Specialty Guidelines for the Delivery of Services by Counseling Psychologists

The Specialty Guidelines that follow are based on the generic Standards for Providers of Psychological Services originally adopted by the American Psychological Association (APA) in September 1974 and revised in January 1977 (APA, 1974b, 1977b). Together with the generic Standards, these Specialty Guidelines state the official policy of the Association regarding delivery of services by counseling psychologists. Admission to the practice of psychology is regulated by state statute. It is the position of the Association that licensing be based on the knowledge of psychology as a specialty have labored long and diligently to codify a uniform set of guidelines for the delivery of services provided by counseling psychologists that would serve the respective needs of users, providers, third-party purchasers, and sanctioners of psychological services.

The Committee on Professional Standards, established by the APA in January 1980, is charged with keeping the generic Standards and the Specialty Guidelines responsive to the needs of the public and the profession. It is also charged with continually reviewing, modifying, and extending them progressively as the profession and the science of psychology develop new knowledge, improved methods, and additional modes of psychological services.

The Specialty Guidelines for the Delivery of Services by Counseling Psychologists that follow have been established by the APA as a means of self-regulation to protect the public interest. They guide the specialty prac-

These Specialty Guidelines were prepared by the APA Committee on Standards for Providers of Psychological Services (COSPOPS), chaired by Durand F. Jacobs, with the advice of the officers and committee chairpersons of the Division of Counseling Psychology (Division 17). Barbara A. Kirk and Milton Schwebel served successively as the counseling psychology representative of COSPOPS, and Arthur Centor and Richard Kilburg were the Central Office liaisons to the committee. Norman Kagan, Samuel H. Osipow, Carl E. Thoresen, and Allen E. Ivey served successively as Division 17 presidents.
tice of counseling psychology by specifying important areas of quality assurance and performance that contribute to the goal of facilitating more effective human functioning.

Principles and Implications of the Specialty Guidelines

These Specialty Guidelines emerged from and reaffirm the same basic principles that guided the development of the generic Standards for Providers of Psychological Services (APA, 1977b):

1. These Guidelines recognize that admission to the practice of psychology is regulated by state statute.
2. It is the intention of the APA that the generic Standards provide appropriate guidelines for statutory licensing of psychologists. In addition, although it is the position of the APA that licensing be generic and not in specialty areas, these Specialty Guidelines in counseling psychology provide an authoritative reference for use in credentialing specialty providers of counseling psychological services by such groups as divisions of the APA and state associations and by boards and agencies that find such criteria useful for quality assurance.
3. A uniform set of Specialty Guidelines governs the quality of services to all users of counseling psychological services in both the private and the public sectors. Those receiving counseling psychological services are protected by the same kinds of safeguards, irrespective of sector; these include constitutional guarantees, statutory regulation, peer review, consultation, record review, and supervision.
4. A uniform set of Specialty Guidelines governs counseling psychological service functions offered by counseling psychologists, regardless of setting or form of remuneration. All counseling psychologists in professional practice recognize and are responsive to a uniform set of Specialty Guidelines, just as they are guided by a common code of ethics.
5. Counseling psychology Guidelines establish clear, minimally acceptable levels of quality for covered counseling psychological service functions, regardless of the nature of the users, purchasers, or sanctioners of such covered services.
6. All persons providing counseling psychological services meet specified levels of training and experience that are consistent with, and appropriate to, the functions they perform. Counseling psychological services provided by persons who do not meet the APA qualifications for a professional counseling psychologist (see Definitions) are supervised by a professional counseling psychologist. Final responsibility and accountability for services provided rest with professional counseling psychologists.
7. When providing any of the covered counseling psychological service functions at any time and in any setting, whether public or private, profit or nonprofit, counseling psychologists observe these Guidelines in order to promote the best interests and welfare of the users of such services. The extent to which counseling psychologists observe these Guidelines is judged by peers.
8. These Guidelines, while assuring the user of the counseling psychologist’s accountability for the nature and quality of services specified in this document, do not preclude the counseling psychologist from using new methods or developing innovative procedures in the delivery of counseling services.

These Specialty Guidelines have broad implications both for users of counseling psychological services and for providers of such services:

1. Guidelines for counseling psychological services provide a foundation for mutual understanding between provider and user and facilitate more effective evaluation of services provided and outcomes achieved.
2. Guidelines for counseling psychologists are essential for uniformity in specialty credentialing of counseling psychologists.
3. Guidelines give specific content to the profession’s concept of ethical practice as it applies to the functions of counseling psychologists.
4. Guidelines for counseling psychological services may have significant impact on tomorrow’s education and training models for both professional and support personnel in counseling psychology.
5. Guidelines for the provision of counseling psychological services in human service facilities influence the determination of acceptable structure, budgeting, and staffing patterns in these facilities.
6. Guidelines for counseling psychological services require continual review and revision.

The Specialty Guidelines here presented are intended to improve the quality and delivery of counseling psychological services by specifying criteria for key aspects of the practice setting. Some settings may require additional and/or more stringent criteria for specific areas of service delivery.

Systematically applied, these Guidelines serve to establish a more effective and consistent basis for evaluating the performance of individual service providers as well as to guide the organization of counseling psychological service units in human service settings.

Definitions

Providers of counseling psychological services refers to two categories of persons who provide counseling psychological services:

A. Professional counseling psychologists. Professional counseling psychologists have a doctoral degree from a regionally accredited university or professional school and have completed an organized, sequential counseling psychology program in an appropriate academic department in a university or college, or in an appropriate department or unit of a professional school. Counseling psychology programs that are accredited by the American Psychological Association are recognized as meeting the defi-
nition of a counseling psychology program. Counseling psychology programs that are not accredited by the American Psychological Association meet the definition of a counseling psychology program if they satisfy the following criteria:

1. The program is primarily psychological in nature and stands as a recognizable, coherent organizational entity within the institution.
2. The program provides an integrated, organized sequence of study.
3. The program has an identifiable body of students who are matriculated in that program for a degree.
4. There is a clear authority with primary responsibility for the core and specialty areas, whether or not the program cuts across administrative lines.
5. There is an identifiable psychology faculty, and a psychologist is responsible for the program.

The professional counseling psychologist’s doctoral education and training experience is defined by the institution offering the program. Only counseling psychologists, that is, those who meet the appropriate education and training requirements, have the minimum professional qualifications to provide unsupervised counseling psychological services. A professional counseling psychologist and others providing counseling psychological services under supervision (described below) form an integral part of a multilevel counseling psychological service delivery system.

A. Assessment, evaluation, and diagnosis. Procedures may include, but are not limited to, behavioral observation, interviewing, and administering and interpreting instruments for the assessment of educational achievement, academic skills, aptitudes, interests, cognitive abilities, attitudes, emotions, motivations, psychoneurological status, personality characteristics, or any other aspect of human experience and behavior that may contribute to understanding and helping the user.

B. Interventions with individuals and groups. Procedures include individual and group psychological counseling (e.g., education, career, couples, and family counseling) and may use a therapeutic, group process, or social-learning approach, or any other deemed to be appropriate. Interventions are used for purposes of prevention, remediation, and rehabilitation; they may incorporate a variety of psychological modalities, such as psychotherapy, behavior therapy, marital and family therapy, biofeedback techniques, and environmental design.

C. Professional consultation relating to A and B above, for example, in connection with developing in-service training for staff or assisting an educational institution or organization to design a plan to cope with persistent problems of its students.

D. Program development services in the areas of A, B, and C above, such as assisting a rehabilitation center to design a career-counseling program.

E. Supervision of all counseling psychological services, such as the review of assessment and intervention activities of staff.

F. Evaluation of all services noted in A through E above and research for the purpose of their improvement.

A counseling psychological service unit is the functional unit through which counseling psychological services are provided; such a unit may be part of a larger psychological service organization comprising psychologists of more than one specialty and headed by a professional psychologist:

A. A counseling psychological service unit provides predominantly counseling psychological services and is composed of one or more professional counseling psychologists and supporting staff.

B. A counseling psychological service unit may operate as a functional or geographic component of a larger multipyschological service unit or of a governmental, educational, correctional, health, training, industrial, or commercial organizational unit, or it may operate as an independent professional service.

C. A counseling psychological service unit may take the form of one or more counseling psychologists providing professional services in a multidisciplinary setting.

D. A counseling psychological service unit may also take the form of a private practice, composed of one or more counseling psychologists serving individuals or groups, or the form of a psychological consulting firm serving organizations and institutions.

Counseling psychological services refers to services provided by counseling psychologists that apply principles, methods, and procedures for facilitating effective functioning during the life-span developmental process. In providing such services, counseling psychologists approach practice with a significant emphasis on positive aspects of growth and adjustment and with a developmental orientation. These services are intended to help persons acquire or alter personal-social skills, improve adaptability to changing life demands, enhance environmental coping skills, and develop a variety of problem-solving and decision-making capabilities. Counseling psychological services are used by individuals, couples, and families of all age groups to cope with problems connected with education, career choice, work, sex, marriage, family, other social relations, health, aging, and handicaps of a social or physical nature. The services are offered in such organizations as educational, rehabilitation, and health institutions and in a variety of other public and private agencies committed to service in one or more of the problem areas cited above. Counseling psychological services include the following:

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1. Assessment, evaluation, and diagnosis.
2. Interventions with individuals and groups.
3. Professional consultation.
4. Program development services.
5. Supervision.

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A counseling psychological service unit may take the form of one or more counseling psychologists providing professional services in a multidisciplinary setting.

A counseling psychological service unit may also take the form of a private practice, composed of one or more counseling psychologists serving individuals or groups, or the form of a psychological consulting firm serving organizations and institutions.
Users of counseling psychological services include:
A. Direct users or recipients of counseling psychological services.
B. Public and private institutions, facilities, or organizations receiving counseling psychological services.
C. Third-party purchasers—those who pay for the delivery of services but who are not the recipients of services.
D. Sanctioners—those who have a legitimate concern with the accessibility, timeliness, efficacy, and standards of quality attending the provision of counseling psychological services. Sanctioners may include members of the user’s family, the court, the probation officer, the school administrator, the employer, the union representative, the facility director, and so on. Sanctioners may also include various governmental, peer review, and accreditation bodies concerned with the assurance of quality.

Guideline 1

1.1 Each counseling psychological service unit offering psychological services has available at least one professional counseling psychologist and as many more professional counseling psychologists as are necessary to assure the adequacy and quality of services offered.

INTERPRETATION. The intent of this Guideline is that one or more providers of psychological services in any counseling psychological service unit meet the levels of training and experience of the professional counseling psychologist as specified in the preceding definitions.

When a professional counseling psychologist is not available on a full-time basis, the facility retains the services of one or more professional counseling psychologists on a regular part-time basis. The counseling psychologist so retained directs the psychological services, including supervision of the support staff, has the authority and participates sufficiently to assess the need for services, reviews the content of services provided, and assumes professional responsibility and accountability for them.

The psychologist directing the service unit is responsible for determining and justifying appropriate ratios of psychologists to users and psychologists to support staff, in order to ensure proper scope, accessibility, and quality of services provided in that setting.

1.2 Providers of counseling psychological services who do not meet the requirements for the professional counseling psychologist are supervised directly by a professional counseling psychologist who assumes professional responsibility and accountability for the services provided. The level and extent of supervision may vary from task to task so long as the supervising psychologist retains a sufficiently close supervisory relationship to meet this Guideline. Special proficiency training or supervision may be provided by a professional psychologists of another specialty or by a professional from another discipline whose competence in the given area has been demonstrated by previous training and experience.

INTERPRETATION. In each counseling psychological service unit there may be varying levels of responsibility with respect to the nature and quality of services provided. Support personnel are considered to be responsible for their functions and behavior when assisting in the provision of counseling psychological services and are accountable to the professional counseling psychologist. Ultimate professional responsibility and accountability for the services provided require that the supervisor review reports and test protocols, and review and discuss intervention plans, strategies, and outcomes. Therefore, the supervision of all counseling psychological services is provided directly by a professional counseling psychologist in a face-to-face arrangement involving individual and/or group supervision. The extent of supervision is determined by the needs of the providers, but in no event is it less than 1 hour per week for each support staff member providing counseling psychological services.

To facilitate the effectiveness of the psychological service unit, the nature of the supervisory relationship is communicated to support personnel in writing. Such communications delineate the duties of the employees, describing the range and type of services to be provided. The limits of independent action and decision making are defined. The description of responsibility specifies the means by which the employee will contact the professional counseling psychologist in the event of emergency or crisis situations.

1.3 Wherever a counseling psychological service unit exists, a professional counseling psychologist is responsible for planning, directing, and reviewing the provision of counseling psychological services. Whenever the counseling psychological service unit is part of a larger professional psychological service encompassing various psychological specialties, a professional psychologist shall be the administrative head of the service.

INTERPRETATION. The counseling psychologist who directs or coordinates the unit is expected to maintain an ongoing or periodic review of the adequacy of services and to formulate plans in accordance with the results of such evaluation. He or she coordinates the activities of the counseling psychology unit with other professional, administrative, and technical groups, both within and outside the institution or agency. The counseling psychologist has related responsibilities including, but not limited to, directing the training and research activities of the service, maintaining a high level of professional and ethical practice, and ensuring that staff members function only within the areas of their competency.

To facilitate the effectiveness of counseling services by raising the level of staff sensitivity and professional
skills, the counseling psychologist designated as director is responsible for participating in the selection of staff and support personnel whose qualifications and skills (e.g., language, cultural and experiential background, race, sex, and age) are relevant to the needs and characteristics of the users served.

1.4 When functioning as part of an organizational setting, professional counseling psychologists bring their backgrounds and skills to bear on the goals of the organization, whenever appropriate, by participation in the planning and development of overall services.8

INTERPRETATION: Professional counseling psychologists participate in the maintenance of high professional standards by representation on committees concerned with service delivery.

As appropriate to the setting, their activities may include active participation, as voting and as office-holding members, on the facility’s professional staff and on other executive, planning, and evaluation boards and committees.

1.5 Counseling psychologists maintain current knowledge of scientific and professional developments to preserve and enhance their professional competence.

INTERPRETATION: Methods through which knowledge of scientific and professional developments may be gained include, but are not limited to, reading scientific and professional publications, attendance at professional workshops and meetings, participation in staff development programs, and other forms of continuing education.9 The counseling psychologist has ready access to reference material related to the provision of psychological services. Counseling psychologists are prepared to show evidence periodically that they are staying abreast of current knowledge and practices in the field of counseling psychology through continuing education.

1.6 Counseling psychologists limit their practice to their demonstrated areas of professional competence.

INTERPRETATION: Counseling psychological services are offered in accordance with the providers’ areas of competence as defined by verifiable training and experience. When extending services beyond the range of their usual practice, counseling psychologists obtain pertinent training or appropriate professional supervision. Such training or supervision is consistent with the extension of functions performed and services provided. An extension of services may involve a change in the theoretical orientation of the counseling psychologist, in the modality or techniques used, in the type of client, or in the kinds of problems or disorders for which services are to be provided.

1.7 Professional psychologists who wish to qualify as counseling psychologists meet the same requirements with respect to subject matter and professional skills that apply to doctoral education and training in counseling psychology.10

INTERPRETATION: Education of doctoral-level psychologists to qualify them for specialty practice in counseling psychology is under the auspices of a department in a regionally accredited university or of a professional school that offers the doctoral degree in counseling psychology. Such education is individualized, with due credit being given for relevant course work and other requirements that have previously been satisfied. In addition, doctoral-level training supervised by a counseling psychologist is required. Merely taking an internship in counseling psychology or acquiring experience in a practice setting is not adequate preparation for becoming a counseling psychologist when prior education has not been in that area. Fulfillment of such an individualized educational program is attested to by the awarding of a certificate by the supervising department or professional school that indicates the successful completion of preparation in counseling psychology.

1.8 Professional counseling psychologists are encouraged to develop innovative theories and procedures and to provide appropriate theoretical and/or empirical support for their innovations.

INTERPRETATION: A specialty of a profession rooted in a science intends continually to explore and experiment with a view to developing and verifying new and improved ways of serving the public and documents the innovations.

Guideline 2

PROGRAMS

2.1 Composition and organization of a counseling psychological service unit:

2.1.1 The composition and programs of a counseling psychological service unit are responsive to the needs of the persons or settings served.

INTERPRETATION: A counseling psychological service unit is structured so as to facilitate effective and economical delivery of services. For example, a counseling psychological service unit serving predominantly a low-income, ethnic, or racial minority group has a staffing pattern and service programs that are adapted to the linguistic, experiential, and attitudinal characteristics of the users.

2.1.2 A description of the organization of the counseling psychological service unit and its lines of responsibility and accountability for the delivery of psychological services is available in written form to
staff of the unit and to users and sanctioners upon request.

INTERPRETATION: The description includes lines of responsibility, supervisory relationships, and the level and extent of accountability for each person who provides psychological services.

2.1.3 A counseling psychological service unit includes sufficient numbers of professional and support personnel to achieve its goals, objectives, and purposes.

INTERPRETATION: The work load and diversity of psychological services required and the specific goals and objectives of the setting determine the numbers and qualifications of professional and support personnel in the counseling psychological service unit. Where shortages in personnel exist, so that psychological services cannot be rendered in a professional manner, the director of the counseling psychological service unit initiates action to remedy such shortages. When this fails, the director appropriately modifies the scope or work load of the unit to maintain the quality of the services rendered and, at the same time, makes continued efforts to devise alternative systems for delivery of services.

2.2 Policies:

2.2.1 When the counseling psychological service unit is composed of more than one person or is a component of a larger organization, a written statement of its objectives and scope of services is developed, maintained, and reviewed.

INTERPRETATION: The counseling psychological service unit reviews its objectives and scope of services annually and revises them as necessary to ensure that the psychological services offered are consistent with staff competencies and current psychological knowledge and practice. This statement is discussed with staff, reviewed with the appropriate administrator, and distributed to users and sanctioners upon request, whenever appropriate.

2.2.2 All providers within a counseling psychological service unit support the legal and civil rights of the users.11

INTERPRETATION: Providers of counseling psychological services safeguard the interests of the users with regard to personal, legal, and civil rights. They are continually sensitive to the issue of confidentiality of information, the short-term and long-term impacts of their decisions and recommendations, and other matters pertaining to individual, legal, and civil rights. Concerns regarding the safeguarding of individual rights of users include, but are not limited to, problems of access to professional records in educational institutions, self-incrimination in judicial proceedings, involuntary commitment to hospitals, protection of minors or legal incompetents, discriminatory practices in employment selection procedures, recommendation for special education provisions, information relative to adverse personnel actions in the armed services, and adjudication of domestic relations disputes in divorce and custodial proceedings. Providers of counseling psychological services take affirmative action by making themselves available to local committees, review boards, and similar advisory groups established to safeguard the human, civil, and legal rights of service users.

2.2.3 All providers within a counseling psychological service unit are familiar with and adhere to the American Psychological Association's Standards for Providers of Psychological Services, Ethical Principles of Psychologists, Standards for Educational and Psychological Tests, Ethical Principles in the Conduct of Research With Human Participants, and other official policy statements relevant to standards for professional services issued by the Association.

INTERPRETATION: Providers of counseling psychological services maintain current knowledge of relevant standards of the American Psychological Association.

2.2.4 All providers within a counseling psychological service unit conform to relevant statutes established by federal, state, and local governments.

INTERPRETATION: All providers of counseling psychological services are familiar with and conform to appropriate statutes regulating the practice of psychology. They also observe agency regulations that have the force of law and that relate to the delivery of psychological services (e.g., evaluation for disability retirement and special education placements). In addition, all providers are cognizant that federal agencies such as the Veterans Administration, the Department of Education, and the Department of Health and Human Services have policy statements regarding psychological services. Providers are familiar as well with other statutes and regulations, including those addressed to the civil and legal rights of users (e.g., those promulgated by the federal Equal Employment Opportunity Commission), that are pertinent to their scope of practice.

It is the responsibility of the American Psychological Association to maintain current files of those federal policies, statutes, and regulations relating to this section and to assist its members in obtaining them. The state psychological associations and the state licensing boards periodically publish and distribute appropriate state statutes and regulations, and these are on file in the counseling psychological service unit or the larger multipysychological service unit of which it is a part.

2.2.5 All providers within a counseling psychological service unit inform themselves about and use the
network of human services in their communities in order to link users with relevant services and resources.

INTERPRETATION: Counseling psychologists and support staff are sensitive to the broader context of human needs. In recognizing the matrix of personal and social problems, providers make available to clients information regarding human services such as legal aid societies, social services, employment agencies, health resources, and educational and recreational facilities. Providers of counseling psychological services refer to such community resources and, when indicated, actively intervene on behalf of the users.

Community resources include the private as well as the public sectors. Consultation is sought or referral made within the public or private network of services whenever required in the best interest of the users. Counseling psychologists, in either the private or the public setting, utilize other resources in the community whenever indicated because of limitations within the psychological service unit providing the services. Professional counseling psychologists in private practice know the types of services offered through local community mental health clinics and centers, through family-service, career, and placement agencies, and through reading and other educational improvement centers and know the costs and the eligibility requirements for those services.

2.2.6 In the delivery of counseling psychological services, the providers maintain a cooperative relationship with colleagues and co-workers in the best interest of the users.12

INTERPRETATION: Counseling psychologists recognize the areas of special competence of other professional psychologists and of professionals in other fields for either consultation or referral purposes. Providers of counseling psychological services make appropriate use of other professional, research, technical, and administrative resources to serve the best interests of users and establish and maintain cooperative arrangements with such other resources as required to meet the needs of users.

2.3 Procedures:

2.3.1 Each counseling psychological service unit is guided by a set of procedural guidelines for the delivery of psychological services.

INTERPRETATION: Providers are prepared to provide a statement of procedural guidelines, in either oral or written form, in terms that can be understood by users, including sanctioners and local administrators. This statement describes the current methods, forms, procedures, and techniques being used to achieve the objectives and goals for psychological services.

2.3.2 Providers of counseling psychological services develop plans appropriate to the providers' professional practices and to the problems presented by the users.

INTERPRETATION: A counseling psychologist, after initial assessment, develops a plan describing the objectives of the psychological services and the manner in which they will be provided.13 To illustrate, the agreement spells out the objective (e.g., a career decision), the method (e.g., short-term counseling), the roles (e.g., active participation by the user as well as the provider), and the cost. This plan is in written form. It serves as a basis for obtaining understanding and concurrence from the user and for establishing accountability and provides a mechanism for subsequent peer review. This plan is, of course, modified as changing needs dictate.

A counseling psychologist who provides services as one member of a collaborative effort participates in the development, modification (if needed), and implementation of the overall service plan and provides for its periodic review.

2.3.3 Accurate, current, and pertinent documentation of essential counseling psychological services provided is maintained.

INTERPRETATION: Records kept of counseling psychological services include, but are not limited to, identifying data, dates of services, types of services, significant actions taken, and outcome at termination. Providers of counseling psychological services ensure that essential information concerning services rendered is recorded within a reasonable time following their completion.

2.3.4 Each counseling psychological service unit follows an established record retention and disposition policy.

INTERPRETATION: The policy on record retention and disposition conforms to state statutes or federal regulations where such are applicable. In the absence of such regulations, the policy is (a) that the full record be maintained intact for at least 4 years after the completion of planned services or after the date of last contact with the user, whichever is later; (b) that if a full record is not retained, a summary of the record be maintained for an additional 3 years; and (c) that the record may be disposed of no sooner than 7 years after the completion of planned services or after the date of last contact, whichever is later.

In the event of the death or incapacity of a counseling psychologist in independent practice, special procedures are necessary to ensure the continuity of active service to users and the proper safeguarding of records in accordance with this Guideline. Following approval by the affected user, it is appropriate for another counseling psychologist, acting under the auspices of the professional standards review committee (PSRC) of the state, to review the record with the user and recommend a
course of action for continuing professional service, if needed. Depending on local circumstances, appropriate arrangements for record retention and disposition may also be recommended by the reviewing psychologist.

This Guideline has been designed to meet a variety of circumstances that may arise, often years after a set of psychological services has been completed. Increasingly, psychological records are being used in forensic matters, for peer review, and in response to requests from users, other professionals, and other legitimate parties requiring accurate information about the exact dates, nature, course, and outcome of a set of psychological services. The 4-year period for retention of the full record covers the period of either undergraduate or graduate study of most students in postsecondary educational institutions, and the 7-year period for retention of at least a summary of the record covers the period during which a previous user is most likely to return for counseling psychological services in an educational institution or other organization or agency.

2.3.5 Providers of counseling psychological services maintain a system to protect confidentiality of their records.

INTERPRETATION. Counseling psychologists are responsible for maintaining the confidentiality of information about users of services, from whatever source derived. All persons supervised by counseling psychologists, including nonprofessional personnel and students, who have access to records of psychological services maintain this confidentiality as a condition of employment and/or supervision.

The counseling psychologist does not release confidential information, except with the written consent of the user directly involved or his or her legal representative. The only deviation from this rule is in the event of clear and imminent danger to, or involving, the user. Even after consent for release has been obtained, the counseling psychologist clearly identifies such information as confidential to the recipient of the information. If directed otherwise by statute or regulations with the force of law or by court order, the psychologist seeks a resolution to the conflict that is both ethically and legally feasible and appropriate.

Users are informed in advance of any limits in the setting for maintenance of confidentiality of psychological information. For instance, counseling psychologists in agency, clinic, or hospital settings inform their clients that psychological information in a client’s record may be available without the client’s written consent to other members of the professional staff associated with service to the client. Similar limitations on confidentiality of psychological information may be present in certain educational, industrial, military, or other institutional settings, or in instances in which the user has waived confidentiality for purposes of third-party payment.

Users have the right to obtain information from their psychological records. However, the records are the property of the psychologist or the facility in which the psychologist works and are, therefore, the responsibility of the psychologist and subject to his or her control.

When the user’s intention to waive confidentiality is judged by the professional counseling psychologist to be contrary to the user’s best interests or to be in conflict with the user’s civil and legal rights, it is the responsibility of the counseling psychologist to discuss the implications of releasing psychological information and to assist the user in limiting disclosure only to information required by the present circumstance.

Raw psychological data (e.g., questionnaire returns or test protocols) in which a user is identified are released only with the written consent of the user or his or her legal representative and released only to a person recognized by the counseling psychologist as qualified and competent to use the data.

Any use made of psychological reports, records, or data for research or training purposes is consistent with this Guideline. Additionally, providers of counseling psychological services comply with statutory confidentiality requirements and those embodied in the American Psychological Association’s Ethical Principles of Psychologists (APA, 1981b).

Guideline 3
ACCOUNTABILITY

3.1 The promotion of human welfare is the primary principle guiding the professional activity of the counseling psychologist and the counseling psychological service unit.

INTERPRETATION: Counseling psychologists provide services to users in a manner that is considerate, effective, economical, and humane. Counseling psychologists are responsible for making their services readily accessible to users in a manner that facilitates the users’ freedom of choice.

Counseling psychologists are mindful of their accountability to the sanctioners of counseling psychological services and to the general public, provided that appropriate steps are taken to protect the confidentiality of the service relationship. In the pursuit of their professional activities, they aid in the conservation of human, material, and financial resources.

The counseling psychological service unit does not withhold services to a potential client on the basis of that user’s race, color, religion, gender, sexual orientation, age, or national origin; nor does it provide services in a
discriminatory or exploitative fashion. Counseling psychologists who find that psychological services are being provided in a manner that is discriminatory or exploitative to users and/or contrary to these Guidelines or to state or federal statutes take appropriate corrective action, which may include the refusal to provide services. When conflicts of interest arise, the counseling psychologist is guided in the resolution of differences by the principles set forth in the American Psychological Association’s Ethical Principles of Psychologists (APA, 1981b) and “Guidelines for Conditions of Employment of Psychologists” (APA, 1972). 18

Recognition is given to the following considerations in regard to the withholding of service: (a) the professional right of counseling psychologists to limit their practice to a specific category of users with whom they have achieved demonstrated competence (e.g., adolescents or families); (b) the right and responsibility of counseling psychologists to withhold an assessment procedure when not validly applicable; (c) the right and responsibility of counseling psychologists to withhold services in specific instances in which their own limitations or client characteristics might impair the quality of the services; (d) the obligation of counseling psychologists to seek to ameliorate personal therapeutic procedures those factors that inhibit the provision of services to particular individuals; and (e) the obligation of counseling psychologists who withhold services to assist clients in obtaining services from other sources.17

3.2 Counseling psychologists pursue their activities as members of the independent, autonomous profession of psychology.18

INTERPRETATION: Counseling psychologists, as members of an independent profession, are responsible both to the public and to their peers through established review mechanisms. Counseling psychologists are aware of the implications of their activities for the profession as a whole. They seek to eliminate discriminatory practices instituted for self-serving purposes that are not in the interest of the users (e.g., arbitrary requirements for referral and supervision by another profession). They are cognizant of their responsibilities for the development of the profession, participate where possible in the training and career development of students and other providers, participate as appropriate in the training of paraprofessionals or other professionals, and integrate and supervise the implementation of their contributions within the structure established for delivering psychological services. Counseling psychologists facilitate the development of, and participate in, professional standards review mechanisms.19

Counseling psychologists seek to work with other professionals in a cooperative manner for the good of the users and the benefit of the general public. Counseling psychologists associated with multidisciplinary settings support the principle that members of each participating profession have equal rights and opportunities to share all privileges and responsibilities of full membership in human service facilities and to administer service programs in their respective areas of competence.

3.3 There are periodic, systematic, and effective evaluations of counseling psychological services.20

INTERPRETATION: When the counseling psychological service unit is a component of a larger organization, regular evaluation of progress in achieving goals is provided for in the service delivery plan, including consideration of the effectiveness of counseling psychological services relative to costs in terms of use of time and money and the availability of professional and support personnel.

Evaluation of the counseling psychological service delivery system is conducted internally and, when possible, under independent auspices as well. This evaluation includes an assessment of effectiveness (to determine what the service unit accomplished), efficiency (to determine the total costs of providing the services), continuity (to ensure that the services are appropriately linked to other human services), availability (to determine appropriate levels and distribution of services and personnel), accessibility (to ensure that the services are barrier free to users), and adequacy (to determine whether the services meet the identified needs for such services).

There is a periodic reexamination of review mechanisms to ensure that these attempts at public safeguards are effective and cost efficient and do not place unnecessary encumbrances on the providers or impose unnecessary additional expenses on users or sanctioners for services rendered.

3.4 Counseling psychologists are accountable for all aspects of the services they provide and are responsive to those concerned with these services.21

INTERPRETATION: In recognizing their responsibilities to users, sanctioners, third-party purchasers, and other providers, and where appropriate and consistent with the users’ legal rights and privileged communications, counseling psychologists make available information about, and provide opportunity to participate in, decisions concerning such issues as initiation, termination, continuation, modification, and evaluation of counseling psychological services.

Depending on the settings, accurate and full information is made available to prospective individual or organizational users regarding the qualifications of providers, the nature and extent of services offered, and where appropriate, financial and social costs.

Where appropriate, counseling psychologists inform users of their payment policies and their willingness to assist in obtaining reimbursement. To assist their users, those who accept reimbursement from a third party are
acquainted with the appropriate statutes and regulations, the procedures for submitting claims, and the limits on confidentiality of claims information, in accordance with pertinent statutes.

Guideline 4
ENVIRONMENT

4.1 Providers of counseling psychological services promote the development in the service setting of a physical, organizational, and social environment that facilitates optimal human functioning.

INTERPRETATION: Federal, state, and local requirements for safety, health, and sanitation are observed.

As providers of services, counseling psychologists are concerned with the environment of their service unit, especially as it affects the quality of service, but also as it impinges on human functioning in the larger context. Physical arrangements and organizational policies and procedures are conducive to the human dignity, self-respect, and optimal functioning of users and to the effective delivery of service. Attention is given to the comfort and the privacy of providers and users. The atmosphere in which counseling psychological services are rendered is appropriate to the service and to the users, whether in an office, clinic, school, college, university, hospital, industrial organization, or other institutional setting.

FOOTNOTES

1 The footnotes appended to these Specialty Guidelines represent an attempt to provide a coherent context of other policy statements of the Association regarding professional practice. The Guidelines extend these previous policy statements where necessary to reflect current concerns of the public and the profession.

2 The following two categories of professional psychologists who met the criteria indicated below on or before the adoption of these Specialty Guidelines on January 31, 1980, are also considered counseling psychologists: Category 1—persons who completed (a) a doctoral degree program primarily psychological in content at a regionally accredited university or professional school and (b) 3 postdoctoral years of appropriate education, training, and experience in providing counseling psychological services as defined herein, including a minimum of 1 year in a counseling setting. Category 2—persons who on or before September 4, 1974, (a) completed a master's degree from a program primarily psychological in content at a regionally accredited university or professional school and (b) held a license or certificate in the state in which they practiced, conferred by a state board of psychological examiners, or the endorsement of the state psychological association through voluntary certification, and who, in addition, prior to January 31, 1980, (c) obtained 5 post-master's years of appropriate education, training, and experience in providing counseling psychological services as defined herein, including a minimum of 2 years in a counseling setting.

After January 31, 1980, professional psychologists who wish to be recognized as professional counseling psychologists are referred to Guideline 1.7.

3 The areas of knowledge and training that are a part of the educational program for all professional psychologists have been presented in two APA documents, Education and Credentialing in Psychology II (APA, 1977a) and Criteria for Accreditation of Doctoral Training Programs and Internships in Professional Psychology (APA, 1979). There is consistency in the presentation of core areas in the education and training of all professional psychologists. The description of education and training in these Guidelines is based primarily on the document Education and Credentialing in Psychology II. It is intended to indicate broad areas of required curriculum, with the expectation that training programs will undoubtedly want to interpret the specific content of these areas in different ways depending on the nature, philosophy, and intent of the programs.

4 Functions and activities of counseling psychologists relating to the teaching of psychology, the writing or editing of scholarly or scientific manuscripts, and the conduct of scientific research do not fall within the purview of these Guidelines.

5 These definitions should be compared with the APA (1967) guidelines for state legislation (hereinafter referred to as state guidelines), which define psychologist (i.e., the generic professional psychologist, not the specialist counseling psychologist) and the practice of psychology as follows:

A person represents himself [or herself] to be a psychologist when he [or she] holds himself [or herself] out to the public by any title or description of services incorporating the words "psychology," "psychological," "psychologist," and/or offers to render or renders services as defined below to individuals, groups, organizations, or the public for a fee, monetary or otherwise.

The practice of psychology within the meaning of this act is defined as rendering to individuals, groups, organizations, or the public any psychological service involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, thinking, emotions, and interpersonal relationships; the methods and procedures of interviewing, counseling, and psychotherapy; of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotion, and motivation; and of assessing public opinion.

The application of said principles and methods includes, but is not restricted to: diagnosis, prevention, and amelioration of adjustment problems and emotional and mental disorders of individuals and groups; hypnosis; educational and vocational counseling; personnel selection and management; the evaluation and planning for effective work and learning situations; advertising and market research; and the resolution of interpersonal and social conflicts.

Psychotherapy within the meaning of this act means the use of learning, conditioning methods, and emotional reactions, in a professional relationship, to assist a person or persons to modify feelings, attitudes, and behavior which are intellectually, socially, or emotionally maladaptive or ineffectual.

The practice of psychology shall be as defined above, any existing statute in the state of ... to the contrary notwithstanding. (APA, 1967, pp. 1098–1099)

6 The relation of a psychological service unit to a larger facility or institution is also addressed indirectly in the APA (1972)
"Guidelines for Conditions of Employment of Psychologists" (hereinafter referred to as CEP Guidelines), which emphasize the roles, responsibilities, and prerogatives of the psychologist when he or she is employed by or provides services for another agency, institution, or business.

7 This Guideline replaces earlier recommendations in the 1967 state guidelines concerning exemption of psychologists from licensure. Recommendations 8 and 9 of those guidelines read as follows:

Persons employed as psychologists by accredited academic institutions, governmental agencies, research laboratories, and business corporations should be exempted, provided such employees are performing those duties for which they are employed by such organizations, and within the confines of such organizations.

Persons employed as psychologists by accredited academic institutions, governmental agencies, research laboratories, and business corporations consulting or offering their research findings or providing scientific information to like organizations for a fee should be exempted. (APA, 1967, p. 1100)

On the other hand, the 1967 state guidelines specifically denied exemptions under certain conditions, as noted in Recommendations 10 and 11:

Persons employed as psychologists who offer or provide psychological services to the public for a fee, over and above the salary that they receive for the performance of their regular duties, should not be exempted.

Persons employed as psychologists by organizations that sell psychological services to the public should not be exempted. (APA, 1967, pp. 1100-1101)

The present APA policy, as reflected in this Guideline, establishes a single code of practice for psychologists providing covered services to users in any setting. The present position is that a psychologist providing any covered service meets local statutory requirements for licensure or certification. See the section entitled Principles and Implications of the Specialty Guidelines for further elaboration of this point.

8 A closely related principle is found in the APA (1972) CEP Guidelines:

It is the policy of APA that psychology as an independent profession is entitled to parity with other health and human service professions in institutional practices and before the law. Psychologists in interdisciplinary settings such as colleges and universities, medical schools, clinics, private practice groups, and other agencies expect parity with other professions in such matters as academic rank, board status, salaries, fringe benefits, fees, participation in administrative decisions, and all other conditions of employment, private contractual arrangements, and status before the law and legal institutions. (APA, 1972, p. 333)

9 See CEP Guidelines (section entitled Career Development) for a closely related statement:

Psychologists are expected to encourage institutions and agencies which employ them to sponsor or conduct career development programs. The purpose of these programs would be to enable psychologists to engage in study for professional advancement and to keep abreast of developments in their field. (APA, 1972, p. 332)

10 This Guideline follows closely the statement regarding "Policy on Training for Psychologists Wishing to Change Their Specialty" adopted by the APA Council of Representatives in January 1976. Included therein was the implementing provision that "this policy statement shall be incorporated in the guidelines of the Committee on Accreditation so that appropriate sanctions can be brought to bear on university and internship training programs that violate [it]" (Conger, 1976, p. 424).

11 See also APA's (1981b) Ethical Principles of Psychologists, especially Principles 5 (Confidentiality), 6 (Welfare of the Consumer), and 9 (Research With Human Participants); and see Ethical Principles in the Conduct of Research With Human Participants (APA, 1973a). Also, in 1978 Division 17 approved in principle a statement on "Principles for Counseling and Psychotherapy With Women," which was designed to protect the interests of female users of counseling psychological services.

12 Support for this position is found in the section on relations with other professions in Psychology as a Profession:

Professional persons have an obligation to know and take into account the traditions and practices of other professional groups with whom they work and to cooperate fully with members of such groups with whom research, service, and other functions are shared. (APA, 1968, p. 5)

13 One example of a specific application of this principle is found in APA's (1981a) revised APA/CHAMPUS Outpatient Psychological Provider Manual. Another example, quoted below, is found in Guideline 2 in APA's (1973b) "Guidelines for Psychologists Conducting Growth Groups":

The following information should be made available in writing (italics added) to all prospective participants:

(a) An explicit statement of the purpose of the group;
(b) Types of techniques that may be employed;
(c) The education, training, and experience of the leader or leaders;
(d) The fee and any additional expense that may be incurred;
(e) A statement as to whether or not a follow-up service is included in the fee;
(f) Goals of the group experience and techniques to be used;
(g) Amounts and kinds of responsibility to be assumed by the leader and by the participants. For example, (i) the degree to which a participant is free not to follow suggestions and prescriptions of the group leader and other group members; (ii) any restrictions on a participant's freedom to leave the group at any time; and
(h) Issues of confidentiality. (p. 933)


15 Support for the principles of privileged communication is found in at least two policy statements of the Association:

In the interest of both the public and the client and in accordance with the requirements of good professional practice, the profession of psychology seeks recognition of the privileged nature of confidential communications with clients, preferably through statutory enactment or by administrative policy where more appropriate (APA, 1968, p. 8)

Wherever possible, a clause protecting the privileged nature of the psychologist-client relationship be included.

When appropriate, psychologists assist in obtaining general "across the board" legislation for such privileged communications (APA, 1967, p. 1103)

16 The CEP Guidelines include the following:

It is recognized that under certain circumstances, the interests and goals of a particular community or segment of
interest in the population may be in conflict with the general welfare. Under such circumstances, the psychologist's professional activity must be primarily guided by the principle of "promoting human welfare." (APA, 1972, p. 334)

This paragraph is adapted in part from the CEP Guidelines (APA, 1972, p. 333).

Support for the principle of the independence of psychology as a profession is found in the following:

As a member of an autonomous profession, a psychologist rejects limitations upon his [or her] freedom of thought and action other than those imposed by his [or her] moral, legal, and social responsibilities. The Association is always prepared to provide appropriate assistance to any responsible member who becomes subjected to unreasonable limitations upon his [or her] opportunity to function as a practitioner, teacher, researcher, administrator, or consultant. The Association is always prepared to cooperate with any responsible professional organization in opposing any unreasonable limitations on the professional functions of the members of that organization.

This insistence upon professional autonomy has been upheld over the years by the affirmative actions of the courts and other public and private bodies in support of the right of the psychologist—and other professionals—to pursue those functions for which he [or she] is trained and qualified to perform. (APA, 1968, p. 9)

Organized psychology has the responsibility to define and develop its own profession, consistent with the general canons of science and with the public welfare.

Psychologists recognize that other professions and other groups will, from time to time, seek to define the roles and responsibilities of psychologists. The APA opposes such developments on the same principle that it is opposed to the psychological profession taking positions which would define the work and scope of responsibility of other duly recognized professions. (APA, 1972, p. 333)

APA support for peer review is detailed in the following excerpt from the APA (1971) statement entitled "Psychology and National Health Care":

All professions participating in a national health plan should be directed to establish review mechanisms (or performance evaluations) that include not only peer review but active participation by persons representing the consumer. In situations where there are fiscal agents, they should also have representation when appropriate. (p. 1026)

This Guideline on program evaluation is based directly on the following excerpts from two APA position papers:

The quality and availability of health services should be evaluated continuously by both consumers and health professionals. Research into the efficiency and effectiveness of the system should be conducted both internally and under independent auspices. (APA, 1971, p. 1025)

The comprehensive community mental health center should devote an explicit portion of its budget to program evaluation. All centers should inculcate in their staff attention to and respect for research findings; the larger centers have an obligation to set a high priority on basic research and to give formal recognition to research as a legitimate part of the duties of staff members.

... Only through explicit appraisal of program effects can worthy approaches be retained and refined, ineffective ones dropped. Evaluative monitoring of program achievements may vary, of course, from the relatively informal to the systematic and quantitative, depending on the importance of the issue, the availability of resources, and the willingness of those responsible to take risks of substituting informed judgment for evidence. (Smith & Hobbs, 1966, pp. 21–22)

See also the CEP Guidelines for the following statement: "A psychologist recognizes that ... he [or she] alone is accountable for the consequences and effects of his [or her] services, whether as teacher, researcher, or practitioner. This responsibility cannot be shared, delegated, or reduced" (APA, 1972, p. 334).

REFERENCES


