

**CODE OF ETHICS**

**FOR PHILIPPINE PSYCHOLOGISTS AND  
PSYCHOMETRICIANS**

**PSYCHOLOGICAL ASSOCIATION OF THE PHILIPPINES**  
**COMMITTEE ON ETHICS AND PROFESSIONAL STANDARDS (2022)**

## PREFACE

The Psychological Association of the Philippines (PAP) adopted a Code of Ethics for Clinical Psychologists in the 1980s, and this Code has remained unchanged since then. In 2007, the Board of Directors of the PAP resolved to constitute a committee to revise the Code of Ethics, with the goal of updating the Code and making it more inclusive and applicable to all psychologists.

In 2008, the PAP Board of Directors appointed immediate past president, Dr. Allan B. I. Bernardo as Chair of the Scientific and Professional Ethics Committee, in compliance with the PAP Charter. The PAP Board also appointed Dr. Ma. Lourdes A. Carandang, Dr. Natividad A. Dayan, Dr. Rosalito De Guzman, and Ms. Anna Guerrero as members of this committee.

Given a clear mandate from the PAP Board, the committee set out to accomplish its task with the assistance of three graduate assistants: Mary Libertine Amor, Mary Grace M. Serranilla, and Sheri Anne C. Zerna. The committee chair and the assistants undertook the preparatory work which involved studying the old Code, and several documents related to ethical standards for psychologists (e.g., the Universal Declaration of Ethical Principles for Psychologists, the ethics codes of the American Psychological Association, the British Psychological Society, the Canadian Psychological Association, among others).

The complete committee conducted a day-long workshop on February 27, 2009 to finalize the proposed Code of Ethics for Philippine Psychologists. The committee was strongly influenced by existing codes from other countries (which is reflected in the scope and structure of the Code), but worked hard to ensure that the Code was contextualized with the realities and constraints within the professional environments that Philippine psychologists do their work.

The first draft of this Code was presented to the PAP Board of Directors on April 18, 2009. This draft was further revised (with the editorial assistance of Reginal Bueno), and finally ratified by the PAP Board of Directors on July 24, 2009.

The PAP shall take steps to ensure that all members of the PAP and the larger community of Philippine psychologists and psychometricians will know, understand, and be properly guided by this Code. As such the PAP will encourage continuous discussions on the Code and any of its specific provisions, with the goal of making the Code a priority concern for all psychology practitioners.

Mindful of the fact that the Code can never completely address all the possible emergent ethical concerns, the PAP encourages all its members to study the Code and make suggestions for its continuous improvement. Members who have suggestions for new provisions or improvements and/or amendments to the old provisions should submit these in writing, with supporting arguments and explanations, to the PAP Board. The Board will regularly discuss such suggestions and adopt amendments to the Code, as may be necessary.

Finally, any person who has a strong basis for asserting that a member of the PAP, especially a registered psychologist and psychometrician, has violated any provision of this Code should inform the PAP in writing, and provide supporting evidence for the assertion. This information should be addressed to the Secretariat of the PAP Committee on Ethics and Professional Standards. Upon receipt of such information, the PAP shall take steps to investigate, make appropriate actions, and place proper sanctions, if necessary.

In the last quarter of 2020, a committee was tasked to revise the Code of Ethics, in view of recent technological developments as well as the implications of the Covid-19 pandemic on the practice of psychology. This revised version also reflects changes aligned with recent legislations pertinent to the

psychology profession, such as RA 10029 or the Philippine Psychology Act of 2009, RA 11036 or the Philippine Mental Health Act of 2018, and RA 10912 or the Continuing Professional Development Act of 2016. The task was initiated by Dr. Ron Resurreccion, Chair of the Committee on the Revision of the Code of Ethics, and continued by Dr. Niño Jose Mateo in the last quarter of 2021. The committee members are the following: Fr. Geraldo Costa, Dr. Ron Resurreccion, Dr. Yayetia Dela Peña, Dr. John Manuel Kliatchko, Ms. Alyssa Kae Alegre, Ms. Florabel Santacera-Suarez and Ms. Florence Culaba. Dr. Jesus Enrique Saplala, PAP Past President, also provided initial comments on the document. The final version was approved by the Board of Trustees on their regular meeting on August 26, 2022.

## DECLARATION OF PRINCIPLES

Psychology practitioners in the Philippines adhere to the following *Universal Declaration of Ethical Principles for Psychologists* that was adopted unanimously by the General Assembly of the International Union of Psychological Science in Berlin on July 22, 2008 and by the Board of Directors of the International Association of Applied Psychology in Berlin on July 26, 2008.

### PREAMBLE

Ethics is at the core of every discipline. The *Universal Declaration of Ethical Principles for Psychologists* speaks to the common moral framework that guides and inspires psychology practitioners worldwide toward the highest ethical ideals in their professional and scientific work. Psychologists and psychometricians recognize that they carry out their activities within a larger social context. They recognize that the lives and identities of human beings both individually and collectively are connected across generations, and that there is a reciprocal relationship between human beings and their natural and social environments. Psychology practitioners are committed to placing the welfare of society and its members above the self-interest of the discipline and its members. They recognize that adherence to ethical principles in the context of their work contributes to a stable society that enhances the quality of life for all human beings.

The objectives of the *Universal Declaration* are to provide a moral framework and generic set of ethical principles for psychology organizations worldwide: (a) to evaluate the ethical and moral relevance of their codes of ethics; (b) to use as a template to guide the development or evolution of their codes of ethics; (c) to encourage global thinking about ethics, while also encouraging action that is sensitive and responsive to local needs and values; and (d) to speak with a collective voice on matters of ethical concern.

The *Universal Declaration* describes those ethical principles that are based on shared human values. It reaffirms the commitment of the psychology community to help build a better world where peace, freedom, responsibility, justice, humanity, and morality prevail. The description of each principle is followed by the presentation of a list of values that are related to the principle. These lists of values highlight ethical concepts that are valuable for promoting each ethical principle.

The *Universal Declaration* articulates principles and related values that are general and aspirational rather than specific and prescriptive. Application of the principles and values to the development of specific standards of conduct will vary across cultures, and must occur locally or regionally in order to ensure their relevance to local or regional cultures, customs, beliefs, and laws.

The significance of the *Universal Declaration* depends on its recognition and promotion by psychology organizations at national, regional and international levels. Every psychology organization is encouraged to keep this *Declaration* in mind and, through teaching, education, and other measures to promote respect for, and observance of, the *Declaration's* principles and related values in the various activities of its members.

**PRINCIPLE I**  
**Respect for the Dignity of Persons and Peoples**

Respect for the dignity of persons and peoples is the most fundamental and universally found ethical principle across geographical and cultural boundaries, and across professional disciplines. It provides the philosophical foundation for many of the other ethical principles put forward by professions. 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. This inherent worth means that all human beings are worthy of equal moral consideration.

All human beings, as well as being individuals, are interdependent social beings that are born into, live in, and are a part of the history and ongoing evolution of their peoples. The different cultures, ethnicities, religions, histories, social structures and other such characteristics of peoples are integral to the identity of their members and give meaning to their lives. The continuity of peoples and cultures over time connects the peoples of today with the peoples of past generations and the need to nurture future generations. As such, respect for the dignity of persons includes moral consideration of and respect for the dignity of peoples.

Respect for the dignity of persons and peoples is expressed in various ways in different communities and cultures. It is important to acknowledge and respect such differences. On the other hand, it also is important that all communities and cultures adhere to moral values that respect and protect their members both as individual persons and as collective peoples.

THEREFORE, psychology practitioners accept as fundamental the Principle of Respect for the Dignity of Persons and Peoples. In so doing, they accept the following related values:

- a) respect for the unique worth and inherent dignity of all human beings;
- b) respect for the diversity among persons and peoples (including those from indigenous communities);
- c) respect for the customs and beliefs of cultures, to be limited only when a custom or a belief seriously contravenes the principle of respect for the dignity of persons or peoples or causes serious harm to their well-being;
- d) free and informed consent, as culturally defined and relevant for individuals, families, groups, and communities;
- e) privacy for individuals, families, groups, and communities;
- f) protection of confidentiality of personal information, as culturally defined and relevant for individuals, families, groups, and communities;
- g) fairness and justice in the treatment of persons and peoples; and
- h) respect for the environment, which ultimately ensures a safe haven for a dignified human existence.

**PRINCIPLE II**  
**Competent Caring for the Well-Being of Persons and Peoples**

Competent caring for the well-being of persons and peoples involves working for their benefit and, above all, doing no harm. It includes maximizing benefits, minimizing potential harm, and offsetting or correcting harm. Competent caring requires the application of knowledge and skills that are appropriate for the nature of a situation as well as the social and cultural context. It also requires the ability to establish interpersonal

relationships that enhance potential benefits and reduce potential harm. Another requirement is adequate self-knowledge of how one's values, experiences, culture, and social context might influence one's actions and interpretations.

Competent caring also covers the delivery of psychological services using online modalities (telepsychology). As such, all ethical principles governing psychological interventions and activities rendered to clients face-to-face shall be applicable for services conducted virtually.

THEREFORE, psychologists and psychometricians accept as fundamental the Principle of Competent Caring for the Well-Being of Persons and Peoples. In so doing, they accept the following related values:

- a) active concern for the well-being of individuals, families, groups, and communities in the delivery of psychological services, whether face-to-face or via online platforms;
- b) taking care to do no harm to individuals, families, groups, and communities;
- c) maximizing benefits and minimizing potential harm to individuals, families, groups, and communities;
- d) correcting or offsetting harmful effects that have occurred as a result of their activities;
- e) developing and maintaining competence;
- f) self-knowledge regarding how their own values, attitudes, experiences, and social contexts influence their actions, interpretations, choices, and recommendations; and
- g) respect for the ability of individuals, families, groups, and communities to make decisions for themselves and to care for themselves and each other.

### **PRINCIPLE III** **Integrity**

Integrity is vital to the advancement of scientific knowledge and to the maintenance of public confidence in the discipline of psychology. Integrity is based on honesty, and on truthful, open and accurate communications. It includes recognizing, monitoring, reporting, 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.

Cultural differences exist regarding appropriate professional boundaries, multiple relationships, and conflicts of interest. However, regardless of such differences, monitoring and management are needed to ensure that self-interest does not interfere with acting in the best interests of persons and peoples.

THEREFORE, psychology practitioners accept as fundamental the Principle of Integrity. In so doing, they accept the following related values:

- a) honest, truthful and prudent, open and accurate communications;
- b) avoiding incomplete disclosure of information unless complete disclosure is culturally inappropriate, or violates confidentiality, or carries the potential to do serious harm to individuals, families, groups, or communities;
- c) maximizing impartiality and minimizing biases;
- d) not exploiting persons or peoples for personal, professional, or financial gain; and

e) avoiding conflicts of interest and declaring them when they cannot be avoided or are inappropriate to avoid.

#### **PRINCIPLE IV Professional and Scientific Responsibilities to Society**

Psychology functions as a discipline within the context of human society. As a science and a profession, it has responsibilities to society. These responsibilities include contributing to the knowledge about human behavior and to persons' understanding of themselves and others, and using such knowledge to improve the condition of individuals, families, groups, communities, and society. They also include conducting its affairs within society in accordance with the highest ethical standards, and encouraging the development of social structures and policies that benefit all persons and peoples.

Differences exist in the way these responsibilities are interpreted by psychology professionals in different cultures. However, they need to be considered in a way that is culturally appropriate and consistent with the ethical principles and related values of this *Declaration*.

THEREFORE, psychology practitioners accept as fundamental the Principle of Professional and Scientific Responsibilities to Society. In so doing, they accept the following related values:

- a) the discipline's responsibility to increase scientific and professional knowledge in ways that allow the promotion of the well-being of society and all its members;
- b) the discipline's responsibility to use psychological knowledge for beneficial purposes and to protect such knowledge from being misused, used incompetently, or made useless;
- c) the discipline's responsibility to conduct its affairs in ways that are ethical and consistent with the promotion of the well-being of society and all its members;
- d) the discipline's responsibility to promote the highest ethical ideals in the scientific, professional, and educational activities of its members;
- e) the discipline's responsibility to adequately train and supervise its members in their ethical responsibilities and required competencies; and
- f) the discipline's responsibility to develop its ethical awareness and sensitivity, and to be as self-correcting as possible.

#### **GENERAL ETHICAL STANDARDS AND PROCEDURES**

We subscribe to the following general ethical standards and procedures as we conduct ourselves in the various aspects of our professional and scholarly activities as psychology practitioners. These general standards and procedures refer to:

- I. how we resolve ethical issues in our professional lives and communities;
- II. how we adhere to the highest standards of professional competence;
- III. how we respect for the rights and dignity of our supervisees (i.e., clients, peers, and students) and our other stakeholders in the profession and scientific discipline;
- IV. how we maintain confidentiality in the important aspects of our professional and scholarly functions;
- V. how we ensure truthfulness and accuracy in all our public statement; and
- VI. how we observe professionalism in our records and fees.

## **I. RESOLVING ETHICAL ISSUES**

### **A. Misuse of the Psychology Professional's Works**

In instances where misuse or misrepresentation of our work comes to our attention, we take appropriate and reasonable steps to correct or minimize the effects of such misuse or misrepresentation.

### **B. Conflicts between Ethics and Law, Regulations or other Governing legal Authority**

In instances where our Code of Ethics conflicts with the law, regulations or governing legal authority, our first step is to take appropriate actions to resolve the conflicts while being committed to our Code of Ethics. However, if the conflicts cannot be resolved by such means, we adhere to the law, regulations or governing legal authority.

### **C. Conflicts between Ethics and Organizational Demands**

In instances where our Code of Ethics conflicts with organizational demands, we make our Code of Ethics known to the organization. We also declare our commitment and adherence to this Code when resolving the conflicts.

### **D. Informal Resolution of Ethical Violations**

When we become aware that another psychology practitioner violated our Code of Ethics, we may resolve the issue by bringing it to the attention of the concerned professional. We do so if informal resolution is sufficient and if the intervention does not violate confidentiality rights.

### **E. Reporting Ethical Violations**

1. If there is likely to have substantial harm to a person or organization, we take further action to report violation of the Code of Ethics to appropriate institutional authorities.
2. However, this does not apply when an intervention would violate confidentiality rights or when we are called to review the work of another psychology practitioner whose professional conduct is in question.

### **F. Cooperating with Ethics Committee**

We cooperate with the ethics investigation, proceedings and requirements of any psychological association we belong to.

### **G. Improper Complaints**

We refrain from filing ethical complaints with reckless disregard or willful ignorance of facts that would disprove allegations of ethical violations. We also refrain from filing complaints without supporting factual evidence, as well as coercing people to file ethical complaints against another person.

### **H. Unfair Discrimination Against Complainants and Respondents**

1. We do not discriminate against complainants and respondents of ethical complaints by denying them employment, advancement, admissions to academic, tenure or promotion.
2. This does not rule out taking appropriate actions based on outcomes of proceedings.

## **II. COMPETENCIES**

### **A. Boundaries of Competence**

1. As specified in Republic Act 10029 (or The Philippine Psychology Act of 2009), only licensed and registered psychologists and psychometricians are legally allowed to practice their profession. Our practice as psychology practitioners are within the boundaries of what the law prescribes.
2. We shall provide services, teach, and conduct research with persons/populations in areas only within the boundaries of our competence, based on our education, training, supervised practicum or internship, consultation, thorough study, or professional experience.
3. We shall make appropriate referrals, except as provided in Standard B, Providing Services in Emergencies, where our existing competencies are not sufficient to ensure effective implementation or provision of our services.
4. When we plan to provide services, teach, or conduct research involving populations, areas, techniques, or technologies that are new to us and/or are beyond our existing competence, we must undertake relevant education, training, supervised experience, consultation, or thorough study.
5. So as not to deprive individuals or groups of necessary services, for which we do not have existing competence, we may provide the service, as long as:
  - a. we have closely related prior training or experience, and
  - b. we make a reasonable effort to obtain the competence required by undergoing relevant research, training, consultation, or thorough study.
6. In those emerging areas in which generally recognized standards for preparatory training do not yet exist, but in which we are required or requested to make available our services, we shall take reasonable steps to ensure the competence of our work and to protect our clients/patients, students, supervisees, research participants, organizational clients, and others from harm.
7. We shall be reasonably familiar with the relevant judicial or administrative rules when assuming forensic roles.

### **B. Providing Services in Emergencies**

We shall make available our services in emergency situations to individuals for whom the necessary mental health services are not available to ensure these individuals are not deprived of the emergency services they require at that time. We shall proceed cautiously in providing the necessary interventions that may be in the form of support, provision of necessary information, or referral. However, we shall immediately discontinue said services as soon as the emergency has ended, and ensure that appropriate competent services are made available.

### **C. Maintaining Competence**

We shall regularly engage in Continuing Professional Development (CPD) activities to ensure our services remain to be relevant and applicable. As such, the accumulation of a prescribed number or CPD points shall be necessary for the renewal of one's professional license, as provided in Republic Act 10912, or the Continuing Professional Development Act of 2016.

### **D. Bases for Scientific and Professional Judgments**

We shall base our work upon established scientific and professional knowledge of the discipline. (See also Standards II.A (e), Boundaries of Competence; VIII.B.(a), Informed Consent to Therapy; V.A, Avoiding of



False Deceptive Statements; V.C, Workshops, Seminars, and Non- Degree-Granting Educational Programs; VII. E, Interpreting Assessment Results; VII.G, Explaining Assessment Results; VIII.F, Competent Practice; IX.C, Accuracy in Teaching)

### **E. Delegation of Work to Others**

In cases where we shall have to delegate work to employees, supervisees, or research or teaching assistants or when using the services of others, such as interpreters, we shall take reasonable steps to:

1. Avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity;
2. Authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided;
3. Inform the client that the task is delegated and they have a choice to discontinue or reschedule; and
4. See that such persons to whom work is delegated are able to perform these services competently.

(See also Standards II.B, Providing Services in Emergencies; III.E, Multiple Relationships; IV.A., Maintaining Confidentiality; VII.A, Bases for Assessments; , VII.C, Use of Assessment Tools; VII.B, Informed Consent in Assessments; VII.I, Assessment by Unqualified Persons; and X.F, Offering Inducements for Research Participation)

### **F. Personal Problems and Conflicts**

1. We shall refrain from initiating an activity when we know or anticipate that there is a substantial likelihood that our personal problems will prevent us from performing work-related activities in a competent manner.
2. When we shall become aware of personal problems that may interfere with performing work-related duties adequately, we shall take appropriate measures, such as obtaining professional consultation or assistance, and determine whether we should limit, suspend, or terminate these work-related duties. (See also Standard 10.10, Terminating Therapy.)
3. It remains our foremost ethical obligation as mental health professionals to take care of our own health and well-being, so that we can continue rendering competent service to others.

## **III. HUMAN RELATIONS**

### **A. Unfair Discrimination**

In our work-related activities, we shall not discriminate against persons based on age, gender, gender identity, race, ethnicity, culture, national origin, regional identity, religion, sexual orientation, exceptionality, occupation, socioeconomic status, educational background, or any basis proscribed by law.

### **B. Sexual Harassment**

We do not engage in sexual harassment as defined in the *Philippine Anti-Sexual Harassment Act (RA No. 7877)*.

### **C. Other Harassment**

We shall not knowingly harass or demean persons with whom we interact in our work on the bases of those persons' age, sex, gender identity, race, ethnicity, culture, national origin, regional identity, religion, sexual orientation, exceptionality, language, occupation, or socioeconomic status.

### **D. Avoiding Harm**

We shall take reasonable steps to avoid harming our clients/patients, students, supervisees, research participants, organizational clients, and others with whom we work, and to minimize harm where it is foreseeable but unavoidable.

### **E. Multiple Relationships**

1. We shall refrain from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair our objectivity, competence, or effectiveness in performing our functions as psychologists or psychometricians, or otherwise risks exploitation or harm to the person with whom our professional relationship exists.

The multiple relationship occurs when a psychology practitioner is in a professional role with a person and at the same time (1) is in another role with the same person or (2) is in a relationship with a person closely associated with or related to the person with whom the psychology practitioner has the professional relationship or (3) promises to enter into a future relationship with that client/patient or a person closely associated with or related to that client/patient.

If however, we shall find that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, we shall take reasonable steps to resolve it with regard for the best interests of the affected person and maximum compliance with the Code of Ethics.

2. When we shall be required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset we shall endeavor to inform the authorities about our Code of Ethics, to clarify role expectations and extent of confidentiality and thereafter as changes occur. (See also Standards III.D, Avoiding Harm, and III.G, Third-Party Requests for Services.)

### **F. Conflict of Interest**

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

### **G. Third-Party Requests for Services**

When we agree to provide services to a person or entity at the request of a third party, we shall attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes our expected role (e.g., test examiner, therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services

provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards II.B, Providing Services in Emergencies; III.E, Multiple Relationships; IV.B, Limitations of Confidentiality; IV.G, Use of Confidential Information for Other Purposes; VII.B (c), Informed Consent in Assessment; VII.G, Explaining Assessment Results; VIII.A., Confidentiality; X.O, Sharing Research Data for Verification; and X.P, Reviewers)

## **H. Exploitative Relationships**

We shall not exploit persons over whom we have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards III.E, Multiple Relationships; VI.D, Fees and Financial Arrangements; \_\_\_\_, Barter with Clients/Patients; IX.G, Sexual Relationships With Students and Supervisees; Sexual Intimacies With Current Therapy Clients/Patients; VIII.D (e), Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; VIII.D (f), Therapy With Former Sexual Partners; and VIII.D (f), Sexual Intimacies With Former Therapy Clients/Patients.)

## **I. Cooperation with Other Professionals**

Whenever necessary and professionally appropriate, we shall cooperate with other professionals in order to serve our clients/patients/students effectively and appropriately. (See also Standard 4.05, Disclosures.)

## **J. Informed Consent**

1. When conducting research or providing assessment, therapy, counseling, or consulting services in person or via electronic transmission, telepsychology or video conferencing, telephone, social media platforms, or other forms of communication, we shall obtain the informed consent of the individual or group of individuals using language that is reasonably understandable to that person or persons and peoples, except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Code of Ethics. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
2. To provide protection for vulnerable persons, peoples, or groups ~~For persons~~ who are legally incapable of giving informed consent, we shall nevertheless (a) provide an appropriate explanation, (b) seek the individual's assent, (c) consider such persons' preferences and best interests, and (d) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, we shall take reasonable steps to protect the individual's rights and welfare.
3. When psychological services are court ordered or otherwise mandated, we shall inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.
4. We shall appropriately document written or clearly expressed unwritten advanced directives, oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

## **K. Psychological Services Delivered To or Through Organizations**

1. When delivering services to or through organizations, we shall provide information beforehand to clients and when appropriate, to those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the

relationship we will have with each person and the organization, (5) the probable uses of the services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, we shall provide information about the results of the conclusions of such services to appropriate persons.

2. In the event that we are precluded by law or by organizational rules from providing such information to particular individuals or groups, we shall so inform those individuals or groups at the outset of the service.

## **L. Interruption of Psychological Services**

Unless otherwise covered by contract, we shall make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations, or even unstable or intermittent internet connections of either or both parties, as in the case of telepsychology. [See also Standards 6.02(c), Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.]

## **IV. CONFIDENTIALITY**

### **A. Maintaining Confidentiality**

It is our duty to safeguard any information divulged by our clients, regardless of the medium where it was stored. It is also our duty to make sure that this information is secured and is not placed in areas, spaces, computers, or gadgets such as laptops and smartphones that are easily accessible to other unqualified persons.

### **B. Limitations of Confidentiality**

1. It is our duty to discuss the limitations of confidentiality to our clients, may it be due to regulated laws, institutional rules, or professional or scientific relationship. In cases where the client is a minor or is legally incapable of giving informed consent, the primary guardian or legal representative should be informed about the limitations of confidentiality.
2. Before the actual interview, session, assessment, or any other related psychological activities, we explain explicitly to the client all anticipated uses of the information they will disclose.
3. We may release information to appropriate individuals or authorities only after careful deliberation or when there is imminent danger to the individual and community. In court cases, information should be limited only to those pertinent to the legitimate request of the court.
4. If the psychological services, products, or information are coursed through an electronic transmission (such as fax, email, etc.), it is our duty to inform the clients of risks to privacy. To safeguard privacy in these cases, the psychology professional must adhere to strict standards and best practices in the transmission of information through the use of encryption, passwords, etc.

### **C. Recording**

It is our duty to obtain consent from clients or their legal representatives before recording the voices or images of the clients. Before the actual recording, we explain explicitly all anticipated uses of recorded voices or images of the clients. (See also section VII.B.)

#### **D. Minimizing Invasions of Privacy**

1. When we consult cases with our colleagues or make written and oral reports, we only reveal information that is relevant to the purpose for which the communication is made.
2. We discuss confidential information we obtained from our work only to persons clearly concerned or only for scientific, medical and professional purposes. In such situations, personal identifiers such as name, address, organizational affiliation, etc. are not disclosed.

#### **E. Disclosures**

1. We take reasonable steps to ensure that information to be disclosed will not be misused, misunderstood or misinterpreted to infringe on human rights, whether intentionally or unintentionally.
2. We may disclose confidential information only when the client or legal representative gave their consent, unless it is prohibited by law.
3. We may disclose confidential information only to the source of referral and with a written permission from the client if it is self-referral.
4. We may disclose confidential information without the consent of the client or legal representative only when it is mandated by law or permitted by law for valid purposes such as:
  - (a) when professional services are needed to be provided;
  - (b) when appropriate professional consultations are needed to be obtained;
  - (c) when the client, psychology practitioner, or others are needed to be protected from harm; and,
  - (d) When payments for psychological services are needed to be obtained from a client who does not pay for services as agreed (see also section VI).
5. However, the extent to which we divulge information is limited to what is only needed to achieve the purpose.
6. When confidential information is needed to be shared with schools, organizations, social agencies or industry, we make sure that only qualified psychology practitioners will supervise such releases.
7. Information gathered from school, hospital, office or organization becomes part of the institution where it was obtained. Release of such information becomes confidential and may be acquired only with prior approval from management or an authorized representative.

#### **F. Consultation**

1. We do not discuss with our colleagues or other professionals confidential information that could lead to the identification of the client, unless the client gave consent or the disclosure cannot be avoided.
2. When we seek second opinion from our colleagues or other professionals, we make sure that the extent to which we disclose information is limited to what is only needed to achieve the purpose.

#### **G. Use of Confidential Information for Other Purposes**

We do not reveal confidential and personally identifiable information of our clients in our writings, lectures and seminars, classroom discussions, research, publications, or other public or social media postings unless the client or legal representative consented in writing; there is legal authorization; or, we take reasonable steps to adequately disguise the client.

## V. ADVERTISEMENTS AND PUBLIC STATEMENTS

### A. Avoidance of False or Deceptive Statements

1. As developer or promoter of psychological advices, programs, books, or other products, we make sure that announcements include scientifically acceptable and factually informative material, and that these are presented in a highly professional manner without any trace of sensationalism, exaggeration, or superficiality.

Announcements may include, but are not limited to, paid or unpaid advertisement, product endorsements, grant applications, licensing applications, other credentialing applications, printed matter, personal resumes or curriculum vitae, or comments for use in media such as print or electronic transmission, posts in social media platforms such as Facebook, Twitter, Instagram, etc., statements in legal proceedings, lectures and public oral presentations, and published materials.

2. Announcements through telephone listings, brochures, websites, social media, and calling cards for professional services may include such information as: name, highest relevant academic degrees earned, certification status, address, contact numbers, office hours, and a brief listing of the type of psychological services or programs offered with appropriate presentations of the information. Graduate degree holders in fields other than psychology must explicitly indicate their academic backgrounds, apart from merely providing postnominals such as M.A. or Ph.D., to avoid misrepresentation.
3. In all spoken, written, printed communications, social media postings, or electronic transmission, we do not make false, deceptive or fraudulent statements concerning ourselves or our colleagues':
  - training, experience or competence;
  - academic degrees;
  - credentials;
  - qualifications;
  - institutional or association affiliations;
  - services;
  - scientific or clinical basis for, or results or degree of success of, our services;
  - fees; and
  - publications or research findings.

We ensure that we do not use descriptions or information that could be misinterpreted and we act quickly to correct such misinterpretation.

4. We claim degrees as credentials for our psychological services only if these degrees were earned from recognized educational programs/institutions or from accredited foreign educational programs/institutions.

### B. Public Statements

1. In all written or oral communication (including those in social media accounts), we use language that conveys respect for the dignity of persons, peoples, and others. In addition, we shall avoid making malicious or ill-intentioned remarks, especially through the social media that demean the character and reputation of others.
2. We ensure that we communicate as accurately and objective as possible and we clearly distinguish facts, opinions, theories, hypotheses, and ideas when conveying knowledge, findings, and views. We act quickly to correct any misinterpretation or misconception.

3. When making public statements or when involved in public activities, we clearly state whether we are representing ourselves as private citizens, as members of specific organizations or groups, or as representative of the discipline of psychology.
4. We do not seek personal gain by recommending the purchase or use of any product, activities or service to the general public, especially when participating in commercial announcements, advertisements, television, social media platforms (e.g., live streaming), or radio programs.
5. We do not seek personal interest and we retain professional responsibility when engaging others to create public statements about our professional practice, products, or activities.
6. We shall not compensate or give anything of value to the representatives or employees of the press, radio, television, electronic transmission, social media platforms, or other communication medium in anticipation of, or in return for, professional publicity in a news item.
7. Unless it is a paid advertisement regarding our psychological services and programs, then we must make sure that it is clearly identified and recognizable. We abide by professional rather than commercial practices when making known our services.
8. We do not give degrading comments about others, such as demeaning jokes about one's culture, nationality, regional group affiliation or membership, language or dialect, ethnicity, color, race, religion, sex, gender identity, sexual orientation, exceptionality, socio-economic status, or sexual orientation.
9. We avoid any comparative denigration of the services of other psychologists or psychometricians, or practitioners from other professions. We do not claim that our services are of superlative quality or that we give better services than others.
10. Neither do we advertise, claim, or imply the certainty of cure for any conditions to be treated nor the certainty of success of our psychological services.
11. We do not advertise or offer refund of money to dissatisfied users of our psychological services.

### **C. Workshops, Seminars and Non-Degree-Granting Educational Programs**

It is our duty to ensure that our announcements, brochures, catalogs, or advertisements describing workshops, seminars, or other non-degree-granting educational programs describe accurately the audience for which the program is intended, the educational objectives, the presenters, the approved CPD points, and the fees involved. It is also our duty to ensure that no misrepresentation is made.

### **D. Media Presentations**

We are cautious when we provide public advice or comment through printed materials, social media platforms, radio or television programs, internet or other electronic transmission to ensure that our statements are:

1. based on our professional knowledge, training or experience in accord with appropriate psychological literature and practice;
2. consistent with this Code of Ethics; and,
3. not indicative that a professional relationship has been established with the recipient.

### **E. Testimonials**

We do not ask for testimonials from current and past clients, their legal representatives, or other persons, who due to certain situations might be vulnerable to undue influence of our psychological services, activities or programs.

## **VI. RECORDS AND FEES**

### **A. Documentation and Maintenance of Records**

We create records and data relating to our professional and scientific work in order to (1) facilitate provision of services by ourselves or by other professionals, (2) allow for replication and evaluation of our research, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with relevant laws. Whenever possible, we take responsibility for maintaining, disseminating, storing, retaining, and disposing of such records and data.

### **B. Confidentiality of Records**

1. We maintain confidentiality in creating, storing, accessing, transferring, and disposing of our records in whatever form or media these are encoded and stored.
2. When confidential information is entered into databases or other systems that are available to other people, we use codes, passwords, and other techniques to avoid the inclusion of any personal identifiers.
3. In the event that we anticipate retirement, transfer, resignation or withdrawal from a position or practice, we make advanced plans to facilitate the appropriate transfer and to protect the confidentiality of records and data.

### **C. Withholding Client Records**

We may not withhold records that are requested and needed by and for a client's emergency treatment, solely because payment has not been received.

### **D. Fees and financial arrangements**

We reach an agreement with the recipients of our psychological services specifying compensation and billing arrangements as early as is feasible in the professional relationship. We do not misrepresent our fees.

## **ETHICAL STANDARDS AND PROCEDURES IN SPECIFIC FUNCTIONS**

We subscribe to the following ethical standards and procedures related to these specific functions of psychology practitioners: psychological assessment, therapy, education and training, and research. These standards and procedures shall also apply in the conduct of telepsychology, even in situations when the psychological services are rendered for clients abroad, which remain within the jurisdiction of our license.

## **VII. ASSESSMENT**

### **A. Bases for Assessment**

1. The expert opinions that we provide through our recommendations, reports, and diagnostic or evaluative statements are based on substantial information and appropriate assessment techniques.
2. We provide expert opinions regarding the psychological characteristics of a person only after employing adequate assessment procedures and examination to support our conclusions and recommendations.



3. In instances where we are asked to provide opinions about an individual without conducting an examination on the basis of review of existing test results and reports, we discuss the limitations of our opinions and the basis of our conclusions and recommendations.
4. Test results obtained from teleassessment procedures can be used as basis for making decisions about clients or test takers as long as these are administered by qualified professionals, following prescribed assessment standards.

## **B. Informed Consent in Assessment**

1. We gather informed consent prior to the assessment of our clients except for the following instances:
  - a. when it is mandated by the law
  - b. when it is implied such as in routine educational, institutional and organizational activity
  - c. when the purpose of the assessment is to determine the individual's decisional capacity.
2. We educate our clients about the nature of our services, financial arrangements, potential risks, and limits of confidentiality. In instances where our clients are not competent to provide informed consent on assessment, we discuss these matters with immediate family members or legal guardians. (See also III-J, Informed Consent in Human Relations)
3. In instances where a third party interpreter is needed, the confidentiality of test results and the security of the tests must be ensured. The limitations of the obtained data are discussed in our results, conclusions, and recommendations.
4. In teleassessment, we inform test takers of the implications of poor internet connectivity during the test-taking session on their test performance, particularly for timed assessments.

## **C. Assessment Tools**

1. We judiciously select and administer only those tests which are pertinent to the reasons for referral and purpose of the assessment.
2. We use data collection, methods and procedures that are consistent with current scientific and professional developments.
3. We use tests that are standardized, valid, reliable, and has a normative data directly referable to the population of our clients.
4. We administer assessment tools that are appropriate to the language, competence and other relevant characteristics of our client.
5. We use only original copies of test materials (not photocopies).

## **D. Obsolete and Outdated Test Results**

1. We do not base our interpretations, conclusions, and recommendations on outdated test results.
2. We do not provide interpretations, conclusions, and recommendations on the basis of obsolete tests.

## **E. Interpreting Assessment Results**

1. In fairness to our clients, under no circumstances should we report the test results without taking into consideration the validity, reliability, and appropriateness of the test. We should therefore indicate our reservations regarding the interpretations.
2. We interpret assessment results while considering the purpose of the assessment and other factors such as the client's test taking abilities, gender, characteristics, situational, personal, and cultural differences.

## **F. Release of Test Data**

1. It is our responsibility to ensure that test results and interpretations are not used by persons other than those explicitly agreed upon by the referral sources prior to the assessment procedure.
2. We do not release test data in the forms of raw and scaled scores, client's responses to test questions or stimuli, and notes regarding the client's statements and behaviors during the examination unless regulated by the court.

## **G. Explaining Assessment Results**

1. We release test results only to the sources of referral and with a written permission from the client if it is a self-referral.
2. Where test results have to be communicated to relatives, parents, or teachers, we explain them through a non-technical language.
3. We explain findings and test results to our clients or designated representatives except when the relationship precludes the provision of explanation of results and it is explained in advanced to the client.
4. When test results needs to be shared with schools, social agencies, the courts or industry, we supervise such releases.
5. When explaining test results online, clients may request from the psychologist or psychometrician if the session can be recorded.

## **H. Test Security**

The administration and handling of all test materials (manuals, keys to correction, answer sheets, reusable booklets, tests administered online, etc.) shall be handled only by qualified/licensed users or personnel.

## **I. Assessment by Unqualified Persons**

1. We do not promote the use of assessment tools and methods by unqualified persons except for training purposes with adequate supervision.
2. We ensure that test protocols, their interpretations and all other records are kept secured from unqualified persons.
3. As psychometricians, we practice under the boundaries prescribed in RA10029. We operate under the supervision of a registered psychologist, when applicable.

## **J. Test Construction**

We develop tests and other assessment tools using current scientific findings and knowledge, appropriate psychometric properties, validation, and standardization procedures.

# **VIII. THERAPY**

## **A. Confidentiality**

1. We regard confidentiality as an obligation that arises from our client's trust. We therefore restrict disclosure of information about our clients except in instances when mandated or regulated by the law.

2. For evaluation purposes, we discuss the results of clinical and counseling relationships with our colleagues concerning materials that will not constitute undue invasion of privacy.
3. We release information to appropriate individuals or authorities only after careful deliberation or when there is imminent danger to the individual and the community. In court cases, data should be limited only to those pertinent to the legitimate request of the court.

## **B. Informed Consent**

1. We seek for freely given and adequate informed consent for psychotherapy. We inform clients in advance the nature and anticipated course of therapy, potential benefits or risks of treatment, or conflicts of interests, fees, third party involvement, client's commitments, and limits of confidentiality.
2. We respect the client's rights to commit to, terminate, or withdraw from therapy.
3. In instances where there is a need to provide generally recognized techniques and procedures that are not yet established, we discuss with our clients the nature of the treatment, its developing nature, potential risks, alternatives and obtain consent for their voluntary participation.
4. We discuss with our clients both our rights and responsibilities at appropriate points in the working relationship.
5. In instances where the therapist is still undergoing training, we discuss this matter with the client and assure them that adequate supervision will be provided.
6. As psychometricians, we are prohibited from the practice of therapy, unless in emergency situations (see section II.B. Providing Services in emergencies)

## **C. Client's Well-being**

1. We engage in systematic monitoring of our practice and outcomes using the best available means in order to ensure the well-being of our clients.
2. We do not provide services to our clients in instances when we are physically, mentally, or emotionally unfit to do so.
3. We are responsible for learning and taking into account beliefs, practices and customs that pertain to different working contexts and cultures.
4. We do not recommend activities to clients that will cause harm to the self, others, and the environment.

## **D. Relationships**

1. We do not enter into a client- clinician relationship other than for professional purposes.
2. We do not enter into multiple relationships that can have unforeseeable beneficial or detrimental impact on our clients. (For exceptions, refer to III-E Multiple Relationships in Human Relations)
3. We maintain a professional relationship with our clients, avoiding emotional involvement that would be detrimental for the client's well-being.
4. We do not allow our professional therapeutic relationships with our clients to be prejudiced by any personal views we hold about lifestyle, gender, age, disability, sexual orientation, occupation, regional group membership, beliefs and culture.
5. We do not engage in sexual intimacies with our current therapy clients, their relatives or their significant others. We do not terminate therapy to circumvent this standard.
6. We do not engage in sexual intimacies with our former clients, students and supervisees, their relatives, or their significant others for at least two (2) years after cessation of our therapy with them.

## **E. Record Keeping**

We keep appropriate records with our clients and protect them from unauthorized disclosure unless regulated by the court.

#### **F. Competent Practice**

1. We keep up to date with the latest knowledge and scientific advancements to respond to changing circumstances. We carefully review our own need for continuing need for professional development and engage in appropriate educational activities.
2. We responsibly monitor and maintain our fitness to provide therapy that enables us to provide effective service.
3. When the need arises, we seek peer or colleague supervision or consultative support.

#### **G. Working with Vulnerable Populations**

1. We assess and ensure the balance between individuals who may not have the capacity to act independently such as young people, and those with intellectual disability, and their dependence on adults and carers and their capacity for acting independently.
2. We carefully consider the issues of young people such as capacity to give consent, confidentiality issues and receiving of service independent of the parents and legal guardian's responsibility.

#### **H. Referrals**

1. We ensure that referrals with colleagues are discussed and consented by our clients. We provide an explanation to our clients regarding the disclosure of information that accompany the referral.
2. We ensure that the recipient of the referral is competent in providing the service and the client will likely benefit from the referral.
3. In considering referrals, we carefully assess the appropriateness of the referral, benefits of the referral to the client and the adequacy of client's consent for referral.

#### **I. Interruption**

1. We assume orderly and appropriate resolution of responsibility for our client in instances when our therapy sessions are interrupted (i.e., due to internet connectivity issues during telepsychotherapy), or when the entire service is terminated.
2. Proper distress protocols are undertaken in situations when sessions are interrupted due to internet connectivity issues (i.e., provision of emergency contact numbers, etc.).

#### **J. Termination**

1. We terminate therapy when we are quite sure that our client no longer needs the therapy, is not likely to benefit from therapy, or would be harmed by continued therapy.
2. In cases when therapy is prematurely terminated, we provide pretermination counseling and make reasonable efforts to arrange for an orderly and appropriate referral.
3. We can also terminate therapy when there is reasonable evidence that there is imminent risk of being harmed by the client and or when the client does not comply with what is stipulated in the contract or what has been agreed upon at the onset of the treatment.

### **IX. EDUCATION AND TRAINING**

## **A. Design of Education and Training Programs**

We shall take reasonable steps to ensure that education and training programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs; IX. B, Descriptions of Education and Training Programs; IX. C, Accuracy in Teaching; X.K, Reporting Research Results)

## **B. Descriptions of Education and Training Programs**

We shall take reasonable steps to ensure that education and training programs have a current and accurate description of the program content (including required supervised practicum or internship), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

## **C. Accuracy in Teaching**

1. We shall take reasonable steps to ensure that course syllabi are accurate and updated in terms of the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard II.D, Bases for Scientific and Professional Judgments; V.A., Avoidance of False or Deceptive Statements; VIII.F Competent Practice; IX.A, Design of Education and Training Programs; and IX.B, Description of Education and Training Programs)
2. When engaged in teaching or training, we shall present psychological information accurately. (See also Standard II.C, Maintaining Competence.)

## **D. Student Disclosure of Personal Information**

In course- or program-related activities, we shall not require students or supervisees to disclose personal information, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except in the following cases:

1. the program or training facility has clearly identified this requirement in its admissions and program materials, or
2. the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

## **E. Mandatory Individual or Group Therapy**

1. When individual or group therapy is a program or course requirement, we shall ensure that the program allows students in undergraduate and graduate programs the option of selecting such therapy from practitioners who are not affiliated with the program. (See also Standard II.E, Delegation of Work to Others, III.I, Cooperation with Other Professionals; VII.I, Assessment of Unqualified Persons; IX.A., Descriptions of Education and Training Programs; X.F, Offering Inducements for Research Participation)

2. We shall ensure that faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard III.E, Multiple Relationships.)

#### **F. Assessing Student and Supervisee Performance**

1. In academic and supervisory relationships, we shall establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.
2. We shall evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

#### **G. Sexual Relationships with Students and Supervisees**

We must not engage in sexual relationships with students or supervisees who are in our department, agency, or training center or over whom we have or are likely to have evaluative authority. (See also Standard III.E, Multiple Relationships.)

### **X. RESEARCH**

#### **A. Rights and Dignity of Participants**

1. In all aspects, we respect the rights, safeguard the dignity, and protect and promote the welfare of research participants.
2. Before beginning any research work in a community not our own or not familiar to us, we obtain essential information about their mores, culture, social structure, customs, and traditions.
3. We respect and abide by their cultural expectations, provided that this does not contravene any of the ethical principles of this Code of Ethics.
4. We respect the rights of research participants should they wish to discontinue their participation at any time. We are responsive all throughout the research to participants' non-verbal indications of a desire to withdraw from participation, especially if the person has difficulty with verbal communication, is a young child, or is culturally unlikely to communicate.
5. We do not contribute nor engage in research which contravenes international humanitarian law, such as development of methods intended to torture persons, development of prohibited weapons, or destruction of the environment.
6. It is our duty to ask participants about any factors that could bring forth potential harm, such as pre-existing medical conditions, and to detect, remove, or correct any foreseeable undesirable consequences prior to research proper.
7. To ensure that participants' rights are protected, we seek independent and sufficient ethical review of the possible risks our research may pose to them.

#### **B. Informed Consent to Research**

1. We do not just ask participants to sign in the consent form; we recognize that informed consent happens due to the willingness of the participants to work collaboratively with us.
2. We make sure that the consent form is translated in language or dialect that the participants understand. We will take reasonable measures to guarantee that the information was understood.
3. When we conduct research with persons below 18 years of age, we obtain informed assent from them and informed consent from their parents or legal guardian.

4. When we conduct research with adult participants who have difficulties in comprehension or communication, we obtain informed consent from adult family members of the participants and approval from independent advisors.
5. When we conduct research with detained persons, we pay attention to special circumstances which could affect the latter's ability to give informed consent.
6. When obtaining informed consent as required in section III.J. of this Code of Ethics, it is our duty to inform research participants about:
  - a. the purpose of research, expected duration, and procedures;
  - b. mutual responsibilities;
  - c. their right to decline to participate and to withdraw from the research once participation has begun;
  - d. the foreseeable consequences of declining or withdrawing;
  - e. reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects;
  - f. how to rescind consent if desired;
  - g. any prospective research benefits;
  - h. protections and limits of confidentiality and/or anonymity;
  - i. incentives for participation;
  - j. whom to contact for questions about the research and research participants' rights; and
  - k. contact details of mental health professionals in case participants experience distress due to the study.

We shall provide an opportunity for prospective participants to ask questions and receive answers.

7. When conducting intervention research using experimental treatments, it is our duty to clarify to participants at the beginning of research the following:
  - a. experimental nature of the treatment
  - b. services that will or will not be available to the control group(s) if appropriate;
  - c. means by which assignment to treatment and control groups will be made;
  - d. available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and,
  - e. compensation for or monetary costs of participating, and if appropriate, including whether reimbursement from the participant or a third-party payor will be sought.
8. In longitudinal research, we may need to obtain informed consent on more than one occasion.
9. In conducting online data gathering procedures using digital survey platforms, we ensure that informed consent is obtained in the same rigorous manner as in face-to-face surveys. Such consent to participate in the study must be secured before the respondent gains access to the actual survey or data gathering instruments.

### **C. Informed Consent for Recording Voices and Images in Research**

1. It is our duty to obtain informed consent from research participants before recording their voices or images for data collection, except when:
  - a. the research consists only of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm; and,
  - b. the research design includes deception, and consent for the use of the recording is obtained during debriefing.

### **D. Research Participation of Client, Students and Subordinates**

1. When we conduct research with our clients, students or subordinates, we do not coerce them to participate, rather, we inform them about their right not to participate and we do not reprimand or penalize them for doing so.
2. When research participation is a course requirement or an opportunity for extra credit, we inform our clients, students or subordinates about equitable alternative activities that could fulfill their educational or employment goals.

#### **E. Dispensing with Informed Consent for Research**

1. We may dispense informed consent only on the following conditions:
  - a. when we believe that the research would not distress or create harm to participants or general welfare or when our study involves:
    - i. the study or normal educational practices, curricula, or classroom management methods conducted in educational settings;
    - ii. only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected;
    - iii. the study of factors related to job or organization effectiveness conducted in organizational settings which would not affect the participants' employability, and when confidentiality is protected; or,
  - b. when it is mandated by law or is an institutional regulation.

#### **F. Offering Inducements for Research Participation**

1. We may fairly compensate participants for the use of their time, energy, and knowledge, unless such compensation is refused in advance.
2. We make reasonable efforts not to offer undue, excessive or, inappropriate reward, financial or other inducements for research participation, which could likely pressure or coerce participation.
3. When we offer psychological and professional services as an incentive for research participation, it is our duty to clarify the nature of the services, including the risks, obligations and limitations.

#### **G. Deception in Research**

1. We refrain from conducting research involving deception, except:
  - a. when we have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, medical, or applied value; and,
  - b. when effective non-deceptive alternative procedures are not possible.
2. We do not deceive prospective research participants about our study that is reasonably expected to interfere with their decision to give informed consent. We ensure that the level of risk, discomfort, or inconvenience that could cause physical pain or severe emotional distress is not withheld from the participants.
3. It is our duty to explain any deception as an integral feature of design and conduct of an experiment to those who participated in research as soon as possible, preferably at the end of their participation but not later than the end of data gathering.

#### **H. Debriefing**



1. We debrief by informing the participants that they have contributed to the body of knowledge and we make sure that they have also learned from their participation.
2. We give participants an opportunity to obtain the nature, results, and conclusions of the research. We also take reasonable steps to correct any misconceptions participants have about our research, especially when the participants were led to believe that the research has a different purpose.
3. When participants' trust may have been lost due to incomplete disclosure or temporarily leading participants to believe that the research had a different purpose, we seek to re- establish trust and assure them that the research procedures were carefully structured and necessary for scientifically valid findings.
4. If scientific or humane values justify delaying or withholding this information, we take reasonable measures to reduce the risk of harm.
5. When we become aware that our research procedures have harmed a participant, we act to correct and minimize the harm.
6. If after debriefing, the participants decided to withdraw their data, we shall respect and grant their request. The participants have the right to appeal that their own data, including recordings, be destroyed.

## **I. Observational Research**

We respect the privacy and psychological well-being of persons studied based on observational research. This method is acceptable only when those being observed would expect to be observed by strangers.

## **J. Humane Care and Use of Animals in Research**

1. We do not use animals in research, except when there is a sufficient reason to say that it is the only way to:
  - a. further increase understanding of the structures and processes underlying human or animal behavior;
  - b. increase understanding of the specific species used in the study; or
  - c. eventually augment benefits to the health and welfare of humans or other animals.
2. We comply with current laws, regulations and professional standards when we acquire, care for, use, and dispose animals used in research.
3. We take reasonable steps to ensure that animals used in research are treated humanely and are not exposed to unnecessary discomfort, pain, or disruption. If possible, a psychology practitioner trained in research methods and experience in care of laboratory animals shall supervise all procedures in researches of this kind.
4. We make sure that all individuals under our supervision have received clear instructions and guidelines in research methods and in care, maintenance, and handling of animals or specific species being used, to the extent that is appropriate to their role.
5. We use a procedure causing pain, stress, and privation to animals only when:
  - a. an alternative procedure is unavailable;
  - b. the goal is justified by its prospective scientific, educational, or applied value; and,
  - c. we make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
5. We perform surgical procedures with appropriate anesthesia and we follow techniques to avoid infection and minimize the pain during and after surgery.
6. Only when it is appropriate that an animal's life be terminated, then we proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

## **K. Care for the Environment**

We shall avoid procedures/methodologies that will adversely affect the environment.

## **L. Reporting Research Results**

1. When reporting results of research activities, we will use language that is appropriate and comprehensible to the target population.
2. Whenever feasible and appropriate, we consult with groups, organizations, or communities being studied the findings of our research so as to increase the accuracy of interpretation and to minimize the risk of misunderstanding, misinterpretation or misuse.
3. We are cautious when reporting results of our research regarding vulnerable groups or communities and we ensure that the results will not be misinterpreted or misused in the development of social policy, attitude, and practices.
4. In research involving children, we are cautious when discussing the results with parents, legal guardians, or teachers and we make sure that there is no misinterpretation or misunderstanding.
5. We do not fabricate data.
6. If we discover significant errors in our published data, we act quickly to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

## **L. Plagiarism**

We do not present any portions of other's work or data as our own, even if the source is cited occasionally.

## **M. Publication Credit**

1. We take responsibility and credit only for work we have actually done and credit others (including students and research assistants) for work they have actually performed or to which they have substantially contributed.
2. We ensure that principal authorship and co-authorship accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair or head of the research unit, does not justify authorship credit. Minor contributions to the research or to the writing for publications must be acknowledged appropriately, such as in footnotes or an introductory statement.
3. We do not claim credit or authorship in a publication that is substantially based on our student's thesis or dissertation if we do not have substantial contributions to the research beyond our regular duties as thesis/dissertation mentor or advisor. As faculty advisors, we should discuss with students, publication credit at the outset and throughout the research and publication process based on our relative contributions to the research work.
4. In a multiple-authored article that is partly and/or substantially based on the student's thesis or dissertation, we shall give appropriate publication credit to the student based on the student's contribution relative to the other authors. When the article is mainly based on the student's thesis or dissertation, we credit the student with primary authorship.

## **N. Duplicate Publication of Data**

We do not publish data that have been previously published and claim them as original data. However, this does not prohibit republishing of data as long as proper acknowledgement is clearly stated.

## **O. Sharing Research Data for Verification**

It is our duty to share and not to withhold our data to other competent professionals, who seek to verify and reanalyze the research results and substantive claims of our publication, provided that:

1. the latter obtain prior written agreement for the use of data;
2. the latter intend to use the data solely for the purpose declared;
3. the latter will hold responsibility for costs associated with the release of data; and,
4. confidentiality of participants can be protected.

Unless legal rights concerning proprietary data preclude such release, then the latter should seek permission from the concerned institution, organization or agency.

## **P. Reviewers**

When we review material submitted for presentation, publication, grant, or research proposal review, we respect the confidentiality and the proprietary rights of those who submitted it.

## ***Q. Limitations of the Study***

1. We acknowledge the limitations of our knowledge, methods, findings, interventions, interpretations, and conclusions.
2. In cases wherein our research touches on social policies and structures of communities which we do not belong, we thoroughly discuss the limits of our data with respect to their social policy.
3. We do not conceal disconfirming evidence about our findings and views and we acknowledge alternative hypotheses and explanations.

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