliminary Decision, May 22, 1997. The Preliminary Decision never mentioned augmentability, nor suggested that the degree had been evaluated on that basis. Even if the rationale given in the Preliminary Decision could be considered a formal "finding," a point that's assumed but not decided, no contradiction appears in the final ruling.

Finally, and in addition to the reasons outlined above for affirming the Board's decision, the decision to deny McCormick's application for licensure must be affirmed for the reasons recently outlined in *In re: Nystrom*, No. AO-PS03-0397 (Vt. Sec. of State, Appellate Officer, Nov. 10, 1997). In 1994 the Vermont legislature acted to limit the paths to licensure as a Psychologist in Vermont by amending the licensing statute, 26 V.S.A. §3011. *Id.* at 7 (citations omitted). The licensing statute now clearly requires that an applicant for licensure possess a degree in psychology. *Id.* at 6. Any rule of the Board that operates to grant a license to an applicant without a degree in psychology is invalid to that extent. *Id.* at 7 (citations omitted). This is as true of rules that speak to augmentable degrees as it is to those regarding equivalent degrees.

For all of the reasons stated above, the decision of the Board of Psychological Examiners denying the application of Emily S. McCormick for licensure as a psychologist is hereby **AFFIRMED SO ORDERED**.

DATED AT St. Johnsbury, Vermont this 24th day of January, 1998.

Dinah Yessne, Esq.  
Appellate Office

Date of Entry     1-29-98     .

STATE OF VERMONT  
OFFICE OF THE SECRETARY OF STATE

In re Irene Nystrom

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Docket No. AO-PS03-0397

OPINION AND ORDER

This is an appeal from a decision of the Board of Psychological Examiners ("Board") denying the application of Irene Nystrom for licensure as a psychologist. Based on the record in this matter, including oral argument heard on October 3, 1997, the decision of the Board is affirmed.

History

Dr. Nystrom first applied for licensure as a psychologist by filing an application with the Board on March 7, 1996. Her educational credentials included a doctoral degree in education from SUNY-Albany and two masters' degrees in education from Stanford University and San Francisco State College. Dr. Nystrom sought to be licensed under Rule 2.4(A) of the Rules of the Board of Psychological Examiners ("Rules"), which states with regard to the degree requirement, "You must hold a doctoral degree in psychology or equivalent doctoral degree if you want to be licensed as a psychologist-doctorate." Dr. Nystrom does not dispute that her degrees are not in psychology; she argues that she meets the following definition of "equivalent doctoral degree" provided elsewhere in the Rules:.....

*EQUIVALENT DOCTORAL DEGREE means a doctoral degree from a regionally accredited school resulting from a program of studies which includes a minimum of 36 graduate-level credit hours in psychology. Courses must be evenly distributed across at least four of the six major categories of psychology defined below; that is, the minimum required is nine graduate—level credits in each major category.*

Rule 2.1(5).

In September, 1996, Dr. Nystrom met with the Board to discuss her degrees and the coursework that supported them. By letter dated October 23, 1996, the Board notified Dr. Nystrom that it had decided to deny her application. The Board stated, "[t]he reason for the Board's decision is: Your degree is not a degree in psychology." The Board further explained,

*Aggregate of coursework from different institutions does not constitute a unified Program of Study which is necessary for an equivalent degree. The Rules of the Board state that "you must hold a doctoral degree in psychology or equivalent doctoral degree" (sic) This Board defines an equivalent doctoral degree as a unified Program of Study, not a series of courses from unrelated institutions.*

Id.

Dr. Nystrom requested a review of the Board's preliminary decision as was her right under 3 V.S.A. §129(e). A hearing was held on December 1, 1996, at which Dr. Nystrom appeared pro se and was the only witness. Subsequently, by letter dated February 14, 1997, the Board issued its final decision ("Decision") affirming its preliminary denial of her application for licensure. In reaching its Decision the Board wrote,

*A license as a psychologist-doctorate requires a doctoral degree in psychology or an equivalent doctoral degree. Your doctoral degree from SUNY-Albany is neither a degree in psychology nor an equivalent degree.*

.....

*A degree that meets the requirements for licensure must be based on a "program of studies," with a prescribed distribution of "substantial course work." The Board interprets "program of studies to mean an integrated plan of academic endeavor, prepared with assistance of a faculty adviser to meet the goals of both the student and the institution. Multiple programs taken at different institutions are the antithesis of a single program of studies.*

*Decision at 3-4, citations omitted.*

Dr. Nystrom exercised her right to appeal the Decision pursuant to 3 V.S.A. § 130a, and oral argument was held before this appellate officer on October 3, 1997. At the appellate hearing Dr. Nystrom appeared pro se and the Board was represented by its attorney, Phillip J. Cykon, Esq. The record was left open for two weeks to give the Board an opportunity to respond to Dr. Nystrom reply brief, and as the appellate officer has been advised that there will be no response to that brief the matter is new rice for decision.

Issue On Appeal

On appeal Dr. Nystrom and the Board have extensively briefed the issue of whether Dr. Nystrom's doctoral degree in education is an "equivalent doctoral degree" under the Board's Rules. Dr. Nystrom essentially argues that this is a case of first impression which requires the appellate officer to construe the meaning of the phrase "program of studies" which appears in Board Rule 2.1(5), quoted above. She maintains that the Board interpreted the phrase too narrowly in its Decision, and argues that since the graduate work she did for her three degrees included courses which together add up to the required number of credits distributed across the required categories, they should constitute a "program of studies" sufficient to support licensure.

The Board responds by insisting that in determining whether an applicant's graduate degree is an "equivalent degree," the inquiry must be whether it was based on an "integrated plan of academic endeavor." It argues that course work taken at three different institutions, none of which was taken as part of a program of studies in psychology, and which spanned an eleven year period with significant gaps between programs, does not together constitute a program of studies in psychology.

For the reasons which follow, both the appellant's argument and Board's rationale are rejected in deciding this matter.

#### Discussion

At the time Dr. Nystrom applied for licensure and her case was decided, the educational requirements for licensure as a psychologist in Vermont were set out at 26 V.S.A. § 3011.

#### APPLICATIONS:

(a) Any person desiring to obtain a license as a psychologist shall . . . furnish evidence satisfactory to the board that he or she:

(5)(A) possesses a doctoral degree in psychology through a professional psychology training program awarded by an institution of higher education; or

(5)(B) possesses a master's degree in psychology obtained through a professional psychology training program awarded by an institution of higher education; or

(5)(C) possesses a master's degree in psychology awarded by an institution of higher education provided the person was enrolled as a candidate for master's degree no later than December 31, 1993; or

(5)(D) possesses a degree in psychology awarded by an institution of higher education based on a program that the board determines to be equivalent to that required in subdivisions (A) and (B) of this subdivision. (Emphasis added). The "professional psychology training program" required by Subsections (5)(A) and (B) is defined in the statute in detail:

(10) "Professional psychology training program" means a Post-graduate training program that:

(A) is a planned program of study which reflects an integration of the science and practice of psychology, including practice and internship; and

(B) is designated as a doctoral program in psychology by the Association of State and Provincial Psychology Boards and the National Register of Health Service Providers in Psychology, or is accredited by the American Psychological Association or the Canadian Psychological Association; or

(C) is a master's program in psychology that is offered by an educational institution that is a full member of the Council of Applied Master's Programs in Psychology (CAMPP).

26 V.S.A. §3001 (10). By its express terms the licensing statute requires all applicants for licensure as psychologists to have a degree in psychology. Subsections (5)(A), (B), and (C) of Section 3011 and Subsection 3001(10) were adopted in 1993.

Subsection (5)(D) and a minor change to Subsection 3001 (10) were adopted in 1994.

The degree requirements these statutes replaced had previously been set out at 26 V.S.A. §3012,

#### LICENSES:

(a) Any person may obtain a license as a psychologist—doctorate. . . . provided he has received a degree of doctor of philosophy in psychology from a regionally accredited educational institution or a doctoral degree deemed by the board to be substantially equivalent.

(b) Any person may obtain a license as a psychologist – master [sic]. . . provided he has received a master's degree in psychology from an accredited education institution or a master's degree deemed substantially equivalent

*by the board.....*

*(Emphasis added). 25 V.S.A. § 3012 was repealed in 1994. Act No. 222, Public Acts, 1994 Adjourned Session. Thus, while under the former statutory scheme the Board had the authority to license as a psychologist an applicant whose degree was not in psychology if it deemed the degree to be substantially equivalent, since the 1993-94 amendments this authority has been removed. The Board's exercise of discretion has been limited to determining when a degree in psychology riot obtained through a professional Psychology training program might still be acceptable.*

*Unfortunately, the Rules of the Board of Psychological Examiners, adopted pursuant to 26 V.S.A. §3009a(a)(2) in 1937, were never amended to comport with the 1993-94 amendments to the law. See Board of Psychological Examiners Laws and Rules, Office of the Secretary of State, Office of Professional Regulation, January 1996. Compounding the problem in this case, the Board focused on the rules rather than the statutes when it advanced a rationale for its decision. This caused both the applicant and Board counsel to spend considerable time and energy debating and briefing the issue of whether or not Dr. Nystrom's degrees in education constitute an "equivalent doctoral degree," when her degrees in education are not sufficient to take her past the threshold requirements of the statute to such an inquiry.*

*Section 3011 clearly requires that an applicant for licensure as a psychologist possess a degree in psychology. When the of a statute is plain on its face the statute must be enforced according to its terms. Delozier v. State, 160 Vt.426, 431 (1993); Burlington Electric Dep't v. Vermont Dep't of Taxes, 154 Vt. 332, 335-36 (1990). The Legislature has amended the law to limit the paths to licensure as a psychologist in Vermont the Board cannot rely on rules promulgated under a former statutory scheme to expand the options again. See Delozier v. State, supra, at 39; see also In Re Agency of Administration, 141 Vt. 68, 76 (1982).*

*Any rule that exceeds the authority now delegated to the Board under its governing legislation must be held invalid. Vt. Ass'n of Realtors, Inc. v. State, 156 Vt. 525, 530 (1991). Rule 2.4, to the extent that it allows licensure of an applicant who does not possess a degree in psychology, is such a rule. Since Subsection 2.4(A) of the Rule is invalid under this standard, it is not necessary to consider each of Dr. Nystrom's claims of error in its application to her case.*

*Dr. Nystrom also argued, though not strenuously, that the Board had authority under 26 V.S.A. §3011(b) to waive the educational requirements of Section 3011 in her case. Subsection (b) reads:*

*In exceptional cases, the board may waive any requirement of this section if in its judgment the application demonstrates appropriate qualifications.*

*The Board's authority under Subsection 3011(b) is not available to Dr. Nystrom. By its language the applicability of that subsection is limited to "exceptional cases." Such. cases are defined by the Rules as follows:*

*EXCEPTIONAL CASES mean those individuals who, in the sole judgment of the Board, are generally recognized by the profession at large as having made a major contribution to the practice of psychology. In general this section applies to individuals who by reason of research, teaching or practice are nationally or internationally recognized as exception.*

*Rule 2.1(6). Dr. Nystrom presented no evidence that she is such an individual; therefore there was no basis for the Board to act pursuant to this subsection.*

*For all of the reasons stated above, the decision of the Board of Psychological Examiners denying the application of Irene Nystrom for licensure as a psychologist is hereby AFFIRMED.*

*SO ORDERED.*

*DATED AT St. Johnsbury, Vermont this 7th day of November, 1997.*

*Dinah Yessne, Esq.*

*Appellate Officer*

*Date of Entry: 11 - 10 - 97 .*

