Chapter 2
Comparing the APA and CPA Ethics Codes

2.1 Chapter Summary

The second chapter of the present book on revisioning the APA ethics code (American Psychological Association, 2002, 2010a, 2016) considers a common framework for revising various mental health ethics codes, including the American and Canadian ones. It is consistent, as well, with the second goal of the book of creating a universal mental health ethics code. The chapter proposes five revised core ethical principles to replace the five principles in the APA ethics code. These five revised principles for the APA ethics code refer to Relational Integrity, Beneficence/Nonmaleficence in Caring, Respect for the Dignity and Rights of Persons and Peoples, Promoting and Acting from Justice in Society, and Life Preservation. The five proposed principles were developed both by comparing and contrasting the APA and CPA (Canadian Psychological Association, 2000, 2017) ethics codes and considering them from a theoretical framework—that of Maslow (1943; after Young's, 2016a, Neo-Maslovian model). The five proposed principles for revising the APA ethics code are not considered hierarchical or ordered in importance, which is consistent with the approach of the APA but not that of the CPA. The second part of the chapter proposes a framework to help organize the standards in the APA ethics code that consists of five domains, which function to group the ten categories of standards in the code. Also, the chapter proposes subdomains for the domains to further refine the proposed organization of the standards in the APA ethics code. The five major domains in which the standards of the APA ethics code can be placed consist of Preclinical/Pre-professional Contact, General and Nonclinical Contact, Clinical Contact, Research and Training-Teaching Contact, and Professional Governing Contact.

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2.2 Reworking the Core Ethical Principles into Revised Principles

2.2.1 Comparing the APA and CPA Ethics Codes

The Codes Walsh (2015a, 2015b) analyzed the similarities and differences in the APA (American Psychological Association, 2002, 2010a, 2010b) and CPA (Canadian Psychological Association, 2000, 2017) codes of ethics. First, both the APA ethics code and the CPA ethics code are constituted by a short list of principles (five and four, respectively; see Tables 2.1 and 2.2). However, aside from a few similarities, the lists of principles are dissimilar. Moreover, the CPA code considers that the order of principles reflects a hierarchy indicating which ones are more inclusive or important in ethical decision making as ethical conflicts arise. However, in contrast, the APA has no such ordering. Further, the CPA ethics code "mandates"

Table 2.1 Excerpts: Principles in the APA ethics codes

Principles	Explanations
A. Beneficence and Nonmaleficence	Psychologists strive to benefit those with whom they work and take care to do no harm, safeguard the welfare, avoid or minimize harm, and misuse of their influence
B. Fidelity and Responsibility	Psychologists establish relationships of trust with those with whom they work
C. Integrity	Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology
D. Justice	Psychologists recognize that fairness and justice entitle all persons to access to and benefit from psychology and psychologists
E. Respect for People's Rights and Dignity	Psychologists respect the dignity and worth of all people and the right of individuals to privacy, confidentiality, and self-determination

Adapted from American Psychological Association (2002, 2010a, 2016)

Table 2.2 Excerpts: Principles in the CPA ethics codes

Principles	Explanations
I. Respect for the Dignity of Persons and Peoples	This principle [emphasizes] inherent worth, non-discrimination, moral rights, distributive, social and natural justice
II. Responsible Caring	Responsible caring requires competence, maximization of benefit, and minimization of harm and should be carried out only in ways that respect the dignity of persons and peoples
III. Integrity in Relationships	Psychologists are expected to demonstrate the highest integrity in all of their relationships
IV. Responsibility to Society	It is necessary and important to consider responsibility to society in every ethical decision

Adapted from Canadian Psychological Association (2000, 2017)

the use of principles in ethical decision making, unlike the case for the APA, which prescribes only the use of standards in this regard.

That the CPA relates its standards to its principles while the APA does not is consistent with the greater elaboration of the principles that are involved in the CPA code relative to that of the APA and the greater number of standards in that the CPA code relative to the one of the APA. The Universal Declaration of Ethical Principles for Psychologists involve four principles that are closely aligned with the ones of the CPA (International Union of Psychological Science, 2008). Table 2.3 provides the details of these principles.

2.2.2 Comment

In this present work, I construct a common framework for the APA and CPA ethics codes that facilitates their use in ethical decision making, which inevitably alters the principles in both of them. Moreover, it leads to multiple changes to the definition

Table 2.3 Excerpts: Defining the four ethical principles contained in the Universal Declaration of Ethical Principles for Psychologists

Principles	Explanation
I. Respect for the Dignity of Persons and Peoples	Respect for dignity recognizes the inherent worth of all human beings, regardless of perceived or real differences in social status, ethnic origin, gender, capacities, or other such characteristics. The different cultures, ethnicities, religions, histories, social structure, and other such characteristics of peoples are integral to the identity of their members and give meaning to their lives. Respect for the dignity of persons and peoples is expressed in different ways in different communities and cultures. All communities and cultures [must] adhere to moral values that respect and protect their members both as individual persons and as collective peoples
II. Competent Caring for the Well-Being of Persons and Peoples	This principle involves working for the benefit of persons/peoples as well as, especially, doing them no harm. Caring competently involves the maximization of benefits, the minimization of possible harm, and, should harm take place, offsetting or correcting it
III. Integrity	Integrity includes recognizing, monitoring, and managing potential biases, multiple relationships, and other conflicts of interest that could result in harm and exploitation of persons or peoples. Complete openness and disclosure of information must be balanced with other ethical considerations, including the need to protect the safety or confidentiality of persons and peoples and the need to respect cultural expectations
IV. Professional and Scientific Responsibilities to Society	Psychology has responsibilities to society that include using its knowledge to improve the condition of individuals, families, groups, communities, and society. According to the highest ethical standards and culturally appropriate

Adapted from International Union of Psychological Science (2008). Also see M. M. Leach, M. J. Stevens, G. Lindsay, A. Ferrero, & Y. Korkut (Eds.), *The Oxford handbook of international psychological ethics* (pp. 123–124). New York: Oxford University Press.

of the principles, the number of principles, the number of standards, and their organization in the codes.

Before presenting my common framework to the APA and CPA ethics codes, note that Walsh (2015a) attempted to relate the five APA ethics code principles to the four in the CPA code. He noted that the CPA principle of Respect for the Dignity of the Person relates to the APA principle of Justice (and autonomy). Second, the CPA principle of Responsible Caring relates to Beneficence/Nonmaleficence. Third, the CPA's Integrity in Relationships relates to the APA's Fidelity. Finally, Responsibility to Society in the CPA code relates to Beneficence and Justice in the one of the APA.

Walsh (2015b) also elaborated his perspective on the need of the APA and CPA ethics codes to be proactive about communicative or relational ethics and social justice. For example, the APA code should ensure that the principle of justice refers to *social justice and social responsibility* as much as anything else. The CPA code could alter the order of importance of its principles to put the one of Responsibility to Society as primary along with the first principle of Respect for the Dignity of the Person.

My own work comparing the APA and CPA ethics codes does not include the same similarities that Walsh found. Also, it recommends changes different than the ones he recommended. Nevertheless, his work is informative for the task at hand.

2.3 General Framework of Mental Health Ethical Principles

It might seem simple enough to create a common structure to the APA and CPA ethics code in terms of basic ethical principles because they differ only slightly in number over the two codes, with the former having five principles and the latter four of them. First, perhaps equivalence can be found over four common ones in the two codes. Then, an extra one can be added to the CPA's list, for example, by adding the extra fifth one in the APA code that does not match the four principles in the CPA ethics code. However, despite trying, I could not create this type of equivalence over the two codes. Moreover, principles that appeared similar on the surface across the two codes according to their titles varied in their textual explanation. That is, granted, there are similarities in the principles in the lists of ethical principles in the APA and CPA ethics codes and their descriptions, but sufficient differences are evident over the two codes in these regards such that creating a common code for them is difficult, if not impossible, by only using their principle titles and descriptions.

Because of these anomalies, I tried to find ways of structuring a cohesive understanding of the relationship of the basic principles in the APA and CPA ethics codes. For example, what are the reasons behind inclusion of few principles in these codes? Other ethics code in mental health considers a wide list of concepts, such as compassion, respect, integrity, justice, interconnectedness, self-direction/growth/resilience, and safety/security (Young, 2016b). Also, recently, an attempt has been made to revise the principles in the APA ethics code, and the number of principles in the proposal involved six of them. Specifically, Knapp, Gottlieb, and Handelsman

Table 2.4 Six principles in ethics

#	Principles
I	Respect for patient autonomy
II	Nonmaleficence
III	Beneficence
IV	Fidelity (or doctor-patient relationship)
V	Justice
VI	General (public) beneficence

(2015) advocated for a list of six core ethical principles in the APA code: Beneficence/Nonmaleficence (2), Respect for Patient Autonomy, Fidelity (loyalty in the treatment provider-patient relationship), Justice (fairness, equity), and General (Public) Beneficence (see Table 2.4). This proposal reworks the APA principles to a degree by splitting the first one, changing some of the terms for the principles, and replacing Integrity with Autonomy. However, Integrity is common to the CPA code, and Autonomy is a value promoted in the fifth APA principle related to peoples' rights. Nevertheless, the effort undertaken by Knapp et al. (2015) in revising the principles of the APA ethics code indicates that perhaps even its proponents should not consider it written in stone.

Despite trying to perceive a pattern in the various ethical concepts implicit in the terms used in the various ethical codes in mental health, and suggestions for their change, none appeared to emerge. Does splitting off Autonomy from the principle dealing with peoples' rights in the APA ethics code help by enlarging it to six principles in the code instead of five of them? Does reducing the list of five principles to four principles, for example, as found in the CPA ethics code, which appears to minimize the APA principle of Fidelity, help in arriving at the best list of principles for a revision or reworking of the APA ethics code?

Moreover, despite the torture/enhanced interrogation controversy that has dogged the APA (Pope, 2016), the changes to the APA ethics code in 2010 toward eliminating any possibility of participating in or condoning torture took place at the level of standards and not principles. Perhaps the issue is so basic to biomedical and mental health ethics that somehow it should be enshrined as part of a principle in the APA ethics code, as well. This latter insight stood as one of the reasons why I adopted Maslow's (1943) model to help structure my reworking of the principles of the APA ethics code. The first level of his model, which is a hierarchical one on basic needs, speaks to personal safety issues, which necessarily includes avoiding and being protected from torture and equivalent violations of human rights. Moreover,

Maslow's model can be considered developmental as much as needs based and motivational in nature. Thus, his model reminds that part of ethics in mental health work relates to not only the avoidance of torture (safety/security) but also the growth of the person in all its guises (e.g., in society, not just in therapy). Finally, this growth process, e.g., what Maslow termed self-actualization, also can refer to growth of society, in general, e.g., in promoting people's rights and autonomy.

Given this insight of how Maslow's model can inform revising the core principles of the APA ethics code, I turned to my own developmental model for insight (Young, 2011, 2016a), especially the Neo-Maslovian portion. The use of the terms of safety/security and growth/resilience in the latter model shows that I expanded it beyond Maslow's original one, which is also evident in how I tied it to Erikson's model. Maslow's model can be considered a developmental one, and in my work I showed parallels over Maslow's five levels of needs, a revised Eriksonian model with five major steps in which his eight developmental stages are embedded, and a Neo-Piagetian model with five major stages. Thus, by using Maslow as a starting point in the proposed revision of the five core principles of the APA ethics code, I am pointing to the value of developmental models, as well, for the task at hand. They too constitute relevant structural underpinnings to the project of reworking the core principles of the APA ethics code.

The following offers the five revised ethical principles that I am proposing and the five levels in the Neo-Maslovian model that I have created on which they are partly based. Then, it shows how I developed the exact terms for the five proposed ethical principles by comparing and contrasting the sets of ethical principles in the APA and CPA ethics codes for their core notions. This prepares the way for an expansion of the reworking of the core principles in the APA ethics code beyond the revised value statements by adding five sub-principles associated with each of the five revised ethical principles. Later chapters in the present book consider five supplementary principles that should be added to the core five principles that have been proposed, their sub-principles, and a reworking of the ten categories of standards in the APA ethics code into five domains, as well as revision of some of the standards themselves.

2.3.1 A Neo-Maslovian Model of Core Ethical Principles

The five proposed revised ethical principles for the APA ethics code that will be elaborated in great depth below include (1) Life Preservation, (2) Caring Beneficence/Nonmaleficence, (3) Relational Integrity, (4) Respect for the Dignity and Rights of Persons and Peoples, and (5) Promoting and Acting from Justice in Society (see Table 2.5). The five revised principles proposed for the APA ethics code should be considered core ones. However, there is no solid basis for determining what are core ethical principles from among the many ethical principles that have been proposed across the various fields of mental health (see Chap. 1).

Table 2.5 Five core psychological ethical principles proposed toward revising the APA ethics code

#	Principles
I	Life Preservation
II	Caring Beneficence/Nonmaleficence
III	Relational Integrity
IV	Respect for the Dignity and Rights of Persons and People
V	Promoting Acting from Justice in Society

Note: For a detailed description of the principles, please refer to Chap. 3

In this regard, the area of psychological ethics and ethical codes could use a valid theoretical justification for any model of what should be the core ethical principles in mental health work. Given this foundational assumption, as mentioned, I attempted to relate the five proposed core psychological ethical principles to Maslow's well-known and respected psychological model. That is, the five core ethical principles proposed toward revising the APA ethics code were partly informed by and are consistent with the Neo-Maslovian model presented in Young (2016a; see Fig. 2.1).

The Neo-Maslovian model in Young (2016a) involves five hierarchical needs, which concern (1) Physiological Needs/Survival, (2) Safety/Trust, (3) Affiliative/Initiative, (4) Identity/Self-Esteem, and (5) Actualizing Generativity. Specifically, the first hierarchical need in the Neo-Maslovian model is related to protecting physiology and survival, which is clearly akin to the proposed ethical principle on Life Preservation. Next, establishing safety and trust, which concerns the second level in the Neo-Maslovian model, appears quite related to Caring and Acting with Beneficence. [Note, as mentioned, how I integrated Erikson's developmental model into Maslow's model not only at this level but also in the other ones, e.g., trust in the above and initiative in what follows.] Third, being affiliative and having initiative, which concerns the third (middle) level of the Neo-Maslovian model, is similar to the proposed principle of Relational Integrity. Fourth, the need for identity and self-esteem as per the Neo-Maslovian model appears similar to the proposed principle Relating to Others with Respect, Dignity, and Rights. Finally, in the revised Neo-Maslovian model developed by Young (2016a), the higher-order need in the hierarchy concerns Maslow's self-actualization but has added to it Erikson's concept of generativity. In this regard, the corresponding proposed ethical principle, which involves Promoting and Acting from Justice in Society, is quite consistent with this level of the Neo-Maslovian model.

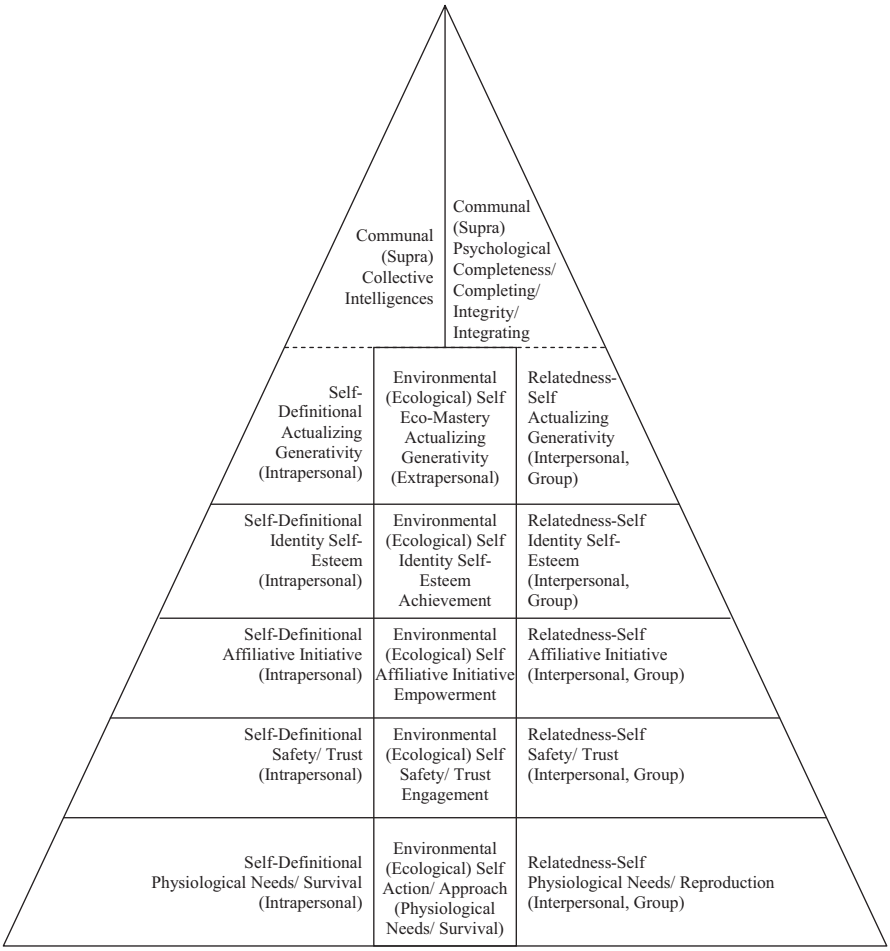

Fig. 2.1 Neo-Maslovian hierarchy of self-definitional, relatedness self, and environmental self needs. The figure gives simplified terms for each of the revised motivational needs in the combined model of Maslow (1943, 1970), Erikson (1980), and Blatt (2008). The major revision entertained of Maslow concerns dividing his different levels of needs in two components, depending on what part of the self is involved. The *left-hand column* refers to the needs related to the personal self, while the *right-hand column* refers to the needs of the self in relationship. Blatt referred to polarities of experience in terms of self-definition and relatedness, and I borrowed these terms for this aspect of the model. In addition, for this version of the Neo-Maslovian model in present book relative to the original revision in Young (2011), I added a middle column related to a third component of the person or the mastery/competence instrumental/environment aspect of behavior. In particular, this aspect of the model is derived from Forbes (2011), Deci and Ryan (1995), Haidt (2012), and Janoff-Bulman and colleagues (e.g., Janoff-Bulman, 2009). As for Erikson's model of eight stages in lifespan development, there appear to be two stages in his model that correspond to each of the four more advanced needs of Maslow's model. Therefore, in deriving the labels for the present combined model, I referred to the first of the two Erikson's stages involved in each case. As for the most basic physiological level of needs, I referred to the Darwinian concept of survival and reproduction, using the latter for the personal component and the former for the relatedness component.

2.3.2 The CPA Code and the Neo-Maslovian Model

The CPA ethics code fits to a degree the five-level Neo-Maslovian model in Young (2016a), although one principle is missing in this regard. First, consider that the CPA's fourth principle concerns Responsibility to Society, which is consistent with the present penultimate highest level of self (and other)-actualization/generativity in the Neo-Maslovian model. Note that Walsh (2015a) called for placing this CPA principle of Responsibility to Society as first or primary in the ordering of the CPA's ethical principles (along with the one on respect for dignity of persons/peoples).

The CPA ethics code principle of Respect/Dignity of Persons/People is consistent with the next level in the Neo-Maslovian model of identity/self-esteem/consciousness (also, it includes values/morality as per Young, 2016a). Providing respect/dignity emanates from this principle and builds self-worth and appropriate morals/values/decision making.

Further, the CPA ethics code principle of Integrity in Relationships is consistent with the third Neo-Maslovian level of affiliative/initiative. Also, it is consistent with the fairness/reciprocity found at this level of the model according to Young (2016a).

Next, the CPA ethics principle of Responsible Caring is consistent with the fourth level in the Neo-Maslovian model—that of safety/trust. Also, it is consistent with the care promotion/harm reduction found at this level of the model, as per Young (2016a).

The issue of preventing and acting against torture is a principle that should be enshrined directly in any universal mental health ethics code. Yet it is absent in the CPA code. By using the Neo-Maslovian model to determine which ethical principles should be considered in a universal mental health ethics code, at a minimum, the CPA code should be revised to include a principle such as Life Preservation. That is, the lowest level of the Neo-Maslovian model concerns survival/life preservation, which speaks to the torture issue directly.

In the present book, my approach is not to order the core ethical principles in priority. However, cursory examination of the way the CPA ethical principles match to the levels in the Neo-Maslovian model being used as a theoretical basis in revising the core ethical principles in the APA ethics code, and in mental health ethics

Fig. 2.1 (continued) Note that the terms used to describe the needs also refer to attachment theory for the safety level and affiliation instead of love for the middle level (after Kenrick, Griskevicius, Neuberg, & Schaller, 2010). The Piagetian component of the model adds an extra level at the peak to account for changes in cognition and behavior that would derive as the person transitions from the formal to the postformal period, which I refer to as the stage of collective intelligence (Young, 2011). Another change made to the original Maslovian revision of the hierarchy of needs model is that I included a superordinate level to the one of self-actualization and related psychological development, such as generativity. This new partial level of the penultimate level in the model concerns "psychological completeness," which is partially akin to Erikson's ego integrity and which corresponds to the stage of collective intelligence cognitively in my own model. Adopted (adapted in part) with permission of Springer Science + Business Media. Young, G. (2011). *Development and causality: Neo-Piagetian perspectives*. New York: Springer Science + Business Media; with kind permission from Springer. [Figure 19.3, Page. 452]

codes, generally, indicates that the ordering of the principles in the CPA ethics code should be reconfigured. Review of the present analysis of how the CPA ethics code principles fit the Neo-Maslovian model in Young (2016b) shows that the four CPA ethics code principles should be reordered in priority as (1) Responsibility to Society (it is fourth, not first, in the CPA code), (2) Respect for the Dignity of Persons and Peoples (presently, it is first in the CPA code), (3) Integrity in Relationships (presently third; so there is no change), and (4) Responsible Caring (second in that code). In effect, I am recommending two switches in the ordering of these four core CPA ethical principles—placing the fourth before the first and also the second placed last. This issue of altering the order of the four core ethical principles in the CPA ethics code is distinct from the one of needing to add a fifth principle related to Life Preservation. [Moreover, one can query whether there should even be an ordering of core principles in any mental health ethics code.]

2.3.3 The APA Code and the Neo-Maslovian Model

Given that I have shown that the CPA ethics code appears to have a theoretical basis toward understanding the nature of its principles (and their ordering), through analysis of its parallels in a Neo-Maslovian model, the question arises whether the APA ethics code principles can be understood in the same way. In order to determine the fit of the APA ethics code with the Neo-Maslovian model, I examined the fit of its five principles with those of the CPA, which, to a degree, have been shown to fit the Neo-Maslovian model.

As the comparison proceeded in the examination of the titles, contents, and meanings of the core ethical principles in the APA and CPA ethics codes, first I took a surface look by visual inspection rather than a detailed exegesis. I found that there were some clear correspondences across the two ethics codes in these regards, but others that were more difficult to establish. Therefore, I proceeded to more closely compare the two sets of principles in the APA and CPA ethics codes, keeping in mind my five proposed ethics principles as I proceeded.

Even correspondences that seemed evident at the surface (e.g., the integrity principle) in the APA and CPA codes were not so straightforward (Walsh, 2015a). Nevertheless, the renditions of the integrity principle in the two codes were similar enough, and so I used both versions in constructing one integrative integrity principle for a revision of the APA ethics code and also a proposed unified mental health ethics code. Similarly, both codes deal with caring (Responsible Caring, Beneficence/Nonmaleficence, respectively, in the CPA and APA codes) and also with rights, respect, and dignity of peoples/persons (Respect for the Dignity of Peoples/Persons, Respect for People's Rights and Dignity, respectively). Further, the APA ethics code does not have a principle that directly and uniquely addresses society, but the APA principles of Fidelity/Responsibility and Fairness touch this point.

As for the torture issue that has bedeviled the APA (Pope, 2016), as mentioned, attempts have been made to reword certain standards in the 2010 version that under-

score its prohibition. However, there is no one principle related to it in the APA code, as is the case, as well, for the CPA. My use of the Neo-Maslovian model as a basis to formulate a common mental health ethics code and to offer recommendations toward revising the APA, one suggests that an appropriate addition to the principles being formulated concerns a prohibition on torture (and otherwise condoning or being involved in it). In this sense, the present reworking of the APA ethics code suggests that a principle should be added, which, as mentioned on Life Preservation.

However, if the five extant principles are not changed in the APA ethics code, yet a new principle related to torture is understood as required as an addition to the list of five core principles presently found in the code, then the proposed revision of the core ethical principles of the APA ethics code will include six principles rather than five of them. As has been shown above, another revision of the ethical principles of the APA ethics code suggests six principles for inclusion instead of five of them (Knapp et al., 2015). In this regard, relative to the six-principle model of Knapp et al., perhaps there should be seven core ethical principles in the APA ethics code, with the seventh concerning the torture issue. However, to what extant are extemporaneous additions of new principles to the APA ethics code conducive to its best working and where does such a haphazard process end?

There might be a precedent for expanding the number of principles in the APA ethics code and even valid reasons to expand that process further. However, careful inspection of the principles in the APA and CPA codes, undertaken next, suggests a different solution, more toward reworking the extant principles to make space for one related to torture and obviating the need to add another core one to them beyond the one related to the torture issue.

2.4 Finding Common Cause on Terms for Principles in the APA and CPA Ethics Codes

2.4.1 Principle Names

In this section of the present chapter, I undertake presentation of the conceptual underpinnings associated with the five new core ethical principles being formulated toward revising the APA ethics code that emerges from the direct comparison of the wording associated with them in the APA and in the CPA ethics code, if present. The goal in this particular section is to come up with valid concepts written in clear expository text to represent the ethical principles under discussion and to create more exact, better terminology for them. In a later section, I provide a more detailed expository description of the principles being reworked based on clarification of their concepts and terminology in this section.

Relational Integrity In the following, I examine whether the Integrity principle is approached in the same way in the APA and CPA ethics codes. Delving into details of their expository presentation reveals in these two ethics codes that they are presented

somewhat differently in the two codes under scrutiny. First, in the APA code, the word "Integrity" is used as the term to represent the principle, and the word "Relationship" is not included in the term. In the CPA code, Integrity is included in a broader title for the principle, in that it adds the phrase after that word "in Relationships." Moreover, consistent with what the two titles for the principles suggest to readers, inspection in the two ethical codes under review of their expository text describing the core ethical principle related to integrity indicates that the one of the CPA ethics code relative to that of the APA deals more directly with relationships.

Specifically in this regard, the CPA ethics code related to Integrity deals especially with relationships. This code states that psychologists are expected to demonstrate the "highest integrity" in their relationships. However, aside from the fact that in the APA code, for the term used to represent the principle, relationship is not mentioned, inspection of the expository text reveals that Integrity especially refers to only one focus of meaning of the word, which concerns accuracy, honesty, and truthfulness. Granted, these concepts form the basis of integrity in relationships, but, in the APA code, they are presented as being especially applicable to research and practice, in particular, and they are not ascribed as the basis for ethical relationships, per se.

This difference in integrity as a principle in the APA ethics code compared to the CPA one has led me to construct a common way of describing it. Specifically, on the one hand, the principle should be referred to as *Relational Integrity*, which captures its essence as promulgated here. Moreover in this regard, the term suggested presently for the integrity principle is somewhat different than the one used for the principle in the CPA code, which is proximate in wording to it, but should not be adapted directly without change if a reworking of the APA code is the goal. Second, on the other hand, the value statement associated with the integrity principle should be revamped to cover integrity in all relationships. Relational Integrity can be instituted only through dealing with people (and patients), in general, with honesty, accuracy, etc. In this sense, it is critical that its value statement emphasizes the fairness, reciprocity, etc., that together are inherent in relating to the other(s) ethically. Moreover, this approach to defining Integrity in an ethics code is consistent with the theoretical basis being used to help structure a common framework for mental ethics for the APA ethics code and a universal mental health ethics code (and that of the CPA, as well). That is, as mentioned, the present effort toward revising the APA ethics code by preparing five theoretically consistent core principles borrows from Maslow's (1943) model of five levels of hierarchical needs. In this regard, Young's (2016a) revised Neo-Maslovian model has served the indicated purpose, and, its third level (the middle one of the five hierarchical needs) involves affiliativeness, in particular, which is consistent with an ethical principle that concerns integrity in relationships.

Beneficence/Nonmaleficence in Caring In the following, I create common terminology for the other two principles in the CPA and APA ethics codes that bear similarity. On the one hand, CPA refers to Responsible Caring and APA to Beneficence/Nonmaleficence. First, I examine the best title for the revised principle that would amalgamate both notions and then examine the most appropriate conceptualization. Specifically, the CPA term refers to responsibility in caring, but, at the same time, it uses the term of responsibility in another principle - that of Responsibility to society, which could be confusing. Consider that Responsibility would appear to be a meta-principle, or overall ethical

principle, and its use should not be restricted to the term for one principle or the other. Furthermore, Beneficence and Nonmaleficence are common essential principles in medical ethics (Beauchamp & Childress, 2012) and considered cardinal in various ethics codes in mental health. Overall, the title for caring in the APA principle on the matter (Beneficence/Nonmaleficence) appears better than the one in the CPA code. Therefore, for the common terminology with respect to the one ethical code principle on care being created for the APA and CPA ethics code for purposes of revising the APA ethics code, I opted for the terminology of *Beneficence/Nonmaleficence in Caring*. Note that I added Caring to the term of Beneficence/Nonmaleficence not just to respect the CPA version of the principle but also to differentiate presentation of this principle in the reworking being undertaken from other titles used to represent the principle in other codes. In a certain sense, exclusion of the term of caring in the terminology to represent this principle would render it a "meta" one only or one that applies to all others. Indeed, this is the approach the APA takes to this principle, in that it considers *Beneficence/Nonmaleficence* as an underpinning to all other principles in its ethics code.

Respect for the Dignity and Rights of Persons and Peoples As for the next principle under discussion, the CPA and APA approaches to the principle of Respect/Dignity for People are quite comparable. The different terms used for this principle (Respect for the Dignity of Persons and Peoples; Respect for People's Rights and Dignity, respectively) can be standardized by using the term *Respect for the Dignity and Rights of Persons and Peoples*.

Promoting and Acting from Justice in Society Next, the CPA ethics code addresses Responsibility to Society. The APA ethics code does not directly address the question of ethics and society in its five core principles, despite its inclusion of the principles of Fidelity/Responsibility and Justice. In attempting to find the appropriate term for an ethical principle related to ethics and society with respect to an inclusive ethics code in mental health (and in the proposed revision of the APA ethics code), I considered that using the word Responsibility, in the term, as found in the CPA ethics code, would be superfluous. As mentioned previously, Responsibility is an ethical principle that is meta-related because any core ethical principle requires an ethical stance of being responsible. Also, it appeared to me that the concept of justice that is involved in the principles of the APA ethics code applies better to any term for a unified principle concerning society and ethics compared to the term of Responsibility. For example, the APA principle of justice refers to fairness for all persons. The one of fidelity/responsibility is more a catch-all category, referring to trust, scientific responsibilities, upholding professional standards of conduct, etc. In this sense, as a common term for an ethical principle involving ethics and society, I opt for the one of *Promoting and Acting from Justice in Society*. This title for the principle speaks to the requirement to function from universal standards in justice and to actively attempt to promote them in society if they are absent or abused[1].

[1] In terms of establishing an equivalent ethical principle in the new list of ethical principles being created to that of fidelity/ responsibility, this seems superfluous in light of its generic content and being covered in other principles. Consequently, the other four APA ethical principles have been more directly included in the new list being created.

Life Preservation For the new principle being proposed toward the revision of the APA ethics code, which is related to torture, I suggest using the term of *Life Preservation*. This term would include the ethical obligation to avoid torture or condoning or supporting it in any way. Also, the term Life Preservation has broad implications for ethical conduct beyond the issue of torture. It would allow for advocating as a profession (and for our patients) with respect to appropriate shelter, housing, food, and provision of other basic needs, as the case might be. Also, it would serve to accentuate the link to the theoretical model that inspired the present revision of the APA ethics code and the core universal mental health ethical principles being proposed (i.e., the Neo-Maslovian model in Young, 2016a), which includes Life Preservation both for the self and other as its basic need in the hierarchy of needs/developmental level. Finally, it would avoid focusing on torture itself as part of principle title. Rather, standards can be included in the standards portion of the ethical codes under review that refer to a wider range of advocacies and prohibitions in the mental health field related to life preservation, e.g., of the ethical obligations in duty to warn and in reporting child abuse. Parenthetically, it is noted that Landau and Osmo (2003) surveyed the main ethical principles in social work and found that the one of Protection of Life was considered the most important to these mental health workers. However, the authors did not define this term.

2.4.2 Relationship of the Principles

Note that in attempting to revise the principles in the APA and other ethics codes, such as those of the CPA, the dynamic interrelationship of ethics code principles needs to be recognized. For example, for Integrity in relationships, the honesty, accuracy, and truthfulness implicit in the principle as we deal with people would seem essential as a precondition for the proper functioning required for all other ethical principles. However, one could argue that another ethical principle from among the others available, rather than Integrity, should be considered the primary one that infuses or addresses all the others.

For the related question of ordering the principles in terms of considering which should be primary as one tries to resolve ethical dilemmas, again, different answers might obtain. Is the CPA's emphasis on the societal principle the one that should be atop any hierarchical model in this regard? Perhaps another, such as the principle related to integrity or the one of doing good and not harming, should be at the pinnacle of any such ordering in a hierarchy of ethical principles. Arguments can be made for any of them in this regard.

Furthermore, the ethical principles being discussed are not necessarily mutually exclusive. Consider that they have been shown to be consistent with the theoretical model of Maslow (1943, as modified in Young 2016a), which concerns not only needs but also developmental level. As with Maslow's hierarchical needs model, lower levels of the system involved inform or relate to higher or other levels of the system. Self-actualization and even affiliation, for example, which are higher-order levels, are difficult to establish without lower-order safety and physical needs being met. When the model is conceived developmentally, the same applies.

The argument, then, is that in terms of the theoretical base that informs the present reworking of the five principles of the APA ethics code, the different principles are intimately related and, although some appear more basic than others and others more advanced, that depends on the perspective one adopts about them and none of the possible perspectives that could be applied to the question seems primary. Furthermore, all five proposed core ethical principles depend equally on equilibrated navigation of the context in which one finds oneself, and so they appear to work together in this regard. For example, as mentioned, one cannot create integrity in relationships if care and its promotion (beneficence) are not being met. At the same time, genuinely creating a caring environment requires integrity in relationships. The same reciprocal juxtaposition of any one pair of principles that are being proposed toward revising the APA ethics code, or at least the juxtaposition of their conceptual meaning, indicates that any hierarchical model of the revised ethical principles being undertaken should not adopt a linear ordering approach or a designation of which ones are more primary than others.

I have been addressing the issue of which principles should be considered first in an ordered, hierarchical list of ethical principles in any one ethics code and for the proposed revision of the APA ethics code being created. For example, as above, one can argue that only with an inclusive ethical approach to society can the other principles be applied effectively, which is the approach adopted in the CPA code. However, perhaps only by avoiding torture or by conducting oneself with relational integrity can other principles be applied effectively. Because of the difficulty in determining which principle in any such list should be primary, it might be best to consider them equivalent such that each of them equally relates to the others, is primary, informs them, cannot be fully applied effectively without the others, and so on. Therefore, it would not matter much if the final hierarchical ordering of the proposed core ethical principles being presented starts from the top or bottom of the list that develops in the reworking of the principles toward revising the APA ethics code or starts from any juncture in the list for that matter. In this regard, see Fig. 2.2, in which a possible ordering of the principles being proposed is given, but with either the top or bottom ones considered first, depending on context. Moreover, even then, the hierarchical ordering of the core ethical principles being proposed is not fixed or acontextual but tentative, flexible, and dynamically responsive to the particular ethical issue at hand.

In this sense, Fig. 2.2 presents the five principles in ethics being formulated as consistent with a circular model. This approach allows for either the first or last in the list as being primary, as mentioned, depending on the context. Also, it allows for a model in which each of the five proposed ethical principles are related to all others, with each underpinning each of the others, so that none really predominates. Perhaps one or the other might be more crucial to a particular ethical issue, but that does not mean the same one will apply as primary even in a similar situation the next time around for one practitioner, or even to an identical ethical issue for different practitioner.

Recall that the APA ethics code does not have any particular ordering hierarchically in its approach to its core ethical principles. Perhaps their decision in this regard reflects the type of circular model being presented in how ethical principles relate. However, more likely, their approach reflects benign neglect of the issue of

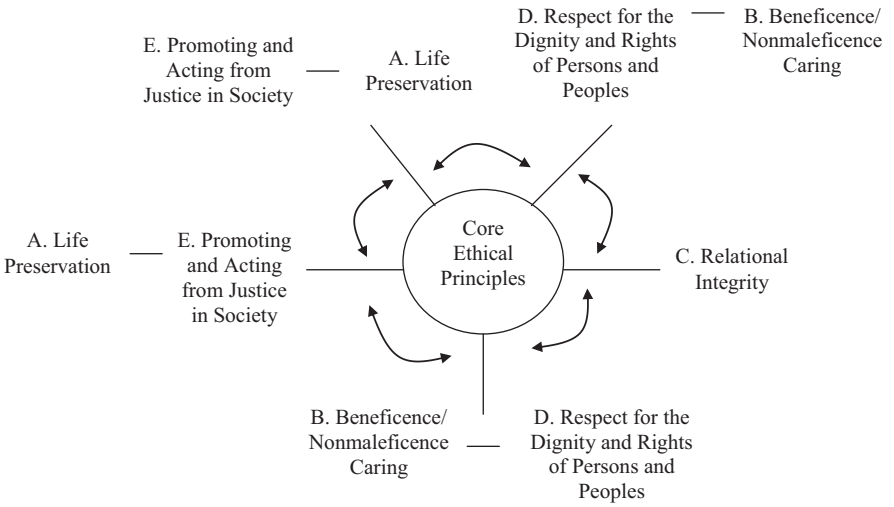

Fig. 2.2 Core ethical principles circle. The figure indicates a revised list of core ethical principles without prioritizing any of them. The order might be from A to E or, conversely, from E to A. Or, there might be no priorities in terms of ordering the principles. The symbol "-" means "OR".

the order of the principles in a hierarchy and how the hierarchy can be used to help resolve ethical dilemmas. The present circular model stands as a third option in how the ethical principles in an ethical code should relate. That is, they should be considered to relate to each other systemically, but, nevertheless, they should be applied differentially depending on the person, context, the other(s) involved, and on all related factors, elements, and parameters of the situation at hand in attempts at resolving ethical dilemmas in the situation, as per the APA approach.

The next section of the present chapter shifts from analysis of ethical principles in the APA ethics code, which has been undertaken toward revising the code, to an analysis of the 10 categories in which its 89 standards are grouped. For this part of the proposed revision of the APA ethics code, concerning standards, as with the prior presentation of how the principles in the code can be reworked, I present a model of how its categories of standards can be reworked.

2.5 Reworking the Categories of the Core Ethical Standards into Domains of Standards

2.5.1 Introduction

The following examines the organization of the standards in the APA ethics code and proposes a better organization. This chapter does not deal with revising the standards themselves, which is discussed in more depth in Chap. 4. The

organization of the standards in the CPA ethics code also needs reworking, but later on this book will show that the process in this regard should be congruent with the present reworking of the APA ethics code category standards into the proposed domains.

As a prelude to the model of domains adopted in reworking the organization of the categories of standards of the APA ethics code, note that, as I reviewed the ten categories of standards in the APA ethics code, I found some sort of minimal and not haphazard organization in the ordering of the categories. That said, as with the principles of the APA ethics code, they were presented separately and without a clearly coherent structure. That there was some sort of structure implicit to the ordering of the ten categories of standards in the APA ethics code is reflected in the way I combined them into five domains, because as I combined sets of categories of standards and their particular ordering one after the other in the domains I could do so without changing the order of categories within the sets as I created the domains.

However, in creating the domains from the categories of standards in the APA ethics code, the proximity of the categories as they were presented in that code did not constitute the main reason for how they were grouped into the domains. Rather, I sought a conceptual coherence that could justify a superordinate grouping of the ten categories of standards in the APA ethics code into the five domains but in a way that was distinct from the conceptual coherence related to how I had reworked the core ethical principles of the code.

As I reviewed the standards in the APA ethics code, I realized that one possible way of organizing the ten categories of APA standards might be in terms of whether (a) they directly concern people (patients/clients) or (b) other aspects of the profession and the overall system in which the profession is embedded (e.g., nonclinical work, research). Further, I noted that these two broad categories of standards can be subdivided, e.g., into preclinical/pre-professional, clinical, and nonclinical standards, others related to research and teaching, and a separate set related to dealing with one's regulatory and disciplining professional body or other authority, as shall be shown below.

2.5.2 Domains of Standards

The CPA and APA ethics codes differ in a number of respects related to their standards, as mentioned. The major differences in the two codes with respect to standards relate to the differing amount of standards in the two codes, their organizing categories, and the degree to which they are related to the principles within them. In this regard, the CPA ethics code has more standards than the APA one, places them in more categories, and relates them to principles, unlike the case for the APA.

I have argued that the four principles in the CPA ethics code inform and align quite well with the revised principles being proposed for the APA ethics code and, eventually, for a common framework for a universal mental health ethical code, so that the standards under each of the four principles, theoretically, should stand intact

in one way or another in the present reworking of standards toward revising the APA ethics code (and ultimately, as standards in a common mental health ethics code). However, the APA code standards are more focused than those of the CPA, and they, rather than those of the CPA, should be used as a basis for the revision of the standards in the APA code (and in the suggested universal mental health ethics code).

Therefore, for this part of the chapter, first, I examine in more depth the structure of the categories of the APA ethical standards. Then, I examine those of the CPA ethics code this way. As with prior analyses of the principles in the two ethics code under review, in this introduction to the categories of the standards involved, the analysis is general, and one will find more specific analyses presented later on. More specifically, in the following, I justify the way the ten categories of standards in the APA ethics code can be grouped into five domains.

Finally, in describing the domains, I consider them in terms of the contact psychologists have with the contactee, e.g., the patient/client. Ethical principles concern how psychologists relate to people (and animals) in their work and standards are also about relating to people (and animals). Even record keeping, organizing the office, preparing forms, etc., in one way or another, all relate somehow to dealing with people (or animals). Therefore, for each domain created in grouping the categories of standards of the APA ethics code into larger units, I use the terminology of contact and contactees.

2.5.3 APA

The 89 standards of the APA ethics code are proscriptive rules that cannot be violated without facing disciplinary action, depending on the relationship between the regulatory body of the American state in which the transgression takes place and the APA and its ethics code. The 89 standards are organized into 10 categories, from Resolving Ethical Issues to Therapy. The amount of standards in any one of the 10 categories ranges from 6 to 15.

Preclinical/Pre-professional Contact The ten categories of standards in the APA ethics code are not presented in a superordinate structure. However, careful inspection suggests that some relate to clinical aspects, some to nonclinical aspects, some to entry criteria to working as a psychologist, and some to business matters. Specifically, there is one category of standards related to entry into the profession or entry into particular aspects of it ((2) Competence). Then, one finds two categories concerning business matters ((5) Advertising/Public statements; (6) Record Keeping/Fees). These three sets of standards might be considered *preclinical/pre-professional* because they concern entry criteria to the profession, to certain areas, and to the start of meeting patients, for example.

General and Nonclinical Contact (Including People/Information Protection) The next set of categories of standards in the APA ethics code concern dealing with people generally ((3) Human Relations; (4) Privacy/Confidentiality). It was difficult to come up with a common term for these two categories of standards

because the first on human relations is part of what the ethical principles generally are about, and I wanted a distinct set of terms for the domains. In deciding on the appropriate terminology for this domain, first, I noted that the topic of Human Relations, as presented, does not concern what happens in the specific clinical context, which is covered in Standard Category 9, on Assessment, and in Standard Category 10, on Therapy. Therefore, some sort of label to cover all these aspects outside of the clinical context, and dealing generally with people and organizations in one's work, would make sense.

A label for the domain at issue that encapsulate these general and nonclinical parameters would allow inclusion of the work task of consulting in this grouping, which is mentioned in APA ethics code Standard 3.11 on psychological services delivered to or through organizations. In addition, an important component of the standards in the category of human relations concerns *protecting* against discrimination. Therefore, I considered that somehow this aspect of the categories of standards (i.e., protection) in the APA ethics code could be used to describe the domain being proposed. In this regard, the second category of the two categories of standards in the APA ethics code under discussion presently, that is, on privacy and confidentiality, clearly relates to the other category of standards being discussed, on relations, because it concerns *protecting* the information about the people who are contactees in one's work. Therefore, the concept of protection appears in the second category of standards in the APA ethics code being discussed, suggesting that the term could be used to represent the domain at issue that covers the two APA categories of standards being discussed.

Consequently, one option for the appropriate integrating label for this domain of grouped categories of standards in the APA ethics code could be "Protection of People's Relations and Their Information." However, I deemed that this label would not be sufficient. The contactees who are referred to in this domain are not limited to dealing with patients/clients, which is addressed in the domain that follows.

Therefore, a second option in finding an appropriate term for the domain that covers the APA categories of standards of Human Relations and Privacy/Confidentiality would be to refer to the domain partly by using a general terminology, such as "General and Nonclinical Contact." This term would fit the pattern for the other domains, which are labeled as preclinical/pre-professional contact, clinical contact, and so on.

In this regard, I refer to the present domain of grouped categories of standards in the APA ethics code under discussion in a way that combines the aspects of people protection and nonclinical work. That is, the inclusive term that makes sense to best fit the terms of human relations and their protection generally, e.g., concerning respect for information, could be called "General and Nonclinical Contact (including People/Information Protection)." By this, I mean that there is an active engagement with the non-patient/non-client entity, and the preliminary meeting with patients/clients including sensitivity in dealing with them and protection of their privacy and information. Clearly, this inclusive title for this domain is too cumbersome even if it captures its essence. Therefore, in what follows, often, I refer to this domain simply as "General and Nonclinical Contact." Also, there is the issue of whether there should be a sixth domain by splitting off the confidentiality/privacy

issue from the domain being discussed. The solution that I propose in the next section of the present chapter involves sub-domains, which amounts to a solution parallel to splitting off this confidentiality/privacy topic from the domain being discussed. Note that no matter if one creates a separate domain for these types of categories of standards or a sub-domain, one should add to its standards those related to the complementary issue of informed consent. Also, one could refer to all confidentiality/privacy anonymity issues in terms of a meta-domain that involves all other domains.

Clinical Contact As indicated previously, clinical contact constitutes primary work of psychologists, and a domain of categories of standards should be dedicated to this aspect of our work. Therefore, it makes sense to encompass the APA categories of standards related to active work with patients/clients, which concern 9, Assessment, and 10, Therapy, into a single domain of categories of standards. I would add the topic of Diagnosis to the category of Assessment and also the topic of Interventions generally to that of Therapy.

Research and Training-Teaching Contact The topics of 7, Education/Training, and 8, Research/Publication, constitute two remaining category of standards in the APA ethics code. I would add the topic of Teaching to complete this nonclinical category. Note that the categories that I have labeled clinical also can apply to the nonclinical context (e.g., informed consent in research). Especially for informed consent, it might be appropriate to rearrange, add to, delete, etc., these standards, or meta-domain, along and their organization, e.g., including them in a separate domain, or sub-domain, or meta-domain, along with confidentiality/privacy, as mentioned.

Professional Governing Contact The first set of standards in the APA ethics code especially includes those relating to one's professional regulatory body. Any other standards in the category not dealing with this topic should be separated from the category, given their lesser importance. Moreover, I query whether this domain of standards should be considered the first one in the recommendations for the revised APA ethics code being proposed, which would be consistent with the placement of this particular category of standards in the APA ethics code; it starts off the 89 standards involved in the code I turn to this issue in the next section of the present chapter, and later conclude that this domain should not be the first one in any revision of the APA ethics code.

2.5.4 Five Domains of Ethical Standards

Given these considerations, I suggest that the standards in the APA ethics code are placed into five classes of categories or domains that are enumerated in the following: (1) Preclinical/Pre-professional Contact (including on competence, getting an education and training, and matters of business), (2) General and Nonclinical Contact (Including People/Information Protection), (3) Clinical Contact (including patient/client assessment, diagnosis, therapy), (4) Professional Governing Contact (including dealing with one's regulatory body or other authority), and (5) Research and

Training-Teaching Contact. This new proposed organization of the ten categories of standards in the APA ethics code into five domains might necessitate revising some of the standards, moving some of them, adding others, and so on. Later in the present work, I show what is needed in revising the standards in the APA ethics code in these regards. As shall be shown, the most changes that are suggested relate to the first of the ten categories of standards in the APA ethics code, which concern dealing with one's regulatory body or other authorities, in particular. Moreover, note that the order of the five domains being proposed for the ten categories of standards in the APA ethics code does not place the domain first in the list, unlike the case for the equivalent category of standards in the APA ethics code. Dealing with possible ethical violations professionally is crucial, but an ethics code should provide other standards before those involving such matters, e.g., on dealing with patients/clients.

2.5.5 Sub-domains

In order to create specificity about particular aspects of the five domains of categories of ethical standards that have been described, the next section of the chapter presents the sub-domains that are implicit in the descriptions of the domains that have been offered. This division of the domains into sub-domains might appear redundant as they appear to simply refer to the ten original categories of standards in the APA ethics code. However, the map of sub-domains that emanates from the description of the domains in the above leads to a different structure compared to the ten categories of standards in the APA ethics codes (see Table 2.6).

Table 2.6 Toward revising the APA ethics code: five domains of standards

Concept	Content
1. Patient/Client Clinical Contact (includes assessment, diagnosis, and therapy)	Refers to all aspects of the encounter with patients/clients once the referral is made and the preliminaries related to explaining fees and getting informed consent is attended to
2. Preclinical/Pre-professional Contact (including education, training, competence, business)	This domain includes the education and training phases of psychologists, their behavior when under supervised practice, and the steps they might take to extend their competence once licensed. It includes record keeping and financial aspects
3. General and Nonclinical Contact (includes consulting)	Concerns relating to people toward protecting them and their information, in general. Includes getting informed consent
4. Research and Training-Teaching Contact	Research constitutes a major source of ethical violations, including biases in conducting researches aside from not getting appropriate informed consent. Teaching involves presenting scientifically informed and challenging material, etc. Graduate and trainee supervision requires training our charges ethically
5. Professional Governing Contact (including with one's regulatory body, one's organization)	Includes dealing with one's professional psychological regulating or licensing board or body and knowing and adhering to the legal and practice guidelines in the profession within one's jurisdiction

Moreover, in the presentation of the five domains of ethical categories of standards in what follows, note that I refer to "secondary sub-domains" and even these can be split, as in a branching tree model. The purpose of such splitting of ethical standards in an ethics code into a hierarchical map of standards within domains is that it allows for greater organization and understanding of their structure, meaning, and need.

In this regard, the domain of Preclinical/Pre-professional Contact refers to the sub-domains of Competence and of Business. Competence includes the secondary sub-domains of Getting Education and Training and of Getting and Maintaining Competence. Business includes the sub-domains of Advertising and Other Public Statements and of Record Keeping and Fees. These sub-domains can be split into

Table 2.7 Proposed domains, sub-domains, and secondary sub-domains of ethical standards

Domains	Sub-domains	Secondary sub-domains
1. Clinical Contact	Practitioner-Patient/Client Relationship	Practitioner Responsibilities
		Patients/Clients Rights
	Assessment	General Assessment
		Tools and Tests
	Diagnosis	General Diagnostics
		Use of Manuals
	Therapy	General Therapeutics
		Special Topics
2. Preclinical/Pre-professional Contact	Competence	Getting Education and Training
		Getting and Maintaining Competence
	Business	Advertising
		Other Public Statements
		Record Keeping
		Fees
3. General and Nonclinical Contact	General Human Relations	Consulting and Protecting People
	Informed Consent	Informed Consent
	Privacy and Confidentiality	Privacy
		Confidentiality
4. Research and Training-Teaching Contact	Research	General Research Issues
		Conducting Research
	Training-Teaching	Training
		Teaching
5. Professional Governing Contact	Regulatory Body Contact	Serious Complaints/Formal Investigation
		Minor Complaints/Informal Investigation
	One's Organization Contact	Serious Complaints/Formal Investigation
		Minor Complaints/Informal Investigation

the secondary sub-domains of Advertising, Other Public Statements, Record Keeping, and Fees. This organization of psychologists' work differs from the one in the APA standards by including Education and Training with Competence and sub-dividing competence in terms of achieving it and maintaining it (see Table 2.7).

As for General and Nonclinical Contact, the sub-domains refer to General Human Relations and Informed Consent, Privacy, and Confidentiality. General Human Relations can be split into Consulting and Protecting People. Informed Consent, Privacy, and Confidentiality can be split into its three components. This organization of the work of psychologists differs from the one according to the APA standards especially by grouping together everything about informed consent with privacy and confidentiality.

With respect to the domain of Clinical Contact, the sub-domains would be Practitioner-Patient/Client Relationship, Assessment, Diagnosis, and Therapy/Intervention. Practitioner-Patient/Client Relationship can be split into Practitioner Responsibilities and Patients/Clients Rights. Assessment can be split into General Assessment and Tools and Tests. Diagnosis can be split into General Diagnostics and Use of Diagnostic Manuals. Therapy can be split into General Therapeutics and Special Topics. This arrangement of the work of psychologists differs from the approach in the APA standards by adding the areas of Practitioner-Patient/Client Relationship and Diagnosis. Note that the area of Practitioner-Patient/Client Relationship was added especially based on the AMA ethics code (American Medical Association, 2017) because its very first standard (termed "opinion") concerns responsibilities of patients/clients and practitioners.

In relation to Research and Training-Teaching Contact, the sub-domains are Research and Training-Teaching. The secondary sub-domains for Research would include General Research Issues and Conducting Research. The Training-Teaching sub-domains can be split into its components. This organization of a psychologist's work relative to the organization in the APA approach in its presentation of its standards spans teaching generally to training.

For the fifth and final domain of Professional Governing Contact, the sub-domains concern Regulatory Body Contact and One's Organization Contact. The latter is distinct from consulting with an organization, which would be covered in the third domain. This aspect of the organization of the work of psychologists focuses on the complaint/disciplinary component in a psychologist's work, as well as the rules and their violation in working within an organization. It differs relative to the organization of equivalent standards in the APA ethics code by having standards exclusively on these two aspects.

The last section of the present chapter deals with the organization of the standards in the CPA ethics code. As mentioned, the standards of the APA ethics code relative, to those of the CPA one offer a better basis for revising the APA ethics code in terms of standards despite the advantages offered by the principles in the CPA ethics code for revising the principles of the APA ethics code.

2.5.6 CPA

The ethical standards in the CPA code of ethics are arranged under its four ethical principles. For Respect for Dignity of Persons/Peoples, there are 10 categories of standards ranging from 2 to 11 in amount, for a total of 47 standards. Relative to the APA standards, one finds in the CPA at this juncture many concerning privacy/confidentiality/consent and respect/rights/non-discrimination/fairness/protection.

The CPA ethical principle of Responsible Caring contains 56 standards arranged into 8 categories, ranging from 2 to 12 standards. Their contents concern maximizing benefit/reducing harm/offsetting/correcting harm, as well as general caring, in particular. One also finds standards on competence and animal care (research), which the APA has included elsewhere in its standard category organization.

The principle of Integrity in Relationships is the third one in the CPA ethics code. It subsumes 37 standards under its rubric, ranging from 2 to 10 in its 7 categories. The latter include ones on the APA's emphasis in its principle of integrity, which, for it, concerns accuracy/honesty/objectivity/lack of bias/straightforwardness/openness and the like. The CPA adds here categories related to deception and conflict of interest, in particular.

The fourth CPA ethics code principle is the one of Responsibility to Society. It covers 30 standards grouped into 5 categories having from 2 to 11 standards. They are generic and involve development, beneficial activities, and respect, in particular.

In total, therefore, over the four CPA ethical principles, there are 170 standards that are grouped into 30 categories. By way of comparison, recall that the APA code contains only 10 categories of standards that involve only 89 standards, which is about half the amount of those in CPA code.

2.6 Chapter Conclusion

To this point, I have analyzed the APA and CPA ethics codes toward revising the APA ethics code and developing a universal mental health ethics code. I have reworked the respective five and four principles in the two codes under discussion toward developing five core ethical principles for the proposed revision of the APA code and for a universal mental health ethics code. In addition, I have suggested that there should be a hierarchical organization in the principles involved, e.g., core principles vs. secondary principles, principles generally vs. sub-principles, and meta-principles vs. general principles. This chapter has focused on developing the five proposed core ethical principles that seem required toward revising the APA ethics code and that can serve the construction of a universal mental health ethics code. In this chapter, also, I have attempted to relate the various categories of standards in the APA ethics code to five domains, referring to clinical vs. nonclinical and people/patient, professional, and wider domains (e.g., research and

training-teaching), in particular. As well, I have suggested sub-domains of standards that would branch within the domains.

The recommendations that appear evident in this chapter toward revising the APA ethics code and in developing a universal mental health ethics code all relate to better organization of the principles and standards involved, as well as offering a better conceptual structure for them. In particular, this chapter has explored the theoretical bases for the suggested core principles toward revising the codes under discussion and also has offered a more coherent grouping of domains of standards according to the type of contact and contactee in psychologists' work.

The next chapter continues with development of the proposed core principles suggested as replacements for the extant principles in the APA ethics code. In particular, the five principles that are involved are described more explicitly, and also sub-principles for them are created in the process. These five proposed ethical principles toward revising the APA ethics code and toward creating a universal mental health ethics code are considered core ones. In addition, the next chapter also specifies the five supplementary ethical standards in the revisioning being described for ethics codes, especially by proposing five sub-principles for each of them, too.

References

American Medical Association. (2017). *Code of medical ethics*. Chicago, IL: Author.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologists, 57*, 1060–1073.

American Psychological Association. (2010a). *Ethical principles of psychologists and code of conduct* (2002, Amended June 1, 2010). Retrieved from http://www.apa.org/ethics/code/principles.pdf

American Psychological Association. (2010b). 2010 Amendments to the 2002 "Ethical principles of psychologists and code of conduct". *American Psychologist, 65*, 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the "ethical principles of psychologists and code of conduct" (2002, as Amended 2010). *American Psychologist, 71*, 900.

Beauchamp, T. L., & Childress, J. F. (2012). *Principle of biomedical ethics* (7th ed.). New York: Oxford University Press.

Blatt, S. J. (2008). *Polarities of experience: Relatedness and self-definition in personality development, psychopathology, and the therapeutic process*. Washington, DC: American Psychological Association.

Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, Ontario, Canada: Author.

Canadian Psychological Association. (2017). *Canadian code of ethics for psychologists* (4th ed.). Ottawa, Ontario, Canada: Author.

Deci, E. L., & Ryan, R. M. (1995). Human autonomy: The basis for true self-esteem. In M. H. Kernis (Ed.), *Plenum series in social/clinical psychology. Efficacy, agency, and self-esteem* (pp. 31–49). New York: Plenum.

Erikson, E. H. (1980). *Identity and the life cycle*. New York: Norton.

Forbes, D. L. (2011). Toward a unified model of human motivation. *Review of General Psychology, 15*, 85–98.

Haidt, J. (2012). *The righteous mind: Why good people are divided by politics and religion*. New York: Pantheon.

International Union of Psychological Science. (2008). *Universal declaration of ethical principles for psychologists*. Retrieved from http://www.iupsys.net/about/governance/universal-declaration-of-ethical-principles-for-psychologists.html

Janoff-Bulman, R. (2009). To provide or protect: Motivational bases of political liberalism and conservatism. *Psychological Inquiry, 20*, 120–128.

Kenrick, D. T., Griskevicius, V., Neuberg, S. L., & Schaller, M. (2010). Renovating the pyramid of needs: Contemporary extensions built upon ancient foundations. *Perspectives on Psychological Science, 5*, 292–314.

Knapp, S. J., Gottlieb, M. C., & Handelsman, M. M. (2015). *Ethical dilemmas in psychotherapy: Positive approaches to decision making*. Washington, DC: American Psychological Association.

Landau, R., & Osmo, R. (2003). Professional and personal hierarchies of ethical principles. *International Journal of Social Welfare, 12*, 42–49.

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*, 370–396.

Maslow, A. H. (1970). *Motivation and personality* (2nd ed.). New York: Harper and Row.

Pope, K. S. (2016). The code not taken: The path from guild ethics to torture and our continuing choices. *Canadian Psychology/Psychologie canadienne, 57*, 51–59.

Walsh, R. T. G. (2015a). Introduction to ethics in psychology: Historical and philosophical grounding. *Journal of Theoretical and Philosophical Psychology, 35*, 69–77.

Walsh, R. T. G. (2015b). Bending the arc of North American psychologists' moral universe toward communicative ethics and social justice. *Journal of Theoretical and Philosophical Psychology, 35*, 90–102.

Young, G. (2011). *Development and causality: Neo-Piagetian perspectives*. New York: Springer Science + Business Media.

Young, G. (2016a). *Unifying causality and psychology: Being, brain, and behavior*. Cham, Switzerland: Springer.

Young, G. (2016b). A broad ethics model for mental health practice. *Ethics, Medicine and Public Health, 2*, 220–237.

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