



Ethics Code*

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INTRODUCTION

(N.B. *The terms psychologist, counselor, clinician, therapist, psychotherapist, and professional are used interchangeably throughout this document*)

Ethics are the cornerstone of professional and personal integrity. These principles, developed through years of collaboration between professional peers, colleagues, experts, and the law, are intended to provide the framework for providing therapeutic services to people who may be vulnerable and easily exploited. Additionally, a code of ethics is purposefully constructed so as to govern the professional interactions between colleagues and peers, guide research protocols, and protect the public from harm.

Conflicts involving ethical questions must be thoughtfully considered and carefully resolved. An ethical conflict by its very nature has the potential to cause harm to one or more parties involved. This situation is considered a dilemma and skill in the interpretation and application of the five, interrelated principles of ethics (*duty, individual entitlement, fairness & equality, calculation of cost/benefit, & self-interest*) is vital. Such dilemmas are not easily resolved, and a process of consultation with learned, experienced colleagues may be required to bring about a decision which, while minimizing harm, may be difficult for all parties. This is a risk factor inherent in all conflict. It remains the responsibility of the clinician to make a final decision and act accordingly.

As professionals, psychologists have a duty to know and understand ethical principles, to abide by them, and to seek expert counsel when conflicts arise in the course of professional practice. When the ethical conflict is clear, decision making may be straightforward, but when there is conflict between ethical principles or codes, a determination regarding giving priority to certain ethical principles may be required in order to arrive at the best possible decision under the circumstances. If at the end of this process a decision is not possible, it is the responsibility of the psychologist to consult with the Ethics Committee which is tasked with providing ethically-defensible option(s). It is again the responsibility of the individual professional to implement the decision which results from this process.

In all all circumstances, The steps involved in the ethical decision making process are:

- Identifying the ethical problem and the context it has occurred
- Identifying possible alternatives for action
- Identifying the short- and long-term costs and benefits of each action
- Choosing one of the action alternatives after assessing all the ethical principles and standards
- Taking action and taking responsibility for the consequences
- Evaluating the consequences of the action that has been taken
- Considering other alternatives, if the problem has not been resolved.

The purpose of the ethics code and the entrenchment of standards of conduct is to support professional practice and to provide consistent guidelines whereby psychologists might incorporate ethical decision-making as a part of customary practice.

I. GENERAL ETHICAL PRINCIPLES AND STANDARDS

1. COMPETENCY/ADEQUACY

Counselors take the responsibility to complete the formal education that is in accordance with the international standards and the requirements of the Middle East Psychological Association and maintain it at the highest level. Psychologists try to become aware of their personal and professional qualities and skills and take the necessary steps in order to improve themselves. Based on this awareness, psychologists need to assess their own competency while taking on a new endeavor.

1.1 Competence and boundaries of competence

Therapists achieve competence by completing the formal education which is in accordance with the international standards, the requirements of education and equivalency entailed by the laws of State of Kuwait regarding higher education and the requirements of the Middle East Psychological Association, and work in areas only within the boundaries of their competence, based on their education, personality characteristics, experience and skills.

1.2 Maintaining and developing competence

In order to maintain and develop competence, psychologists, besides the formal education that is needed for their field, follow the scientific developments and necessary training on a consistent base and integrate all this with their experience.

1.3 Assessing one's competence

Psychologists, prior to undertaking any kind of work in any subspecialty, assess whether they have adequate professional knowledge, skills and experience necessary for this area. If clinicians find themselves to be incompetent in such an area, they may work by obtaining training and/or supervision in order to improve themselves. If psychologists decide that they are not competent in a particular area, the person or the institution that is in need of service is referred to a colleague competent in that area.

1.4 Conditions that may prevent performing work-related duties in a competent manner

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

(b) When professionals become aware of personal problems that may interfere

with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties (See also Standard 7.7, Terminating Therapy)

1.5 Ethical awareness

Psychologists are aware that they have the responsibility to be familiar with the ethical principles and standards adopted by Middle East Psychological Association, apply the appropriate ones in case of ethical dilemmas, and if necessary initiate the ethical decision making process and consult with colleagues. Finally they take the necessary steps in order to accomplish this.

2. HUMAN RELATIONS

Psychologists use their knowledge and practices in a way that is in the best interest of their clients- either people or institutions, and avoid taking actions which may be of harm to them.

2.1 Consideration of the best interest

Psychotherapists practice in a way that is appropriate for the needs of their clients- people, institutions- and support their development and take into consideration their best interest.

2.2 Avoiding harm

Psychologists avoid taking actions that may be of harm to clients or institutions, research participants, students, supervisees, and experiment animals. Psychologists do not misuse psychological knowledge or practices. Necessary precautions are taken in order to minimize foreseeable and inevitable harm and people are informed of all this in advance.

2.3 Avoiding exploitation

Counselors try to gain awareness regarding their role in the professional relationship, their personal needs, attitudes and values; they do not use their power or status in a way that would endanger their clients' (person or institution) commitment or trust.

2.3.1 Avoiding sexual involvement

Psychologists do not engage in sexual harassment, sexual solicitation, physical advances, or verbal &/or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a therapist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows this or is told this -or- (2) is sufficiently severe or intense as to be abusive to a reasonable person in the context. Sexual

harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

Psychologists are aware that intimacy or sexuality may, directly or indirectly, affect their relationship with the client. Thus, they avoid turning the relationship into a private or sexual one since these kind of relationships diminish the distance, destroy the professional relationship, lead to conflict of interest and harassment and above all harm the client that is being served.

Clinicians do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.

2.3.2 Avoiding sexual involvement with therapy clients/patients

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

(b) Therapists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances.

Psychologists who engage in such activity after two the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of the termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of an adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient.

2.3.3 Other types of harassment

Psychotherapists do not use their knowledge, status and power for their welfare in a way that exploits labor or financial resources of their clients, students, supervisees, research participants, institutional clients or people at work place.

2.4 Dual relationships

Definition: While in a professional relationship with a client, when psychologists take on an additional role or engage in a relationship with someone who is closely associated with their client, it is called a dual relationship. In addition, the instances where psychologists promise a future relationship with a client or with someone who is closely associated with the client are also considered a "dual relationship".

Therapists avoid getting into a dual relationship that may impair their objectivity, competency, or effectiveness or that may result in exploiting or

harming their clients.

Dual relationships may not be considered unethical if they do not impair psychologists' competency or do not exploit or bring harm to their clients (ex: in a small community, attending public social events which may also be attended by clients).

If psychologists engage in a dual relationship without their awareness, they try to resolve this situation in a manner that protects the best interest of all parties involved and in a manner that is appropriate to the ethical principles.

2.5 Avoiding misuse

Clinicians do not use their knowledge as a tool for psychological pressure and avoid actions as such:

- (a) Psychologists do not force people for information or for confession. In doing research, they explain the purpose of the research in advance and take participants' permission
- (b) Psychologists do not force clients into declaring, denying or changing their worldview, sexual orientation, political, religious and moral values.

3. RESPONSIBILITY

Counselors are aware of their professional and scientific responsibilities to persons and/or institutions they are serving and the society they live in. Psychologists are aware of the quality and consequences of their professional activities, as well as the fact that others perceive them as a representative of a scientific field.

3.1 Ethical responsibility

Psychologists may face ethical dilemmas while they are engaged in professional activities and are responsible for solving these dilemmas. In the instances where professionals cannot resolve the ethical dilemma on their own, they can consult with colleagues or the MEPA Ethics Committee.

3.2 Maintaining confidentiality

Psychologists are obliged to protect confidential information obtained through people and institutions to whom they provide services.

- (a) Therapists discuss with people and institutions to whom they provide services the limits of confidentiality and the foreseeable uses of the information generated through their psychological activities.
- (b) Limits of confidentiality are discussed at the outset of the professional relationship unless it is not feasible or is contraindicated.

3.3 Maintaining confidentiality of the records

Psychologists protect all information, assessment, visual records or written material that belong to a person or an institution.

- (a) Psychologists are obliged to get consent from those whom they provide services before recording their voice and/or image.
- (b) Counselors may discuss confidential information with professionals only for appropriate scientific or professional purposes given they protect the identification of their client. They do not disclose confidential information obtained through professional activities to media, they protect those for whom they provide psychotherapy from being exposed in media. Psychologists give information only necessary and relevant for the purposes of a written or an oral report, during supervision or consultation.
- (c) Psychologists may disclose confidential information to third parties given they get consent from the individual, institution, or the legal guardian.
- (d) Conditions under which confidentiality may not be maintained:
 - If the person being served has already harmed and/or will harm himself, the psychotherapist or a third party.
 - All harassment situations involving a child or an adolescent who is under the age of **21**, an elderly or a person with a mental impairment who are legally incapable.

3.4 Use of confidential information for didactic or other purposes

Psychologist does not disclose information that may lead to the identification of his clients, students, research participants, institutional clients, and other people to whom he provides services in articles, during classes, training, or public statements. Except when:

- The person or the institution's identification is adequately disguised
- The person or the institution has given written consent.

3.5 The responsibility to inform accurately

Psychologists, at the outset of the professional relationship, inform the client or the institution to whom they provide services, about the nature and anticipated course of therapy, get their consent and makes a contract. While making an assessment or an intervention, clinician need to take the responsibility to be sure that they have disclosed accurate results to those whom they provides services.

3.5.1 Informed consent for services

When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or is otherwise provided in this Ethics Code.

- (a) When obtaining informed consent to therapy as required psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers (see also Standard 7.1 Informed Consent to Therapy).
- (b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, therapists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation.
- (c) When the therapist is a trainee and the legal responsibility for treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

3.6 Extended responsibility

- (a) Psychologists have the responsibility to act in an ethical manner to their assistants, students, supervisees or supervisors in the scientific and professional arena. While doing this, they need to teach and learn various psychological techniques, the weaknesses and strengths of such techniques, and ethical principles and standards (see 7 for responsibilities of psychologists who provide psychotherapy)
- (b) If within their power, counselor ensure that colleagues whom they work with have the adequate education and training and that they are competent.

4. INTEGRITY

Psychologists adopt the principles of accuracy, honesty, and neutrality in the science, teaching and practice of psychology. Psychologists avoid harming clients through deception, fraud, or intentional misrepresentation of facts. Psychotherapists try to keep their promises and avoid making unrealistic and unclear promises. Psychologists strive to ensure integrity in research, education and practice. Psychologists are neutral, respectful towards everyone and all institutions to whom they offer services, clearly define their role in all areas of work.

4.1 Avoidance of false or deceptive statements in introducing one's self

Therapists do not make false, deceptive, or fraudulent statements concerning their:

- (a) Training, experience, or competence
- (b) Academic degree
- (c) Credentials
- (d) Institutional or association affiliations
- (e) Services
- (f) Scientific or clinical basis for, or results or degree of success of, their services
- (g) Fees
- (h) Publications or research findings.

4.2 Provision of accurate information

As psychologists provide information, they ensure that the information given is objective and accurate. While doing this, psychologists avoid causing wrong perceptions about the profession or giving harm to the science and profession of psychology.

4.3 Financial arrangements

Clinicians inform clients/institutions as early as is feasible in the professional relationship about the financial arrangements.

4.4 Honesty in public statements

While making public statements (in advertisement and speeches, handouts and leaflets, course notes, and resumes that may be obtained through mass media), psychologists do not knowingly provide false, deceptive or fraudulent information regarding their services, research findings, people or institutions they are affiliated with. Psychologists refrain from making statements regarding issues that are beyond their expertise.

4.5 Public statements through media

While using media (via radio, television, print, internet, or other electronic transmission), professionals take precautions to ensure that their statements are based on scientific knowledge and consistent with the Ethics Code.

4.6 Avoidance of advertisement statements

Psychologists do not solicit testimonials from those persons /institutions who are recipients of their service or from those who because of their particular circumstances are vulnerable to undue influence.

4.7 Creating an environment for personal advantage

Psychologists do not influence or direct people for provision of service from themselves. This rule can be omitted in some special situations on behalf of the public (i.e. in case of a natural disaster).

5. RESPECT FOR PEOPLE'S RIGHTS AND AVOIDANCE OF DISCRIMINATION

Professionals respect the dignity and the rights of all people under all circumstances. Psychologists do not make discriminations based upon age, identity, gender, sexual identity, sexual preference, ethnic background, religion, socioeconomic status, or disability.

5.1 Respect for clients

Psychologists respect the confidentiality, freedom and choice of their clients and/or the institutions to whom they give service; as well as take reasonable precautions to protect these rights. Counselors do not put pressure on or discriminate recipient of his services on issues regarding age, identity, gender, sexual identity, sexual preference, ethnic background, religion, socioeconomic status, or disability.

5.2 Respect for colleagues

Psychologists respect the knowledge, viewpoint, experience, responsibility and expertise of their colleagues and other professionals. Therapists do not discriminate against age, identity, gender, sexual identity, sexual preferences, ethnic background, religion, socioeconomic status, and disability.

5.3 Awareness of personal problems

Psychologists are aware of personal /restrictions and or problems stemming from their personal, cultural or social background or their sexual preference that may interfere with performing work-related duties adequately. Psychologists take appropriate measures in order to minimize these interferences.

5.4 Avoiding misuse of one's expertise

Counselors respect the basic rights, freedom, dignity and values of all individuals. They do not misuse their expertise in harming, abusing, directing or suppressing these people.

II. ETHICAL STANDARDS REGARDING SPECIAL AREAS

6. STANDARDS ABOUT EDUCATION

6.1 Design of education programs

- (a) Psychologists who provide training evaluate their own competency in terms of the conditions set by the Turkish Psychology Association (see standards about competency).
- (b) Clinicians are responsible for the provision of training that ensures adequate knowledge and proper experiences. They also take the responsibility of designing programs that are appropriate for the target population.
- (c) Programs are designed in such a way that the minimal personal information about the participants is received.
- (d) Psychologists aim to provide training programs that adequately build the necessary skills and knowledge base for licensure and certification.

6.2 Description and presentation of education programs

Psychologists present the accurate description of the program content, training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program (participation and supervision). Therefore, therapists are obliged to give accurate description of the educational program or training in brochures, catalogs, and announcements, as well as in advertisement process.

6.3 Accuracy and objectivity in teaching

- (a) Psychologists take reasonable steps to present the course syllabus accurately regarding the subject matter to be covered, evaluation process, and the nature of course experiences. Students are made aware of possible modifications.
- (b) When engaged in teaching or training, psychologists present latest (actual) and accurate psychological information.

6.4 Forcing students to disclose personal information

Clinicians do not force students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with significant others, and political preferences. There are exceptions to this rule if

(1) the program or training institution has clearly identified this requirement in its admissions and program materials

-or-

(2) the information is necessary to evaluate, direct or to obtain assistance for students whose personal problems hinders their training or performances in

related activities in a competent manner or posing a threat to the students or others.

6.5 Assessing student and supervisee performance

- (a) In academic and supervisory relationships, psychologists are responsible for providing a timely and accurate description regarding criteria of success and the conditions of feedback and the evaluation process.
- (b) Psychologists evaluate students and supervisees in terms of their actual performance and attendance relevant of the program to which they attend.

7. ETHICAL STANDARDS ABOUT PSYCHOTHERAPY

7.1 Informed consent to therapy

- (a) Psychotherapists have the right to choose not to accept a client based on their evaluation that the client will not benefit from their service.
- (b) Psychologists inform clients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality. They provide sufficient opportunity for the client to ask questions and receive answers
- (c) When the client is a minor or not in the condition of making their own decisions, then permission is obtained from the parents or from the legal guardian. In such a case the privacy rights of the client is protected as much as possible
- (d) Psychologists recognize and protect the free will power of the client. According to this principle, client has the right to begin or end the treatment whenever he wants to. Even in circumstances in which the person does not willingly come to therapy (i.e., work with children, when psychological services are court ordered or an emergency case) professionals are obliged to establish rapport.
- (e) When the therapist is a trainee; the legal responsibility for the treatment provided belongs to the supervisor. The client is informed about this situation in the beginning of treatment.

7.2 Couple Therapy or Family Therapy

- (a) When psychologists provide services to several persons who have a close relationship (such as spouses, significant others, or parents and children) they take reasonable steps to clarify at the outset:
 - which individuals are clients and
 - the nature of relationship the psychologist will have with each person.

This clarification includes the therapist's role and the probable uses of the services provided or the information obtained.

- (b) If it becomes apparent that psychologist may be called on to perform

potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologist takes reasonable steps to clarify and modify, or withdraw from, roles appropriately.

7.3 Group Therapy

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

7.4 Unconventional psychotherapy settings

Settings in which telephone calls, e-mails, chat, video-conference calls are used from the beginning of the psychotherapeutic relationship include risks that are not expected in face-to face therapies (loss of non-verbal cues and resulting misunderstandings, problems about the emotional depth, the setting not serving the best interests of clients). There is a great debate about these settings regarding whether they can really be an alternative to traditional therapy methods. If service is provided through these unconventional settings, it is mandatory to follow all the ethical rules that are included in this code. Due to the nature of the unconventionality of the setting, when there is a conflict with these ethical rules, services as such should be avoided.

7.4.1 Informed consent in unconventional psychotherapy settings

If psychotherapy will be provided in unconventional psychotherapy setting, psychologists inform their clients of the (a) nature of the treatment, (b) the therapist, (c) the potential risks involved, (d) ways to eliminate these risks, and (e) alternative treatments that may be available.

7.4.2 Factors that must be taken into consideration in unconventional psychotherapy settings

If service is provided through these unconventional settings, psychologists are obliged to follow this Ethical Code as is required for face to face psychotherapy settings and evaluate the service they provide as well as the conditions of confidentiality.

7.5 Providing therapy to those served by other professionals

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

7.5.1 Emotional and sexual intimacies

Psychologists do not engage in sexual intimacies with current therapy clients, as well as with relatives or significant others of current therapy clients.

7.5.2 Risk situations to initiate psychotherapy

Professionals do not accept persons with whom they have engaged in emotional and sexual intimacies or other reciprocal beneficiary relationships as therapy clients.

7.6 Interruption of therapy

If psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's financial limitations, psychologists are responsible for finding a resolution with paramount consideration given to the welfare of the client.

7.7 Terminating therapy

- (a) Counselors terminate therapy when it becomes reasonably clear that the client no longer needs the service, is not likely to benefit, or is being harmed by continued service.
- (b) Psychologists may terminate therapy when threatened or otherwise endangered by the client or another person with whom the client has a relationship.
- (c) Prior to termination, psychologists provide pre-termination counseling and suggest alternative service providers if needed.

8. ETHICAL STANDARDS ABOUT ASSESSMENT**8.1 Bases for assessments**

- (a) Therapists use assessment instruments whose validity and reliability have been established for use with members of the population tested.
- (b) While choosing the appropriate measures for assessment and using them, psychologists must be aware that such tests are sensitive to and suitable for that culture. Again, clinicians should be careful about the fact that cultural, social characteristics and the mother tongue of that individual can influence the test results. Therefore, psychologists are obliged to inform others about the impact of these factors while reporting test results.
- (c) Psychologists base their opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate his findings.
- (d) Psychotherapists provide opinions on the psychological characteristics of individuals only after they have conducted an adequate examination of those particular individuals that support psychologists' statements or

conclusions. When such an examination is not practical, psychologists document the efforts made and the result of those efforts. Professionals clarify the probable impact of limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations.

8.2 Use of assessments

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

8.3 Informed consent in assessments

(a) Psychologists obtain informed consent for assessments, evaluations or diagnostic services from their clients. Exceptions are:

- When testing is mandated by law or governmental regulations;
- When testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or
- If the purpose of the testing is to evaluate decisional capacity.

(b) Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality. Counselors provide sufficient opportunity for the client to ask questions and receive answers.

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

8.4 Release of (Presentation of) test data

The term “test data” refers to raw and scaled scores, client’s responses to test questions or stimuli, and psychologists’ notes and recordings concerning client statements and behaviors during an evaluation. Those parts of test materials that include client responses are included in the definition of “test data”. Test data will not be given to the client. Upon receiving the consent of the client, the test data may be released to other professionals. Clinicians may refrain from releasing test data to protect a client or others from substantial harm or to safeguard the validity of the test. Psychologists also refrain from providing information to those who are not qualified to interpret the test data.

8.5 Test construction

Psychologists develop culturally appropriate assessment measures and tests. Counselors who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use. When using tests that are translated from another language, psychologists consider the above mentioned issues.

8.6 Interpretation of assessment findings

When interpreting assessment results, therapists pay attention to the various factors that may reduce the accuracy of their interpretations or that might affect psychologists' judgments, the purpose of the assessment and the personal characteristics of the person they are testing (visual disabilities, cultural differences, etc.). Psychologists indicate the limitations of their interpretations and doubts they hold about the validity of his interpretations.

8.7 Assessment by unqualified persons

Counselors do not permit unqualified people to use the psychological assessment techniques. The only exception to this rule applies to those who are in training and are conducting assessment under supervision.

8.8 Obsolete tests and outdated test results

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

8.9 Test scoring and interpretation services

Psychologists retain responsibility for the appropriate application, interpretation, and uses of assessment instruments, whether they score and interpret such tests themselves, or use automated or other services. Psychotherapists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

8.10 Explaining assessment findings

Psychologists explain the findings of the assessment in a manner that is comprehensible, appropriate and truthfully to either the client or the legal representative. If there is a reason for it being inappropriate to report the findings to the person tested (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), this condition is clearly explained to the person being assessed in advance.

8.11 Maintaining test security

Psychologists make efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and copyright issues and in adherence to this Ethics Code.

8.12 Sharing assessment material for educational purposes

When test reports are being used for training purposes, all identifying information as well as the name of the person tested is removed.

8.13 Inappropriate use of tests

Counselors do not use tests outside of their purposes, with inappropriate people and/or conditions, even when the psychometric characteristics of the tests are valid.

9. ETHICAL RULES GOVERNING RESEARCH AND PUBLICATION

9.1 Institutional approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research.

9.2 Obtaining informed consent for research

When obtaining informed consent, psychologists inform participants about (a) the purpose of the research, expected duration, and procedures; (b) their right to decline to participate and to withdraw from the research once participation has begun; (c) the foreseeable consequences of withdrawing; (d) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (e) any prospective research benefits; (f) limits of confidentiality; (g) incentives for participation; and (h) whom to contact for questions about the research and research participants' rights. Therapists provide opportunity for the prospective participants to ask questions.

9.3 Obtaining permission for recording *in any non-written format* in research

Psychologists obtain informed consent from research participants prior to recording their voices or filming them if such recording may reveal personal information and potentially may cause harm for the participants.

9.4 Client, student, and subordinate research participants

(a) When psychologists conduct research with clients, students, or subordinates

as participants, they take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

- (b) When research participation is a course requirement for extra credit, the prospective participant is given the choice of alternatives.

9.5 Conditions that do not require obtaining informed consent

Professionals may not be required to obtain informed consent in two conditions: (a) when the research would not reasonably be assumed to create distress or harm: the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of harming their economic conditions, employability, or reputation, and where confidentiality is maintained; the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected, or (b) where otherwise permitted by law or institutional regulations.

9.6 Offering incentives to research participants

- (a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other incentives for research participation (especially when such incentives are likely to make participation mandatory).
- (b) When offering professional services as an incentive for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations.

9.7 Deception in research

- (a) Psychotherapists use deception in research only when deception is functional due to the scientific, educational, or applied value and only after obtaining institutional approval, if there is such an institution.
- (b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
- (c) Psychologists explain any deception that is necessary for the research design and conducting an experiment to participants as early as is feasible and permit participants to withdraw their data if they wish to do so.

9.8 Providing information to the participants about the research (Debriefing)

- (a) Counselors provide opportunity for participants to obtain appropriate information about the nature and results of the research, and take reasonable steps to correct any misconceptions that participants may have.
- (b) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

9.9 Use and care of animals in research

- (a) Psychologists care for, use, and dispose of animals in compliance with regulations, and with professional standards.
- (b) Clinicians trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals. Psychologists are also responsible for making sure that the animals are not being tortured and are cared for in a healthy environment.
- (c) Psychologists make sure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used.
- (d) Professionals make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
- (e) Psychologists use a procedure subjecting animals to pain, stress, or deprivation only when an alternative procedure is unavailable and the goal is justified by its scientific or educational value.
- (f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
- (g) When it is necessary that an animal's life be terminated, psychotherapists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

9.10 Reporting research results

- (a) Psychologists do not fabricate data or distort the results.
- (b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction letter, attempt to retract the paper, etc.

9.11 Plagiarism

Counselors do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally. The quotations of others' work is done and cited appropriately.

9.12 Publication rights

- (a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. This includes the principle authorship.
- (b) Principal authorship accurately reflects the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Other authors are listed relatively on the amount of contribution they have made. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Other contributions are acknowledged appropriately, such as in footnotes or in an introductory statement.

- (c) Except under exceptional circumstances, a student is listed as the principal author on any multiple-authored article that is substantially based on the student's master's thesis or doctoral dissertation which was the student's original work. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

9.13 Duplicate publication of data

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

9.14 Sharing of data

After research results are published, clinicians do not withhold the data on which their conclusions are based from other professionals who wish to reanalyze the data, and permit such reanalysis after ensuring the confidentiality of the participants. Psychologists who would like to have access to the data for the above mentioned reasons uses the data accordingly and do not submit the data as original data.

9.15 Reviewers for publications:

Professionals who review material submitted for presentation, publication, grant, or research proposal reviews respect the confidentiality of and the copyrights in such information of those who submitted it.

III. RESOLVING ETHICAL PROBLEMS/ISSUES

10. Misuse of professionals' work

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

11. Conflicts between ethics and law requirements

If psychologists' ethical responsibilities conflict with law, counselors consult the Ethical Code to resolve the conflict. If the conflict cannot be resolved in such a way, therapists adhere to the requirements of the law and other legal requirements.

12. Conflicts between ethics and organizational demands

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

13. First step in ethical violations

When psychotherapists believe that there may have been an ethical violation by another psychologist, they bring it to the attention of that individual and warn the person before turning to a more formal resolution.

14. Reporting ethical violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not resolved as described under Rule 13; therapists make a formal complaint to the Middle East Psychological Association's Ethics Committee following the Ethical Rules and Regulations Code.

15. Cooperating with Ethics Committee

Psychologists who have an investigation opened against them cooperate with the Ethics Committee of the Middle East Psychological Association. The Ethics Committee protects the integrity of both parties until the end of the investigation and follows the guidelines for confidentiality. Failure to cooperate is itself an ethics violation.

16. Inappropriate complaints

Professionals do not file ethical complaints to the Ethics Committee that are made with reckless disregard for, inappropriately or with intentional distortion

of the truth. Professionals do not encourage such behaviors in others.

17. Unfair discrimination against complainants and respondents

Psychologists do not discriminate against people who are being investigated nor jeopardize their employment. However, they take the necessary steps following the conclusion of the ethical investigation according to the requirements of the verdict.

18. Effectiveness of this Ethics Code

This Ethics Code is binding after it is accepted by the Charter Board of the Middle East Psychological Association and made public by the organs of the association. It is used concurrently with the Rules and Procedures document also approved by the same association.

This Ethics Code is revised and adapted to conform to the geographical and cultural norms of the Middle East (specifically the State of Kuwait) from the following sources: American Psychological Association, American Association of School Counselors, American Counselors Association, Canadian Professional Counsellors Association, Turkish Psychological Association, and the International Association for Psychological Sciences. The Ethics Committee of MEPA gratefully acknowledges the body of work done by prior associations, (including the ones named above) in crafting sound ethical principles to guide professional psychologists.