Specialty Guidelines for the Delivery of Services by Clinical 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 clinical psychologists. Admission to the practice of psychology is regulated by state statute. It is the position of the Association that licensing be based on generic, and not on specialty, qualifications. Specialty guidelines serve the additional purpose of providing potential users and other interested groups with essential information about particular services available from the several specialties in professional psychology.

Professional psychology specialties have evolved from generic practice in psychology and are supported by university training programs. There are now at least four recognized professional specialties—clinical, counseling, school, and industrial/or organizational psychology.

The knowledge base in each of these specialty areas has increased, refining the state of the art to the point that a set of uniform specialty guidelines is now possible and desirable. The present Guidelines are intended to educate the public, the profession, and other interested parties regarding specialty professional practices. They are also intended to facilitate the continued systematic development of the profession.

The content of each Specialty Guideline reflects a consensus of university faculty and public and private practitioners regarding the knowledge base, services provided, problems addressed, and clients served.

Traditionally, all learned disciplines have treated the designation of specialty practice as a reflection of preparation in greater depth in a particular subject matter, together with a voluntary limiting of focus to a more restricted area of practice by the professional. Lack of specialty designation does not preclude general providers of psychological services from using the methods or dealing with the populations of any specialty, except insofar as psychologists voluntarily refrain from providing services they are not trained to render. It is the intent of these Guidelines, however, that after the grandparenting period, psychologists not put themselves forward as specialists in a given area of practice unless they meet the qualifications noted in the Guidelines (see Definitions). Therefore, these Guidelines are meant to apply only to those psychologists who voluntarily wish to be designated as clinical psychologists. They do not apply to other psychologists.

These Guidelines represent the profession's best judgment of the conditions, credentials, and experience that contribute to competent professional practice. The APA strongly encourages, and plans to participate in, efforts to identify professional practitioner behaviors and job functions and to validate the relation between these and desired client outcomes. Thus, future revisions of these Guidelines will increasingly reflect the results of such efforts.

These Guidelines follow the format and, wherever applicable, the wording of the generic Standards. (Note: Footnotes appear at the end of the Specialty Guidelines. See pp. 648-651.) The intent of these Guidelines is to improve the quality, effectiveness, and accessibility of psychological services. They are meant to provide guidance to providers, users, and sanctioners regarding the best judgment of the profession on these matters. Although the Specialty Guidelines have been derived from and are consistent with the generic Standards, they may be used as separate documents. However, Standards for Providers of Psychological Services (APA, 1977b) shall remain the basic policy statement and shall take precedence where there are questions of interpretation.

Professional psychology in general and clinical psychology as a specialty have labored long and diligently to codify a uniform set of guidelines for the delivery of services by clinical 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 Clinical Psychologists that follow have been established by the APA as a means of self-regulation to protect the public interest. They guide the specialty practice of

These Specialty Guidelines were prepared through the cooperative efforts of the APA Committee on Standards for Providers of Psychological Services (COSPOS) and many professional clinical psychologists from the divisions of APA, including those involved in education and training programs and in public and private practice. Jules Barron, succeeded by Morris Goodman, served as the clinical psychology representative on COSPOS. The committee was chaired by Durand P. Jacobs; the Central Office liaisons were Arthur Centor and Richard Kilburg.
clinical 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 have 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 clinical psychology provide an authoritative reference for use in credentialing specialty providers of clinical 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 clinical psychological services in both the private and the public sectors. Those receiving clinical 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 clinical psychological service functions offered by clinical psychologists, regardless of setting or form of remuneration. All clinical 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. Clinical psychology Guidelines establish clearly articulated levels of quality for covered clinical psychological service functions, regardless of the nature of the users, purchasers, or sanctioners of such covered services.
6. All persons providing clinical psychological services meet specified levels of training and experience that are consistent with, and appropriate to, the functions they perform. Clinical psychological services provided by persons who do not meet the APA qualifications for a professional clinical psychologist (see Definitions) are supervised by a professional clinical psychologist. Final responsibility and accountability for services provided rest with professional clinical psychologists.
7. When providing any of the covered clinical psychological service functions at any time and in any setting, whether public or private, profit or nonprofit, clinical psychologists observe these Guidelines in order to promote the best interests and welfare of the users of such services. The extent to which clinical psychologists observe these Guidelines is judged by peers.
8. These Guidelines, while assuring the user of the clinical psychologist’s accountability for the nature and quality of services specified in this document, do not preclude the clinical psychologist from using new methods or developing innovative procedures in the delivery of clinical services.

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

1. Guidelines for clinical 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 clinical psychologists are essential for uniformity in specialty credentialing of clinical psychologists.
3. Guidelines give specific content to the profession’s concept of ethical practice as it applies to the functions of clinical psychologists.
4. Guidelines for clinical psychological services may have significant impact on tomorrow’s education and training models for both professional and support personnel in clinical psychology.
5. Guidelines for the provision of clinical psychological services in human service facilities influence the determination of acceptable structure, budgeting, and staffing patterns in these facilities.
6. Guidelines for clinical psychological services require continual review and revision.

The Specialty Guidelines here presented are intended to improve the quality and delivery of clinical 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 clinical psychological service units in human service settings.

**Definitions**

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

A. Professional clinical psychologists: Professional clinical psychologists have a doctoral degree from a regionally accredited university or professional school providing an organized, sequential clinical psychology program in a department of psychology in a university or college, or in an appropriate department or unit of a professional school. Clinical psychology programs that are accredited by the American Psychological Association are recognized as meeting the definition of a clinical psychology program. Clinical psychology programs that
are not accredited by the American Psychological Association meet the definition of a clinical 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.

In addition to a doctoral education, clinical psychologists acquire doctoral and postdoctoral training. Patterns of education and training in clinical psychology are consistent with the functions to be performed and the services to be provided, in accordance with the ages, populations, and problems encountered in various settings.

B. All other persons who are not professional clinical psychologists and who participate in the delivery of clinical psychological services under the supervision of a professional clinical psychologist. Although there may be variations in the titles of such persons, they are not referred to as clinical psychologists. Their functions may be indicated by use of the adjective psychological preceding the noun, for example, psychological associate, psychological assistant, psychological technician, or psychological aide. Their services are rendered under the supervision of a professional clinical psychologist, who is responsible for the designation given them and for quality control. To be assigned such a designation, a person has the background, training, or experience that is appropriate to the functions performed.

Clinical psychological services refers to the application of principles, methods, and procedures for understanding, predicting, and alleviating intellectual, emotional, psychological, and behavioral disability and discomfort. Direct services are provided in a variety of health settings, and direct and supportive services are provided in the entire range of social, organizational, and academic institutions and agencies. Clinical psychological services include the following:

A. Assessment directed toward diagnosing the nature and causes, and predicting the effects, of subjective distress; of personal, social, and work dysfunction; and of the psychological and emotional factors involved in, and consequent to, physical disease and disability. Procedures may include, but are not limited to, interviewing, and administering and interpreting tests of intellectual abilities, attitudes, emotions, motivations, personality characteristics, psychoneurological status, and other aspects of human experience and behavior relevant to the disturbance.

B. Interventions directed at identifying and correcting the emotional conflicts, personality disturbances, and skill deficits underlying a person’s distress and/or dysfunction. Interventions may reflect a variety of theoretical orientations, techniques, and modalities. These may include, but are not limited to, psychotherapy, psychoanalysis, behavior therapy, marital and family therapy, group psychotherapy, hypnotherapy, social-learning approaches, biofeedback techniques, and environmental consultation and design.

C. Professional consultation in relation to A and B above.

D. Program development services in the areas of A, B, and C above.

E. Supervision of clinical psychological services.

F. Evaluation of all services noted in A through E above.

A clinical psychological service unit is the functional unit through which clinical 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 clinical psychological service unit provides predominantly clinical psychological services and is composed of one or more professional clinical psychologists and supporting staff.

B. A clinical psychological service unit may operate as a professional service or as a functional or geographic component of a larger multipscychological service unit or of a governmental, educational, correctional, health, training, industrial, or commercial organizational unit.

C. One or more clinical psychologists providing professional services in a multidisciplinary setting constitute a clinical psychological service unit.

D. A clinical psychological service unit may also be one or more clinical psychologists in a private practice or a psychological consulting firm.

Users of clinical psychological services include:

A. Direct users or recipients of clinical psychological services.

B. Public and private institutions, facilities, or organizations receiving clinical 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 clinical 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

PROVIDERS

1.1 Each clinical psychological service unit offering psychological services has available at least one professional clinical psychologist and as many more professional clinical 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 clinical psychological service unit meet the levels of training and experience of the professional clinical psychologist as specified in the preceding definitions. When a facility offering clinical psychological services does not have a full-time professional clinical psychologist available, the facility retains the services of one or more professional clinical psychologists on a regular part-time basis. The clinical psychologist so retained directs and supervises the psychological services provided, participates sufficiently to be able to assess the need for services, reviews the content of services provided, and has the authority to assume 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 clinical psychological services who do not meet the requirements for the professional clinical psychologist are supervised directly by a professional clinical 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 psychologist 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 clinical 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 clinical psychological services and are accountable to the professional clinical psychologist. Ultimate professional responsibility and accountability for the services provided require that the supervisor review and approve reports and test protocols, review and approve intervention plans and strategies, and review outcomes. Therefore, the supervision of all clinical psychological services is provided directly by a professional clinical psychologist in individual and/or group face-to-face meetings.

In order to meet this Guideline, an appropriate number of hours per week are devoted to direct face-to-face supervision of each clinical psychological service unit staff member. In no event is such supervision less than 1 hour per week. The more comprehensive the psychological services are, the more supervision is needed. A plan or formula for relating increasing amounts of supervisory time to the complexity of professional responsibilities is to be developed. The amount and nature of supervision is made known to all parties concerned.

Such communications are in writing and describe and delineate the duties of the employee with respect to range and type of services to be provided. The limits of independent action and decision making are defined. The description of responsibility also specifies the means by which the employee will contact the professional clinical psychologist in the event of emergency or crisis situations.

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

INTERPRETATION: The clinical psychologist coordinates the activities of the clinical psychological service unit with other professional, administrative, and technical groups, both within and outside the facility. This clinical psychologist, who may be the director, chief, or coordinator of the clinical psychological service unit, has related responsibilities including, but not limited to, recruiting qualified staff, directing 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 clinical services by raising the level of staff sensitivity and professional skills, the clinical 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 directly relevant to the needs and characteristics of the users served.

1.4 When functioning as part of an organizational setting, professional clinical 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.

INTERPRETATION: Professional clinical psychologists participate in the maintenance of high professional stan-
dards 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 professional staffs of hospitals and other facilities and on other executive, planning, and evaluation boards and committees.

1.5 Clinical 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 workshops, participation in staff development programs, and other forms of continuing education. The clinical psychologist has ready access to reference material related to the provision of psychological services. Clinical psychologists are prepared to show evidence periodically that they are staying abreast of current knowledge and practices in the field of clinical psychology through continuing education.

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

INTERPRETATION: Clinical 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, 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 clinical psychologist, a change in modality or technique, or a change in the type of client and/or the kinds of problems or disorders for which services are to be provided (e.g., children, elderly persons, mental retardation, neurological impairment).

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

INTERPRETATION: Education of doctoral-level psychologists to qualify them for specialty practice in clinical psychology is under the auspices of a department in a regionally accredited university or of a professional school that offers the doctoral degree in clinical 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 plus 1 year of postdoctoral experience supervised by a clinical psychologist is required. Merely taking an internship in clinical psychology or acquiring experience in a practicum setting is not adequate preparation for becoming a clinical 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 clinical psychology.

1.8 Professional clinical 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 methods of serving the public in ways that can be documented.

Guideline 2
PROGRAMS

2.1 Composition and organization of a clinical psychological service unit:

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

INTERPRETATION: A clinical psychological service unit is structured so as to facilitate effective and economical delivery of services. For example, a clinical 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 clinical 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 clinical 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 qual-
ifications of professional and support personnel in the clinical psychological service unit. Where shortages in personnel exist, so that psychological services cannot be rendered in a professional manner, the director of the clinical 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.

2.2 Policies:

2.2.1 When the clinical 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 clinical 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 clinical psychological service unit support the legal and civil rights of the users.¹¹

INTERPRETATION: Providers of clinical 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 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 clinical 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 clinical 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 clinical psychological services maintain up-to-date knowledge of the relevant standards of the American Psychological Association.

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

INTERPRETATION: All providers of clinical psychological services are familiar with appropriate statutes regulating the practice of psychology. They 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, and where relevant, providers conform to them. Providers of clinical psychological services are also familiar 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.

2.2.5 All providers within a clinical 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: Clinical psychologists and support staff are sensitive to the broader context of human needs. In recognizing the matrix of personal and societal problems, providers make available to users information regarding human services such as legal aid societies, social services, employment agencies, health resources, and educational and recreational facilities. Providers of clinical 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. Private resources include private agencies and centers and psychologists in independent private practice. Consultation is sought or referral made within the public or private network of services whenever required in the best interest of the users. Clinical 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 clinical psychologists in private practice are familiar with the types of services offered through local community mental health clinics and centers, including alternatives to
hospitalization, and know the costs and eligibility requirements for those services.

2.2.6 In the delivery of clinical psychological services, the providers maintain a cooperative relationship with colleagues and co-workers in the best interest of the users.\textsuperscript{13}

**INTERPRETATION:** Clinical 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 clinical 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 clinical psychological service unit follows 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 clinical psychological services develop plans appropriate to the providers' professional practices and to the problems presented by the users.

**INTERPRETATION:** A clinical psychologist develops a plan that describes the psychological services, their objectives, and the manner in which they will be provided.\textsuperscript{13,14} This plan is in written form; it serves as a basis for obtaining understanding and concurrence from the user and provides a mechanism for subsequent peer review. This plan is, of course, modified as new needs or information develops.

A clinical psychologist who provides services as one member of a collaborative effort participates in the development and implementation of the overall service plan and provides for its periodic review.

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

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

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

**INTERPRETATION:** The policy on record retention and disposition conforms to federal or state statutes or administrative regulations where such are applicable. In the absence of such regulations, the policy is (a) that the full record be retained intact for 3 years after the completion of planned services or after the date of last contact with the user, whichever is later; (b) that a full record or summary of the record be maintained for an additional 12 years; and (c) that the record may be disposed of no sooner than 15 years after the completion of planned services or after the date of the last contact, whichever is later. These temporal guides are consistent with procedures currently in use by federal record centers.

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

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. More and more records are being used in forensic matters, for peer review, and in response to requests from users, other professionals, or other legitimate parties requiring accurate information about the exact dates, nature, course, and outcome of a set of psychological services. These record retention procedures also provide valuable baseline data for the original psychologist–provider when a previous user returns for additional services.

2.3.5 Providers of clinical psychological services maintain a system to protect confidentiality of their records.\textsuperscript{13}

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

The clinical psychologist does not release confidential information, except with the written consent of the user directly involved or his or her legal representative. Even after consent for release has been obtained, the clinical psychologist clearly identifies such information as con-
3.1 The clinical psychologist's professional activity is guided primarily by the principle of promoting human welfare.

**Guideline 3**

**ACCOUNTABILITY**

**INTERPRETATION:** Clinical psychologists provide services to users in a manner that is considerate, effective, economical, and humane. Clinical psychologists make their services readily accessible to users in a manner that facilitates the users' freedom of choice.

Clinical psychologists are mindful of their accountability to the sanctioners of clinical 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 clinical 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. Recognition is given, however, to the following considerations: the professional right of clinical psychologists to limit their practice to a specific category of users (e.g., children, adolescents, women); the right and responsibility of clinical psychologists to withhold evaluative, psychotherapeutic, counseling, or other services in specific instances in which their own limitations or client characteristics might impair the effectiveness of the relationship. Clinical psychologists seek to ameliorate through peer review, consultation, or other personal therapeutic procedures those factors that inhibit the provision of services to particular users. When indicated services are not available, clinical psychologists take whatever action is appropriate to inform responsible persons and agencies of the lack of such services.

Clinical 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 clinical 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).

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

**INTERPRETATION:** Clinical psychologists, as members of an independent profession, are responsible both to the public and to their peers through established review mechanisms. Clinical 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 profes-
sion. They 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. Clinical psychologists facilitate the development of, and participate in, professional standards review mechanisms.20

Clinical psychologists seek to work with other professionals in a cooperative manner for the good of the users and the benefit of the general public. Clinical 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 hospital facilities or other human service facilities and to administer service programs in their respective areas of competence.

3.3 There are periodic, systematic, and effective evaluations of clinical psychological services.21

INTERPRETATION: When the clinical 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 clinical psychological services relative to costs in terms of use of time and money and the availability of professional and support personnel.

Evaluation of the clinical 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 Clinical psychologists are accountable for all aspects of the services they provide and are responsive to those concerned with these services.22

INTERPRETATION: In recognizing their responsibilities to users, and where appropriate and consistent with the users' legal rights and privileged communications, clinical psychologists make available information about, and provide opportunity to participate in, decisions concerning such issues as initiation, termination, continuation, modification, and evaluation of clinical 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, clinical psychologists inform users of their payment policies and their willingness to assist in obtaining reimbursement. Those who accept reimbursement from a third party are acquainted with the appropriate statutes and regulations and assist their users in understanding procedures for claiming of services and limits on confidentiality of claims information, in accordance with pertinent statutes.

**Guideline 4**

**ENVIRONMENT**

4.1 Providers of clinical 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, clinical 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 when the service unit is included in a 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 users. The atmosphere in which clinical psychological services are rendered is appropriate to the service and to the users, whether in an office, clinic, school, 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 clinical 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 clinical psychological services as defined herein, including a minimum of 1 year in a clinical 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) 3 postdoctoral years of appropriate education, training, and experience in providing clinical psychological services as defined herein, including a minimum of 1 year in a clinical setting; Category 3—persons who on or before September 4, 1974, meet the criteria, and who on or before September 4, 1980, have supervised at least 3 persons who met the criteria and who on or before September 4, 1980, have supervised at least 3 persons who met the criteria indicated below on or before the adoption of these Specialty Guidelines on January 31, 1980.
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 (c) obtained 5 post-master’s years of appropriate education, training, and experience in providing clinical psychological services as defined herein, including a minimum of 2 years in a clinical setting.

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

The definition of the professional clinical psychologist in these Guidelines does not contradict or supersede in any way the broader definition accorded the term *clinical psychologist* in the Federal Employees Health Benefits Program (see Access to Psychologists and Optometrists Under Federal Health Benefits Program, U.S. Senate Report No. 93-961, June 25, 1974).

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.

Functions and activities of 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.

The definitions should be compared with the APA (1967) guidelines for state legislation (hereinafter referred to as state guidelines), which define 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 reac-

tions, in a professional relationship, to assist a person or persons to modify feelings, attitudes, and behavior which are intellectually, socially, or emotionally maladjustive 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)

* 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 emphasizes the roles, responsibilities, and prerogatives of the psychologist when he or she is employed by or provides services for another agency, institution, or business.

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 performing 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 an elaboration of this position.

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)

* 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 to 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 clinical psychological services.

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

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 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 See Principle 5 (Confidentiality) in Ethical Principles of Psychologists (APA, 1981b).

16 Support for the principle 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)

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

18 The CEP Guidelines also 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)

19 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)

20 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)

21 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


