Ethics refers to values, how we ought to behave, and what constitutes proper conduct. Practical or applied ethics refers to the application of ethics to specialized areas or professions, such as psychology (Beauchamp & Childress, 2009). The purpose of this book is to help psychologists clarify what they value, consider their obligations as professional psychologists, and determine what constitutes proper professional conduct. We wrote this book to help psychologists reach a higher level of service by attending to the practical ethical issues that arise in the delivery of therapy, assessment, teaching, research, and other professional activities.

We hope to achieve this goal by reviewing the standards of practice as reflected by the American Psychological Association’s (APAs) Ethical Principles of Psychologists and Code of Conduct (referred to hereafter as the APA Ethics Code; APA, 2017) and other relevant state and federal laws. Furthermore, we present three models—the ethics acculturation model (Handelsman,
practical ethics for psychologists (Gottlieb, & Knapp, 2005), the five-step decision-making model, and the quality enhancement model (Knapp, Younggren, VandeCreek, Harris, & Martin, 2013)—that readers can use when circumstances warrant. Most important, we try to demonstrate how psychologists can incorporate overarching ethical values in their day-to-day work.

The word *ethics* could refer either to the legal or mandatory floor adopted by the profession or to the aspirational ceiling of voluntary efforts to live out high moral ideals. As described later in this chapter, the floor approach focuses almost exclusively on the laws or standards designed to protect the public from harmful actions by psychologists (i.e., state and federal laws regulating the practice of psychology, the regulations of state licensing boards, and the enforceable standards of the APA Ethics Code). However, ethics can also be viewed as a voluntary effort to do the right thing, motivated by deeply held moral principles. This approach is reflected in the aspirational principles of the APA Ethics Code and in writings on positive or active ethics (Handelsman, Knapp, & Gottlieb, 2009). Although psychologists may be motivated by different religious or philosophical sources, most ethical systems reflect a *common morality*, or shared set of core aspirational beliefs.

The floor approach reflects an incomplete view of ethics. Most psychologists want to do more than just avoid being punished; they want to help others and to excel in their profession. A contemplated action that is technically legal is not the same as one that is morally sensitive. Conscientious psychologists not only ensure that they meet minimal standards of competency but also strive to do their best to help others. Ethical standards forbid psychologists from discriminating unfairly, especially against persons who belong to groups that have historically experienced discrimination. However, most psychologists also ask themselves how they can be affirmative of these individuals. Although psychologists want to meet the letter of the law with regard to informed consent, they also want to meet its spirit and ensure that their patients participate in treatment decisions as fully as possible.

The disciplinary and aspirational aims of ethics are interactive. Psychologists can better fulfill their minimum professional responsibilities if they understand and can apply the moral principles that underlie the disciplinary codes. In addition, psychologists can better fulfill their highest ideals if they learn and follow the disciplinary codes that establish minimum standards of conduct.

Disciplinary codes are necessary but not sufficient in guiding psychologists through the variety of professional decisions that psychologists have to make daily. Those who are familiar with ethics codes recognize the strengths of codes as well as their limitations in facilitating ethical decision making. This is why an ethics professor’s most common response to questions regarding ethical practice is “It depends.” Psychologists often face dilemmas in which no
ethical standard clearly applies to its resolution. In these instances, psychologists may have to rely on an ethical-decision-making model informed by both professional values and their personal ethical code to guide their actions.

In this book, we review the disciplinary codes as they apply to psychologists who deliver health care services, conduct assessments, teach, conduct research, or otherwise engage in professional activities. Although we recognize the need for disciplinary codes, we keep sight of the benefits of studying ethics as a way to help psychologists fulfill their highest ethical ideals.

THE REGULATION OF PSYCHOLOGY

Psychology is both a scientific discipline and a profession. In everyday usage, the word profession refers broadly to any occupation, and the term professional is sometimes used for a member of any occupation who practices conscientiously. However, in the academic sense, the word profession has been restricted to occupations whose members have mastered a body of specialized knowledge, must use their judgment in applying that knowledge, commit themselves to the public welfare, and agree to adhere to specific standards of conduct.

According to these criteria, attorneys belong to a profession because they must acquire extensive legal training to enter the field, use judgment in advising their clients, and agree to follow the rules of the court and their profession. Legal clerks, however, do not need extensive education, apply only predetermined or routine knowledge, and are not, at least by these criteria, members of a profession. Accountants are professionals; bookkeepers are not. Veterinarians are professionals; veterinary assistants are not. Physicians are professionals; medical clerks are not.

In addition to advanced training, professionals have a fiduciary relationship (or a relationship of trust) with concurrent responsibilities to promote the public welfare and avoid or minimize conflicts of interest with their clients or patients. For psychologists, these obligations are delineated in the agreed-upon standards of conduct that guide its members. It is not a coincidence that APA first published a code of ethics for psychologists in 1953 and that soon afterward the movement for licensing psychology as an independent profession began to gain momentum.

Psychologists, like all health care professionals, are regulated by other controls, from both inside and outside the profession. Some of these controls are designed to prevent psychologists from harming their patients or violating the ethics code and other standards (before-the-fact controls). Other controls are designed to discipline psychologists after they have harmed patients or violated the ethics code and other standards (after-the-fact controls).
Demarcation between the before-the-fact and the after-the-fact controls is not absolute. The mere knowledge that after-the-fact controls exist can act as a before-the-fact control (Knapp & VandeCreek, 2003).

In addition to being a profession, psychology is also an academic and research discipline whose members teach and conduct research. Academic and research psychologists do not have the same set of controls as do professional psychologists; however, they are subject to external controls of their own, such as grant-funding agencies and the institutional review boards of academic institutions.

**Before-the-Fact (Preventive) Controls**

Before-the-fact controls attempt to prevent misconduct or harm to the public. They include requirements of training programs, licensing boards, and mandatory continuing education (CE). All things being equal, before-the-fact controls are preferable because they have the potential to prevent harm to the public (Knapp & VandeCreek, 2003).

Theoretically, training programs graduate only those students who have adequate academic credentials and make progress in graduate school, including acceptable performance in practica and internships. Presumably, training programs screen out applicants who have not met competency benchmarks (APA’s Competency Benchmarks can be found at http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx) or do not demonstrate the character necessary to become competent psychologists.

Licensing boards require applicants to obtain the appropriate education, receive supervision, show acceptable moral character, and pass an examination on the content of psychology (some states require an additional oral or written examination on state law). Furthermore, most licensing boards require licensees to acquire CE credits as a condition of licensure renewal (most require ethics as part of those CE requirements). Of course, conscientious psychologists may voluntarily take additional steps to improve their competence beyond the minimum required by the licensing board.

**After-the-Fact (Punitive) Controls**

After-the-fact controls are activated when professionals have harmed the public or violated a standard of the profession. They include disciplinary actions by licensing boards and ethics committees, various civil and criminal statutes that empower lawsuits against psychologists, and, if applicable, institutional oversight (Knapp & VandeCreek, 2003).

Licensing boards may discipline their licensees who have violated the licensing law or its regulations. Typically, licensing boards adopt the APA
Ethics Code entirely or modify it in their regulations. Offending psychologists can receive letters of reprimand or censure.\textsuperscript{1} If the offense is especially severe, psychologists may have their licenses suspended or revoked. In addition, licensing boards may fine licensees or require them to take additional CE courses, receive supervision from another professional for a period, engage in psychotherapy, or take other steps to ensure their competence.

Complaints before a licensing board fall under the general category of administrative law. Because such complaints do not fall within the purview of criminal law (psychologists cannot be imprisoned as a result of prosecution before a licensing board), the civil liberties protections found in criminal court do not apply to proceedings before licensing boards. For example, licensees do not have a constitutional right to be represented by counsel (although it may be wise for them to do so), to confront their accusers, or to have a speedy trial. Investigators may accept (and sometimes appear to encourage) self-incriminating statements. The standard of proof may be clear and convincing evidence or preponderance of evidence, both of which are lower than the standard of “beyond a reasonable doubt” required in criminal cases.

Professional organizations can also provide after-the-fact controls. The APA Ethics Code has been adopted as binding for its members by APA and most of its state affiliates. The ethics committees of APA or its state affiliates may discipline its members if they violate the APA Ethics Code (although currently only a few state psychological associations have ethics committees authorized to discipline members). Associations have jurisdiction only over their members, however. Offending members can receive letters of reprimand or censure or, if the offense is especially severe, be suspended or expelled from the association. Although associations cannot fine a member, they can, as a condition of membership, require that the psychologist take additional CE courses, receive supervision, or take other steps to ensure the welfare of the public and his or her competence to practice.

Malpractice courts act as another after-the-fact control. A malpractice case could occur if the actions (or lack of actions) of the professional deviated from acceptable standards of care and directly damaged a patient to whom he or she had a professional duty. The four criteria for malpractice complaints all begin with the letter d: duty (a professional duty has been established), deviation (the professional deviated from acceptable standards of conduct), damage (the patient or third party was harmed), and direct (there was a direct relationship between the deviation from professional standards and the

\textsuperscript{1}Both letters of reprimand and censure involve public notice of misconduct, but generally a letter of censure represents more severe misconduct.
damage to the patient or third party; Simon, 1992). Plaintiffs in a malpractice suit must prove harm to the patient. In contrast, complainants before an ethics committee or a licensing board need only prove that the accused psychologist violated the ethics code, licensing law, or board regulation. Malpractice courts, unlike ethics committees or licensing boards, may grant monetary awards to patients.

A variety of criminal laws also apply to psychologists. These include laws against insurance fraud, mandatory reporting provisions in child protective service laws, and, in some states, laws against sexual contact between patients and psychotherapists. The confidentiality standards of the Health Insurance Portability and Accountability Act function as a before-the-fact control to the extent that they require psychologists to include certain privacy protections in their practices; they also act as an after-the-fact control to the extent that they can levy sanctions against psychologists who violate its provisions.

Finally, psychologists who work in institutions such as hospitals, schools, or public mental health centers are regulated by their employers. Often these institutions require their psychologist employees to adhere to the APA Ethics Code or licensing board regulations.

These various disciplinary mechanisms interact with each other in complex ways. For example, a finding that a psychologist violated the licensing law may be a crucial piece of evidence in a malpractice case. The mere fact that a licensee violated the APA Ethics Code or the licensing law or its regulations may be sufficient to prove one of the important d's in a malpractice case: deviation from acceptable standards of care.

Academic and research psychologists also have before-the-fact and after-the-fact controls, although they differ somewhat from those of their professional colleagues. The before-the-fact controls for academic and research psychologists include training programs and institutional review boards, and the after-the-fact controls include ethics committees, institutional employers, and funding agencies (Knapp & VandeCreek, 2003).

The effectiveness and fairness of these mechanisms are sources of controversy. Some have claimed that licensing boards are overly aggressive in prosecuting licensees (Williams, 2000), whereas others have claimed that they exercise considerable restraint (Van Horne, 2004).

Unfortunately, no standardized set of data identifies the most common infractions of psychologists. Data can be obtained from a variety of sources: licensing board complaints are stored in the data bank of the Association of State and Provincial Psychology Boards (2015), the APA Ethics Office logs received complaints, and malpractice carriers retain information about lawsuits. Data from malpractice insurance companies are proprietary, but sometimes the companies disclose general trends concerning complaints. These
sources, however, do not categorize complaints in the same manner. Because of the incompleteness of these multiple sources of data, it is impossible to create a definitive ranking of the areas in which psychologists are most likely to be disciplined. Nonetheless, an “eyeball” analysis across many sources of disciplinary data shows that common sources of complaints are multiple relationships (sexual and nonsexual), alleged incompetence in diagnosis and treatment, disputes arising out of child custody evaluations, fee disputes, and premature termination or abandonment. Other complaints include inadequate supervision, breach of confidentiality, inadequate record keeping, impairment, and failure to acquire required CE credits for licensure renewal. Also, academic or research psychologists tend to have complaints more relevant to their area of work such as disputes about authorship, plagiarism, informed consent to research, and conflicts of interest from funding sources.

Similarly, it is impossible to compile the exact number of psychologists who have been disciplined by a licensing board or ethics committee, found liable by a malpractice court, or convicted of violating a criminal statute related to the practice of psychology. Nonetheless, across all of these disciplinary bodies the likelihood that a psychologist will be disciplined by any of them is small. Previous survey research has found that 11% of psychologists had responded to a licensing board complaint sometime in their career (Schoenfeld, Hatch, & Gonzalez, 2001), but states vary widely in the frequency with which they discipline psychologists. The annual reports of the APA Ethics Committee also show that few psychologists are disciplined by the APA Ethics Office (e.g., APA, 2016a). Montgomery, Cupit, and Wimberley (1999) reported that 6% of the psychologists in their survey had been sued for malpractice. Nonetheless, many of these disciplinary venues overlap. For example, a crime in the practice of psychology may be grounds for a disciplinary complaint, or if it involved harm to a patient in the context of a professional relationship, it could also be grounds for a malpractice suit. Furthermore, some complainants seek redress against psychologists in a variety of ways, such as a licensing board complaint, ethics complaint, and malpractice lawsuit for the same alleged misconduct.

Although disciplinary complaints against psychologists are relatively rare, they are high-impact events. Even professionals who have violated no rule may have to spend thousands of dollars and dozens (or hundreds) of hours defending themselves. Professionals who have prided themselves on the quality of their services risk great public humiliation as a result of a charge against them, even if the complaint is eventually dismissed. Psychologists who have had to respond to these complaints often feel depressed, angry, and anxious (Montgomery et al., 1999; Schoenfeld et al., 2001).
POSITIVE (ACTIVE) ETHICS

Many psychologists construe ethics primarily or exclusively in terms of the laws regulating psychology, the enforceable ethics codes, and the adjudicatory procedures of disciplinary bodies (Handelsman et al., 2009). Although the number of psychologists who are disciplined by a regulatory body is small, the study of ethics, defined in terms of punishment, often becomes anxiety-producing. According to the floor approach, ethics represents a fixed entity of prohibitions or commandments that must be followed.

This limited view of ethics minimizes the spirit or underlying philosophy behind these commandments, deprecates the significance of the subtle ways in which patients can be harmed, ignores the positive contributions of ethics, and fails to consider the ways in which ethics can uplift the many psychologists who try to function effectively. Furthermore, it presents ethics in an unnecessarily unpleasant manner. In reality, disciplinary codes represent only the ethical floor, or minimum standards, to which psychologists should adhere. They are the standards by which psychologists may be disciplined for misconduct.

As stated by Handelsman, Knapp, and Gottlieb (2002),

The current notions of professional ethics focus too heavily on avoiding or punishing misconduct rather than promoting the highest ethical conduct. . . . Similar to the pathology perspective, the prevailing models of ethics often are too rule-bound or defensive. (p. 732)

Ethics can also be viewed as a way to help psychologists fulfill their highest potential as psychologists. It can mean relying on an underlying philosophical system to help psychologists think through complex ethical dilemmas. Ethics should focus not only on how a few psychologists harm patients but also on how all psychologists can do better at helping them. This view of ethics is called positive or active ethics. The concept of positive ethics is consistent with the encouragement of bioethicists Beauchamp and Childress (2009) to focus on moral excellence and not just the minimal obligations found in the disciplinary codes of the health care professions. A positive or active ethics perspective is similar to the General (aspirational) Principles found in the APA Ethics Code in that positive ethics encourages psychologists to live up to their highest ethical standards. However, positive ethics differs from aspirational ethics in that it encourages psychologists to integrate personal ideals into their professional lives. In addition, it recognizes that the ethical foundations of psychologists may differ from the principle-based ethics found in the aspirational section of the APA Ethics Code.

Positive ethics requires a fundamental philosophical underpinning, although it does not specify what that philosophical underpinning should be.
It could be virtue ethics, deontological (Kantian) ethics, utilitarianism, principle-based ethics, or another philosophical system. We briefly review these ethical systems in Chapter 2 (this volume). Often, positive ethics is based on or influenced by religious convictions or personal upbringing. The goal is for psychologists to consider their vision of the good life and “formulate ways of translating these visions into action” (Prilleltensky, 1997, p. 518).

This development of positive ethics parallels the development of positive psychology as a scientific endeavor. Positive psychology attempts to shift the goals of psychology from an almost exclusive focus on pathology and healing to a science that helps “to articulate a vision of the good life” (Seligman & Csikszentmihalyi, 2000, p. 5). Positive psychology focuses on positive individual traits (e.g., competence, courage, interpersonal skills) as well as how institutions can promote civic virtues (e.g., responsibility, altruism, civility).

Similarly, a goal of positive ethics is to shift the emphasis of professional psychologists away from an almost exclusive focus on wrongdoing and disciplinary actions toward an articulated vision of high ethical standards. Positive ethics can focus on individual conduct (whether articulated as virtues such as generosity or ethical principles such as beneficence) as well as on how institutions can promote high standards. The floor approach focuses on how disciplinary bodies react to misconduct. Positive or active ethics also considers how individual psychologists can help institutions promote individual and social well-being (Keller, Murray, & Hargrove, 2012).

This is not to say that instruction in the legal floor has no place in ethics education. It is important to know the codes and laws that govern the practice of psychology. It is also important for psychologists to appreciate good risk management principles. Risk management programs identify ways that patients can be harmed (or at least perceive themselves to be harmed) and how psychologists can protect themselves from unfounded or frivolous complaints. Risk management principles or recommendations go beyond or expand on the minimum standards of conduct. Although they are not enforceable as legal standards of conduct, good risk management programs are anchored in overarching ethical principles. However, education about disciplinary codes, risk management principles, and disciplinary boards and their procedures is not sufficient for ethics education in and of itself.

A complete education in ethics requires consideration of the perspectives or processes by which psychologists can maximize their adherence to moral principles. It means going beyond the minimal standards found in the APA Ethics Code, trying to uphold the moral principles that form the foundation of the APA Ethics Code, and being sensitive to personal or environmental factors that could facilitate or hinder an effort for ethical excellence.
It means, for example, taking special effort to ensure that patients understand the treatment process rather than just trying to get their signatures on an informed consent form. It means taking a special effort to ensure that the debriefing of research participants is truly helpful as opposed to a perfunctory formality. It means striving to be self-reflective and open to feedback, even if it is less than flattering.

Precursors of Positive Ethics

It could be argued that we are creating a straw man with our characterization of the floor approach. In reality, we know of no leading scholar in the field of ethics who adopts that approach. Nonetheless, many individual psychologists equate professional ethics with the floor approach. In addition, all psychologists (including the three of us) may allow a floor mode of thinking to drift into their conception of ethics. As we describe below in the section on the psychological underpinnings of positive ethics, we all might have innate psychological propensities that make it easy to adopt a floor approach.

Furthermore, the term positive ethics places only a general label on similar perspectives already articulated by other scholars in the field of professional ethics. For example, L. S. Brown (1994) commented that many psychotherapists have mistakenly conceived of ethics as “a concrete wall hemming us in, forbidding us from human connections” (p. 276). R. F. Kitchener and Kitchener (2012) noted the limitations of the APA Ethics Code and urged psychologists to rely on overarching moral theories to help them make important decisions. We could give many more examples.

Throughout this book we identify several instances in which a positive approach would alter the manner in which psychologists conceptualize their relationships to patients and others. However, we make no pretense of having the last word on positive ethics. Instead, we hope that others will identify additional ways that psychologists can implement a positive approach and improve on the suggestions contained in this book. These continual revisions will help ensure that positive ethics does not get frozen into its own set of formulas or rigidly held beliefs.

Psychologists can enhance the clarity of their moral vision by studying the literature on philosophical ethics and accounts from persons who have traditionally been marginalized in society. Although feminists represent diverse philosophical perspectives, they share common ground in identifying how societal structures contain power dynamics that tend to disenfranchise women and other groups. Attending to these perspectives may help psychologists see ways in which they may unknowingly minimize the perspectives of others. Similarly, culturally diverse psychologists have identified ways that majority psychologists have failed to appreciate the unique life situations of...
culturally diverse patients and, as a result, have provided less than optimal treatment. Much can be learned by reading and trying to understand first-person accounts of persons who have mental illnesses. The most important step is to include all affected parties in the dialogue.

Psychological Underpinnings of Positive Ethics

The propensity for a floor approach may have roots in innate psychological processes. The floor approach to ethics may be reinforced by the human tendency to give disproportionate weight to negative events compared with positive events with a similar impact. This general predisposition, called loss aversion (Kahneman, 2011), may motivate individuals to expend more energy avoiding punishment than focusing on the opportunity to benefit others by doing the right thing. Accordingly, inhibitory influences on morality apparently have more influence than do the proactive influences.

Additional research suggests that the floor and positive approaches to ethics reflect an inherent psychological mechanism, not just a convenient way to describe different perspectives on ethics. For example, Carver (2006) has postulated the presence of two systems that activate either approach behaviors or avoidant behaviors. These avoidant/approach processes might apply to moral behavior as well. Janoff-Bulman, Sheikh, and Hepp (2009) stated:

There are two systems of moral regulation as well—a prescriptive system sensitive to negative outcomes (i.e., anti-goals, threats, punishments, and other undesirable end states) and based on behavioral inhibition, and a prescriptive system sensitive to positive outcomes (i.e., goals, rewards, incentives and other desirable end-states) and based in behavioral activation. (p. 522)

According to Janoff-Bulman et al. (2009), avoiding prohibited acts and evading punishment reflect prospective morality, which includes obligatory, concrete, detailed, and clearly defined standards with the goal of evading punishment. Prohibited acts are found within the enforceable standards of the APA Ethics Code (APA, 2017).

Acting to promote the well-being of others corresponds more closely to prescriptive morality, which includes more discretionary and abstract

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2There is currently disagreement concerning the most respectful manner to refer to individuals who have mental illnesses or other disabilities. Some prefer person-first language (i.e., “person with a mental illness”) whereas others prefer an identity-first reference (i.e., “mentally ill person”; Dunn & Andrews, 2015). Here we are opting for the person-first language, although we recognize that the issue is far from settled.

3Reiss (2012), among others, contended that motivation has more facets than dual motivational theories claim. We do not weigh in on this argument; we only suggest that any motivational theory for psychologists should rest on more than just avoidance of punishment.
standards with the goal of achieving benefits. These may be seen as reflected in the General (aspirational) Principles of the APA Ethics Code.

Benefits of Positive Ethics

A positive approach to ethics can sensitize psychologists to the ethical implications of the decisions they face in their daily practices. For example, they may have to decide whether to accept a particular patient, how to balance the apparently competing needs of family members and patients, or how much to support their patients’ desires for freedom from or dependence on their families (Tjeltveit, 1999).

Positive ethics also may help psychologists appreciate the moral values on which the APA Ethics Code and other ethics codes are based. Many rules, such as those prohibiting sexual contact with patients, respecting patient confidentiality, and avoiding harmful multiple relationships, are designed to avoid harming patients. Psychologists may be more willing to appreciate and support these rules if they understand their underlying moral basis.

If they are not burdened by excessive fear of being disciplined or shamed, psychologists may be more willing to discuss their ethical concerns openly with colleagues and seek consultation when appropriate. That way ethics gets discussed in the open rather than as part of an “ethics underground” where psychologists only whisper their most troubling ethical issues with a few colleagues whom they trust to keep their secrets. Ideally an ethics code will address the real-life concerns of psychologists in a manner that reflects their values.

Positive ethics also assists psychologists in their ethical decision making, especially when it requires balancing the competing ethical demands in a given situation. Although some ethical rules for psychologists are absolute (e.g., do not have sex with patients, do not gossip about patients, and do not falsify insurance forms), psychologists encounter many gray areas in which they need to exercise substantial judgment. These ethical dilemmas can be stressful for psychologists who sincerely want to do the right thing but can find no clear-cut answer in the APA Ethics Code. Psychologists who are more aware of the moral principles that underlie the APA Ethics Code should become more effective at identifying ethical issues, thinking through their implications, and following the optimal course of action.

Finally, the ethical imperative to promote general well-being may encourage psychologists to do more than just promote the well-being of their individual patients, students, or participants in their research programs. Instead, psychologists who adopt a positive approach may be more willing to help other psychologists become better practitioners, teachers, or researchers and promote institutional policies that are more sensitive to moral issues.
Along those same lines, many psychologists aspire to address systemic social problems. By working through their professional organizations in psychology or through other collaborative efforts, psychologists can collectively apply scientific information or a scientific perspective to social problems.

OVERVIEW OF THIS BOOK

We start this book by reviewing foundational ethical theories and their relationship to ethics codes (and specifically to the APA Ethics Code) and to ethical decision making. Then we apply these overarching principles and relevant standards of the APA Ethics Code to the areas of competence (Chapter 4), informed consent (Chapter 5), boundaries (Chapter 6), confidentiality (Chapter 7), life-endangering patients (Chapter 8), forensic psychology (Chapter 9), assessment (Chapter 10), special topics in therapy (Chapter 11), and business issues (Chapter 12). We also discuss principles and standards related to psychologists as educators (Chapter 13), supervisors (Chapter 14), and researchers (Chapter 15). As described in these chapters, the APA Ethics Code does not always provide direction for psychologists, who must then rely on overarching ethical principles to guide their conduct.

Within these chapters, we describe three models for psychologists to use that will help them act in accordance with their ethical beliefs. First, in Chapter 2, we present the ethics acculturation model, which helps psychologists understand the professional roles that they must follow. Second, in Chapter 3, we present an ethical-decision-making model to use when the ethical obligations of psychologists are unclear or when overarching ethical principles appear to conflict. Finally, in Chapter 8, we offer the quality enhancement model (adapted from the risk management model of Knapp et al., 2013), which is helpful when facing difficult patients or patients with a high risk of failing at treatment.