

NOTICE OF INTENT

Department of Health and Hospitals Board of Examiners of Psychologists

Ethical Code of Conduct of Psychologists
(LAC 46:LXIII.Chapter 13)

Notice is hereby given in accordance with the provisions of the Administrative Procedure Act, R.S. 49:950 et seq, the Board of Examiners of Psychologists intends to and amend LAC 46:LXIII. Sections 1301; adopt sections 1302 through 1311.

Title 46 PROFESSIONAL AND OCCUPATIONAL STANDARDS Part LXIII. Psychologists Subpart 1. General Provisions

§1301. Preamble

Psychologists work to develop a valid and reliable body of scientific knowledge based on research. They may apply that knowledge to human behavior in a variety of contexts. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administration, social interventionists, court mediator, and expert witness. Their goal is to broaden knowledge of behavior and, where appropriate, to apply it pragmatically to improve the condition of both the individual and society. Psychologists respect the central importance of freedom of inquiry and expression in research, teaching, and publication. Psychologists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices. They also strive to help the public in developing informed judgments and choices concerning human behavior. These rules set standards and guidelines are established for the welfare and protection of the individuals and groups with whom psychologists work.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:2353.

HISTORICAL NOTE: Promulgated by the Department of Health and Human Resources, Board of Examiners of Psychologists, LR 6:66 (February 1980), amended LR 10:791 (October 1984), amended by the Department of Health and Hospitals, Board of Examiners of Psychologists, LR 29:703 (May 2003), LR 41:2620 (December 2015); amended LR 42: (July 2017)

§1302. Resolving Ethical Issues

A. Misuse of Psychologists' Work - If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

B. Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority - If psychologists' ethical responsibilities conflict with law, regulations or other governing legal authority, psychologists clarify the nature of the conflict, and take reasonable steps to resolve the conflict consistent with this Chapter. Under no circumstances may this standard be used to justify or defend violating human rights.

C. Conflicts Between Ethics and Organizational Demands - If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Chapter, psychologists clarify the nature of the conflict, make known their commitment to this Chapter and take reasonable steps to resolve the conflict consistent with this Chapter. Under no circumstances may this standard be used to justify or defend violating human rights.

D. Informal Resolution of Ethical Violations - When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

E. Reporting Ethical Violations - If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under §1302.D., or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question.

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

G. Unfair Discrimination Against Complainants and Respondents - Psychologists do not deny any person employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

§1303. Competence

A. Boundaries of Competence

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

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

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

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

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

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

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

C. Maintaining Competence - Psychologists undertake ongoing efforts to develop and maintain their competence.

D. Bases for Scientific and Professional Judgments - Psychologists' work is based upon established scientific and professional knowledge of the discipline.

E. Delegation of Work to Others -

Psychologists who delegate work to employees, supervisees or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to:

1. avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity;

2. authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with the level of supervision being provided; and

3. see that such persons perform these services competently.

F. Personal Problems and Conflicts -

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

2. When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties.

§1304. Human Relations

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

B. Sexual Harassment - Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist and that either:

1. is unwelcome, is offensive or creates a hostile workplace or educational environment, and the psychologist knows or is told this, or

2. is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts.

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

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

E. Multiple Relationships -

1. A multiple relationship occurs when a psychologist is in a professional role with a person, and

a. at the same time is in another role with the same person;

b. at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship; or

c. promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

2. A psychologist shall not enter into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

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

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

5. When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they:

a. obtain written informed consent from all parties and/or court order; and

b. clarify role expectations; and

c. clarify the extent of confidentiality with regard to current roles, and thereafter as changes occur.

F. Conflict of Interest - Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial or other interests or relationships could reasonably be expected to

1. impair their objectivity, competence or effectiveness in performing their functions as psychologists, or

2. expose the person or organization with whom the professional relationship exists to harm or exploitation.

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

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

I. Cooperation with Other Professionals - When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

J. Informed Consent -

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

2. For persons who are legally incapable of giving informed consent, psychologists 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.

3. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

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

5. Psychologists appropriately document written or oral consent, permission, and assent.

K. Psychologists delivering services to or through organizations.

1. Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about:

- a. the nature and objectives of the services;
- b. the intended recipients;
- c. which of the individuals are clients;
- d. the relationship the psychologist will have with each person and the organization;
- e. the probable uses of services provided and information obtained;
- f. who will have access to the information; and,
- g. limits of confidentiality.

2. As soon as feasible, psychologists provide information about the results and conclusions of such services to appropriate persons. If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

L. Interruption of Psychological Services - Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation or retirement or by the client's/patient's relocation or financial limitations.

§1305. Privacy and Confidentiality

A. Maintaining Confidentiality –

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

B. Discussing the Limits of Confidentiality –

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

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

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

C. Recording –

1. Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representative.

D. Minimizing Intrusions on Privacy -

1. Psychologists include in written and oral reports and consultations only information germane to the purpose for which the communication is made.
2. Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons who have a legal or legitimate right to such information.

E. Disclosures -

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

2. Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to

- a. provide needed professional services;
- b. obtain appropriate professional consultations;
- c. protect the client/patient, psychologist, or others from harm; or
- d. obtain payment for services from a client/patient, in which instance disclosure is

limited to the minimum that is necessary to achieve the purpose.

F. Consultations -

1. When consulting with colleagues psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided.

2. When consulting with colleagues psychologists disclose information only to the extent necessary to achieve the purposes of the consultation.

G. Use of Confidential Information for Didactic or Other Purposes -

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

§1306. Advertising and Other Public Statements

A. Avoidance of False or Deceptive Statements

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

2. Psychologists do not make false, deceptive or fraudulent statements concerning
- a. their training, experience or competence;
 - b. their academic degrees;
 - c. their credentials;
 - d. their institutional or association affiliations;
 - e. their services;
 - f. the scientific or clinical basis for or results or degree of success of, their services;
 - g. their fees; or
 - h. their publications or research findings.

3. Psychologists claim degrees as credentials for their health services only if those degrees
- a. were earned from a regionally accredited educational institution, or
 - b. were the basis for psychology licensure by the state in which they practice.

B. Statements by Others

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

2. Psychologists do not compensate employees of press, radio, television or other communication media in return for publicity in a news item.

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

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

D. Media Presentations - When psychologists provide public advice or comment via print, Internet or other electronic transmission, they take precautions to ensure that statements

1. are based on their professional knowledge, training or experience in accord with appropriate psychological literature and practice;

2. are otherwise consistent with this Chapter; and

3. do not indicate that a professional relationship has been established with the recipient.

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

F. In-Person Solicitation - Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude:

1. attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient, or

2. providing disaster or community outreach services.

§1307. Record Keeping and Fees

A. Documentation of Professional and Scientific Work and Maintenance of Records - Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain and dispose of records and data relating to their professional and scientific work in order to:

1. facilitate provision of services later by them or by other professionals;

2. allow for replication of research design and analyses;

3. meet institutional requirements;

4. ensure accuracy of billing and payments; and

5. ensure compliance with law.

B. Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

1. Psychologists maintain confidentiality in creating, storing, accessing, transferring and disposing of records under their control, whether these are written, automated or in any other medium.

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

3. Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice.

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

D. Fees and Financial Arrangements

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

2. Psychologists' fee practices are consistent with law.

3. Psychologists do not misrepresent their fees.

4. If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible.

5. If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment.

E. Barter with Clients/Patients - Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients or clients in return for psychological services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. A psychologist may participate in bartering only if:

1. it is not clinically contraindicated, and
2. the resulting arrangement is not exploitative

F. Accuracy in Reports to Payors and Funding Sources - In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges or payments, and where applicable, the identity of the provider, the findings and the diagnosis.

G. Referrals and Fees - When psychologists pay, receive payment from or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative or other) and is not based on the referral itself.

§1308. Education and Training

A. Design of Education and Training Programs - Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification or other goals for which claims are made by the program.

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

C. Accuracy in Teaching -

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

2. When engaged in teaching or training, psychologists present psychological information accurately.

D. Student Disclosure of Personal Information - Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment and relationships with parents, peers and spouses or significant others except if

1. the program or training facility has clearly identified this requirement in its admissions and program materials, or

2. the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

E. Mandatory Individual or Group Therapy

1. When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program.

2. Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy.

F. Assessing Student and Supervisee Performance

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

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

G. Sexual Relationships with Students and Supervisees - Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

§1309. Research and Publication

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

B. Informed Consent to Research -

1. 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 declining or 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;
 - h. whom to contact for questions about the research and research participants' rights;and
 - g. they provide opportunity for the prospective participants to ask questions and receive answers.
2. Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research:
 - a. the experimental nature of the treatment;
 - b. the services that will or will not be available to the control group(s) if appropriate;
 - c. the 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 including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought.

C. Informed Consent for Recording Voices and Images in Research - Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless

1. the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or
2. the research design includes deception, and consent for the use of the recording is obtained during debriefing.

D. Client/Patient, Student, and Subordinate Research Participants

1. When psychologists conduct research with clients/patients, students or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.
2. When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

E. Dispensing with Informed Consent for Research - Psychologists may dispense with informed consent only where research would not reasonably be assumed to create distress or harm and involves

1. the study of normal educational practices, curricula, or classroom management methods conducted in educational settings;
2. only anonymous questionnaires, naturalistic observations or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability or reputation, and confidentiality is protected; or
3. 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
4. where otherwise permitted by law or federal or institutional regulations.

F. Offering Inducements for Research Participation -

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

2. When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations and limitations.

G. Deception in Research -

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

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

3. Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data.

H. Debriefing

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

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

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

I. Humane Care and Use of Animals in Research

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

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

3. Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance and handling of the species being used, to the extent appropriate to their role.

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

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

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

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

J. Reporting Research Results -

1. Psychologists do not fabricate data.

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

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

L. Publication Credit -

1. Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed.

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

3. Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

M. 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.

N. Sharing Research Data for Verification -

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

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

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

§1311. Assessment

A. Bases for Assessments

1. Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, on information and techniques sufficient to substantiate their findings.

2. Except as noted in section 3 below, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions and appropriately limit the nature and extent of their conclusions or recommendations.

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

B. Use of Assessments

1. 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.

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

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

C. Informed Consent in Assessments

1. Psychologists obtain informed consent for assessments, evaluations or diagnostic services, except when

a. testing is mandated by law or governmental regulations;

b. informed consent is implied because testing is conducted as a routine educational, institutional or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or

c. one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

2. 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.

3. Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained.

D. Release of Test Data

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

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

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

F. Interpreting Assessment Results - When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities and other characteristics of the person being assessed, such as situational, personal, linguistic and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations.

G. Assessment by Unqualified Persons - Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision.

H. Obsolete Tests and Outdated Test Results -

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

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

I. Test Scoring and Interpretation Services

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

2. Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations.

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

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

K. Maintaining Test Security - The term test materials refers to manuals, instruments, protocols and test questions or stimuli and does not include test data as defined in §1311.D. Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Chapter.

L. Informed Consent to Therapy -

1. When obtaining informed consent to therapy as required in §1304.J. of this Chapter, 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.

2. When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available and the voluntary nature of their participation.

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

B. Therapy Involving Couples or Families

1. When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset

- a. which of the individuals are clients/patients and
- b. the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained.

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

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

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

E. Sexual Intimacies with Current Therapy Clients/Patients - Psychologists do not engage in sexual intimacies with current therapy clients/patients.

F. Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients - Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

G. Therapy with Former Sexual Partners - Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

H. Sexual Intimacies with Former Therapy Clients/Patients -

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

2. Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including:

- a. the amount of time that has passed since therapy terminated;
- b. the nature, duration, and intensity of the therapy;
- c. the circumstances of termination;
- d. the client's/patient's personal history;
- e. the client's/patient's current mental status;
- f. the likelihood of adverse impact on the client/patient; and
- g. 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.

I. Interruption of Therapy - When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.

J. Terminating Therapy -

1. Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.
2. Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.
3. Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pre-termination counseling and suggest alternative service providers as appropriate.

Family Impact Statement

The Board of Examiners of Psychologists hereby issues this Family Impact Statement as set forth in R.S. 49:972. The proposed Rule related to the continuing education requirements of psychologists will have no known or foreseeable impact on the stability of the family; authority and rights of parents regarding the education and supervision of their children; functioning of the family; family earnings and family budget; behavior and personal responsibility of children; or, the ability of the family or a local government to perform the function as contained in the proposed rule.

Poverty Impact Statement

The proposed modifications regulate licensed psychologists in the interest of health, safety and the welfare of the public. The rules do not have any known or foreseeable impact on any child, individual or family as defined by R.S. 49:973.B. Specifically, there is no known or foreseeable effect on: household income, assets, and financial security; early childhood development and preschool through postsecondary education development; employment and workforce development; taxes and tax credits; or, child and dependent care, housing, health care, nutrition, transportation, and utilities assistance.

Provider Impact Statement

The proposed rules do not have any known or foreseeable impact on providers as defined by HCR 170 of 2014 Regular Legislative Session. Specifically, there is no known or foreseeable effect on: the staffing level requirements or qualifications required to provide the same level of service; the total direct or indirect cost to the providers to provide the same level of service; or the overall ability of the provider to provide the same level of service.

Public Comments

Interested persons may submit written comments to Jaime T. Monic, Executive Director, 8706 Jefferson Highway, Suite B, Baton Rouge, LA 70809. All comments must be submitted by 12 noon on April 10, 2017.

Jaime T. Monic
Executive Director