

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No. 750 Department or Agency Board of Examiners in Psychology
Rule No. 750-X-6-.03 and Appendix III
Rule Title: American Psychological Association General Guidelines For Providers of
New Amend X Repeal Adopt by Reference Psychological Services

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer Lori Rall
Lori Rall, Executive Director

Date 05/18/2016

(DATE FILED)
(STAMP)

ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 750-X-1-.01 Membership

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to assure that board membership is inclusive and reflects the racial, gender, geographic, urban, rural and economic diversity of the state without regard to political affiliation.

RULE NO. & TITLE: 750-X-1-.08 Alabama Sunset Law

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to reflect the new termination date of October 1, 2020.

RULE NO. & TITLE: 750-X-2-.03 Application Form

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to reflect the change from Alabama Bureau of Investigation to Alabama Law Enforcement Agency (re: criminal history background checks).

RULE NO. & TITLE: 750-X-2A-.02 Application Deadlines

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment will remove a requirement for completion of a computer-based-testing application which is no longer used.

ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 750-X-2A-.03 Application Form

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to change the name of the Alabama Bureau of Investigation to Alabama Law Enforcement Agency (re: criminal history background check).

RULE NO. & TITLE: 750-X-2A-.04 Psychological Technician Training Requirements

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment will remove outdated language.

RULE NO. & TITLE: 750-X-3-.03 Reexamination

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed because it is no longer necessary to submit requests for reexamination in writing.

RULE NO. & TITLE: 750-X-4-.02 Inactive Status

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to reflect the requirement for payment of an annual inactive status fee.

ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 750-X-5-.03 Disciplinary Actions Against Licensed Psychologists and Licensed Psychological Technicians

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to remove outdated language that required Hearing Officers to be appointed by the Attorney General's Office.

RULE NO. & TITLE: 750-X-6-.01 Third Party Payor Procedures

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to remove language about compliance with The General Guidelines for Providers of Psychological Services, which are outdated.

RULE NO. & TITLE: 750-X-6-.03 American Psychological Association General Guidelines For Providers of Psychological Services, 1987 Edition (Appendix III)

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to repeal the above rule/appendix.

SUBSTANCE OF PROPOSED ACTION: This rule and appendix needs to be repealed to remove The General Guidelines for Providers of Psychological Services, which are outdated.

RULE NO. & TITLE: Appendix I Fee Schedule

INTENDED ACTION: The Alabama Board of Examiners in Psychology proposes to amend the above rule.

SUBSTANCE OF PROPOSED ACTION: This amendment is needed to reflect an annual fee that will be charged to psychologists and to psychological technicians whose license is inactive.

ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

NOTICE OF INTENDED ACTION

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: July 5, 2016

TIME, PLACE AND MANNER OF PRESENTING VIEWS: Interested Persons may present their views in writing to the Executive Director of the Board at any time during the 35-day period following May 31, 2016, or if requested in advance (no later than July 5, 2016), by personally appearing at 660 Adams Avenue, Suite 360, Montgomery, Alabama, on July 8, 2016 at 10:00 a.m.

Contact Person: Mrs. Lori Rall, Executive Director, Alabama Board of Examiners in Psychology, 660 Adams Avenue, Suite 360, Montgomery, AL 36104.

CONTACT PERSON AT AGENCY:

Lori Rall, Executive Director



Lori Rall, Executive Director

**CHAPTER 750-X-6
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~~**750-X-6-.03**~~ ~~**American Psychological Association General Guidelines For Providers Of Psychological Services, 1987 Edition (Appendix III):**~~

Author: Alabama Board of Examiners in Psychology

Statutory Authority: 34-26-3

History: Rule entitled "Code of Ethics for Insurance Procedures (Appendix VII)" filed April 29, 1987. **Amended:** Filed November 5, 1987 (rule title changed to "Code of Ethics for Insurance Procedures (Appendix V)."
Repealed and new rule entitled "American Psychological Association General Guidelines for Providers of Psychological Services, 1987 Edition (Appendix III)" filed April 5, 1990.

AUTHOR: ALABAMA BOARD OF EXAMINERS IN PSYCHOLOGY

ALABAMA DEPARTMENT OF PSYCHOLOGY
GENERAL GUIDELINES FOR PROVIDERS OF PSYCHOLOGICAL SERVICES
APPENDIX III

General Guidelines for Providers of
Psychological Services

Board of Professional Affairs, Committee on Professional Standards

Preamble

A set of practices and implicitly recognized principles of conduct evolves over the history of every profession. Such principles guide the relationships of the members of the profession to their users, to each other, and to the community of which both professionals and users are members. Making such guiding principles and practices explicit is a sign of the profession's maturity and serves the best interests of the profession, its users, and the community at large.

Because psychology is a continually evolving science and profession, guidelines for practice are living documents that require periodic review and revision. The *General Guidelines for Providers of Psychological Services*^{1,2} represents an important milestone in the evolutionary development of professional psychology.

These General Guidelines are a set of aspirational statements for psychologists that encourage continual improvement in the quality of practice and service. Some of these General Guidelines have been derived from specific APA Ethical Principles (APA, 1981a).³ Providers of psychological services have the same responsibility to uphold these specific General Guidelines as they would the corresponding Ethical Principles. The language of the other General Guidelines must at all times be interpreted in light of their aspirational intent.

These General Guidelines are general in nature and, as such, are intended for use by all providers of psychological services; they are supplemented by the *Specialty Guidelines for the Delivery of Services by Clinical (Counseling, Industrial/Organizational, and School) Psychologists* (APA, 1981b).

Introduction

This version of the *General Guidelines* is the second revision of the principles originally adopted by the American Psychological Association on September 4, 1974, and first revised in 1977.⁴ The *General Guidelines* are intended to improve the quality, effectiveness, and accessibility of psychological services.

Since 1970, the American Psychological Association has worked to develop and codify a uniform set of guidelines for psychological practice that would serve the respective needs of users, providers, third-party purchasers, and other sanctioners of psychological services. In addition, the APA has established a Committee on Professional Standards, which is charged with keeping the Gen-

eral Guidelines responsive to the needs of these groups and with upgrading and extending them as the profession and science of psychology continue to develop knowledge, improved methods, and additional modes of psychological service. These General Guidelines have been established by organized psychology as a means of self-regulation in the public interest.

When providing any of the covered psychological service functions at any time and in any setting, whether public or private, profit or nonprofit, any persons representing themselves as psychologists are expected, where feasible, to observe these General Guidelines of practice to promote the best interests and welfare of the users of such services. Functions and activities related 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 the present *General Guidelines*.⁵

Underlying Principles

Six basic principles have guided the development of these General Guidelines:

1. These General Guidelines apply to psychological service functions offered by psychologists, regardless of their specialty, of the setting, or of the form of remuneration given to them. Professional psychology has a uniform set of guidelines just as it has a common code of ethics (APA, 1981a). These General Guidelines apply equally to individual practitioners and to those who work in a group practice, an institutional agency, or another organizational setting.
2. Guidelines describe levels of quality for covered psychological services that providers strive to attain, regardless of the nature of the users, purchasers, or sanctioners of such covered services.
3. Those people who provide psychological services

These General Guidelines were revised by the Committee on Professional Standards (COPS) in consultation with the Board of Professional Affairs (BPA) and providers of psychological services from throughout the American Psychological Association (APA). The assistance of APA staff is gratefully acknowledged. The names of members and staff who supported this effort are included in Footnote 4. This document was approved by the APA Council of Representatives in February 1987.

Comments or questions on these General Guidelines should be addressed to the Committee on Professional Standards, American Psychological Association, 1200 Seventeenth Street, NW, Washington, DC 20036.

meet acceptable levels of education, training, and experience that are consistent and appropriate to the functions they perform. The final responsibility and accountability for defining qualifications and supervision requirements for service rest with a professional psychologist⁶ (see Definitions).

4. Guidelines do not constrain psychologists from employing new methods (see Guideline 1.8) or from making flexible use of support personnel in staffing the delivery of services. The General Guidelines illuminate potential weaknesses in the delivery of psychological services and point to their correction. Some settings may require additional guidelines for specific areas of service delivery than those herein proposed. There is no intent to diminish the scope or quality of psychological services that exceed these General Guidelines. Systematically applied, these General Guidelines serve to establish desirable levels of psychological service. They serve to establish a more effective and consistent basis for evaluating the performance of individual service providers, and they serve to guide the organizing of psychological service units in human service settings.

5. It is recognized that there are significant differences among the established fields of professional psychology in regard to education and training, technical methodology, user populations served, and methods and settings of service delivery. The *Specialty Guidelines for the Delivery of Services* (APA, 1981b) provides acknowledgment of these differences while conforming to the guiding principles delineated by the General Guidelines.

6. These General Guidelines have been developed with the understanding that psychological services must be planned and implemented so that they are sensitive to factors related to life in a pluralistic society such as age, gender, affectional orientation, culture, and ethnicity.

Implications of Guidelines

The General Guidelines presented here have broad implications both for members of the public who use psychological services and for providers of such services.

1. The Guidelines furnish a basis for a mutual understanding between providers and users. Further, they facilitate improved quality of services and more effective evaluation of these services and their outcomes.

2. The Guidelines are an important step toward greater uniformity in legislative and regulatory actions involving providers of psychological services, and provide a model for the development of accreditation procedures for service facilities.

3. The Guidelines give specific content to the profession's concept of ethical practice as reflected in the *APA Ethical Principles of Psychologists* (1981a).

4. The Guidelines have significant impact on training models for both professional and support personnel in psychology.

5. Guidelines for the provision of psychological services influence what is considered desirable organizational structure, budgeting, and staffing patterns in these facilities.

Definitions

Providers of Psychological Services

This term subsumes two categories of providers of psychological services. The two categories are as follows:

A. Professional psychologists. Psychologists have a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school.^{6,7,8} Specific definitions of professional psychologists by each of the recognized specialties are provided in the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

B. Other persons who provide psychological services. Qualifications and supervision for these persons are commensurate with their responsibilities and are further delineated in these policies⁹ and in the *Specialty Guidelines for the Delivery of Services*.

Psychological Services

This term refers to one or more of the following:¹⁰

A. Evaluation, diagnosis,¹¹ and assessment of the functioning of individuals, groups, and organizations.

B. Interventions, preventive and ameliorative, that facilitate the functioning of individuals, groups, and organizations.¹²

C. Consultation relating to A and B.

D. Program development services in the areas of A, B, and C.¹³

E. Administration and supervision of psychological services.¹⁴

F. Evaluation of all psychological services.

Psychological Service Unit

This is the functional unit through which psychological services are provided:

A. A psychological service unit is a unit that provides predominantly psychological services and is composed of one or more professional psychologists and support staff.

B. A psychological service unit may operate as a functional or geographic component of a larger governmental, educational, correctional, health, training, industrial, or commercial organizational unit, or as an independent professional service unit.¹⁵

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

D. A psychological service unit also may be an individual or group of individuals in a private practice or a psychological consulting firm.

Users

Users include the following:

A. Direct users or recipients of psychological services.

B. Public and private institutions, facilities, or organizations receiving psychological services.

Sanctioners

Sanctioners include the following:

- A. Direct users or recipients of psychological services.
- B. Public and private institutions, facilities, or organizations receiving psychological services.
- C. Any other individual, group, organization, institution, or governing body having legitimate interaction with a psychologist functioning in a professional capacity.

General Guideline 1: Providers

1.1 Each psychological service unit offering psychological services has available at least one professional psychologist and as many more professional psychologists as are necessary to assure the quality of services offered.¹⁴

ILLUSTRATIVE STATEMENT:¹⁷ The intent of this General Guideline is that one or more providers of psychological services in any psychological service unit meet the levels of training and experience of professional psychologists as specified in the preceding definitions.¹⁸ When a professional psychologist is not available on a full-time basis, the facility retains the services of one or more professional psychologists on a regular part-time basis to supervise the psychological services provided. The psychologist who is so retained has authority and participates sufficiently to enable him or her to assess the needs for services, to review the content of services provided, and to assume professional responsibility and accountability for them.

1.2 Providers of psychological services who do not meet the requirements for professional psychologists are supervised, directed, and evaluated by a professional psychologist to the extent required by the tasks assigned (see Definitions and the *Specialty Guidelines for the Delivery of Services*, APA, 1981b). Tasks assigned to these providers are in keeping with their demonstrated areas of competence. The level and extent of supervision may vary from task to task, as long as the professional psychologist retains a close relationship that is sufficient to meet this General Guideline. In situations in which those providers work in a fair, autonomous fashion, they maintain an appropriate level of consultation and supervisory support from a professional psychologist. (See Ethical Principles 2, 7c, and 8f.)

ILLUSTRATIVE STATEMENT: For example, in health care settings, support personnel may be assigned varying levels of responsibility for providing designated functions within their demonstrated areas of competence. Support personnel are considered to be responsible for their functions and behavior when assisting in the provision of psychological services and are accountable to a professional 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. In these settings, the nature and extent of supervision is determined by the professional psychologist to assure the adequacy of psychological services provided.

To facilitate the effectiveness of the psychological service unit, the nature of the supervisory relationship is

clearly and explicitly communicated to support personnel, preferably in writing. Such communications describe and delineate the duties of the employees, such as the range and type of services to be provided. The limits of independent action and decision making are defined. Descriptions of responsibilities specify the means by which employees will contact the professional psychologist in the event of emergency or crisis situations.

1.3 Wherever a psychological service unit exists, a professional psychologist is responsible for planning, directing, and reviewing the provision of psychological services.

ILLUSTRATIVE STATEMENT: The psychologist who directs or coordinates the unit maintains an ongoing or periodic review of the adequacy of services and plans in accordance with the results of such evaluation. This psychologist coordinates the activities of the psychological service unit with other professional, administrative, and technical groups, both within and outside the facility. This psychologist, who may be the director, chief, or coordinator of the 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 assuring that staff members function only within the areas of their competence.

To facilitate the effectiveness of services by increasing the level of staff sensitivity and professional skills, the psychologist who is designated as director participates in the selection of professional and support personnel whose qualifications include sensitivity and consideration for the language, cultural and experiential background, affectional orientation, ethnic identification, age, and gender of the users, and whose professional skills are directly relevant to the needs and characteristics of these users. Additionally, the director ensures that professional and support personnel do not provide services in any manner that is discriminatory or exploitative to users.

In other institutional and organizational settings, psychologists may be administratively responsible to individuals from disciplines other than psychology. In these instances, the psychologist should seek to sensitize the administrator to the need to allow participation of the psychologist in planning, directing, and reviewing the provision of psychological services.

1.4 When functioning within an organizational setting, professional psychologists seek, whenever appropriate and feasible, to bring their education, training, experience, and skills to bear upon the goals of the organization by participating in the planning and development of overall operations. (See Ethical Principle 1d.)

ILLUSTRATIVE STATEMENT: One way psychologists maintain high professional standards is by being active representatives on boards and committees concerned with service delivery and overall operation of their facility. These activities may include but are not limited to active

participation as voting and as office-holding members on the governance staff as well as on executive, planning, and evaluation boards and committees.

1.5 All providers of psychological services attempt to maintain and apply current knowledge of scientific and professional developments that are directly related to the services they render. This includes knowledge relating to special populations (such as ethnic or other minorities) that may compose a part of their practice. (See Ethical Principles 2, 2c, and 2d.)

ILLUSTRATIVE STATEMENT: Methods through which knowledge of scientific and professional developments may be gained include, but are not limited to, continuing education, attendance at workshops, participation in staff development programs, formal and informal on-the-job training, and reading scientific and professional publications. All providers have access to reference material related to the provision of psychological services. All providers are prepared to show evidence periodically that they are staying abreast of and utilizing current knowledge and practices.

1.6 Professional psychologists limit their practice, including supervision, to their demonstrated areas of professional competence. Special proficiency supervision of psychologists may be provided by professionals from other disciplines whose competence in the given area has been demonstrated by previous education, training, and experience. (See Ethical Principles 2 and 2d.)

ILLUSTRATIVE STATEMENT: Psychological services are offered in accordance with the providers' areas of competence as defined by verifiable education, training, and experience. Before offering professional services beyond the range of their experience and usual practice (e.g., providing services to culturally/linguistically diverse populations), psychologists strive to obtain pertinent knowledge through such means as education, training, reading, and appropriate professional consultation.

1.7 Psychologists who change or add a specialty meet the same requirements with respect to subject matter and professional skills that apply to doctoral education, training, and experience in the new specialty.¹³

ILLUSTRATIVE STATEMENT: Retraining psychologists to qualify them for a change in specialty must be under the auspices of a program in a regionally accredited university or professional school that offers the doctoral degree in that specialty. Such education and training are individualized, due credit being given for relevant coursework or requirements that have previously been satisfied. Merely taking an internship or acquiring experience in a practicum setting or in an employment setting is not considered adequate preparation for becoming a clinical, counseling, industrial/organizational, or school psychologist. Fulfillment of such an individualized training program is attested to by official certification by the supervising department or professional school indicating the successful completion of educational preparation in the

particular specialty. Specific requirements for retraining in each of the recognized specialties are detailed in the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

1.8 Psychologists are encouraged to develop and/or apply and evaluate innovative theories and procedures, to provide appropriate theoretical or empirical support for their innovations, and to disseminate their results to others. (See Ethical Principles 2 and 2c.)

ILLUSTRATIVE STATEMENT: A profession rooted in a science continually explores, studies, conducts, and evaluates applications of theories and procedures with a view toward developing, verifying, and documenting new and improved ways of serving users.

General Guideline 2: Programs

2.1 Composition and organization of a psychological service unit

2.1.1 The composition and programs of a psychological service unit strive to be responsive to the needs of the people and settings served.

ILLUSTRATIVE STATEMENT: A psychological service unit is structured to facilitate effective and economical delivery of services. For example, a psychological service unit serving a predominantly low-income or ethnic minority group has a staffing pattern and service program adapted to the linguistic, experiential, attitudinal, and financial characteristics of the user population.

2.1.2 A psychological service unit strives to include sufficient numbers of professional psychologists and support personnel to achieve its goals, objectives, and purposes.

ILLUSTRATIVE STATEMENT: The workload, diversity of the psychological services required, and the specific goals and objectives of the setting determine the numbers and qualifications of professional psychologists and support personnel in the psychological service unit. Where shortages in personnel exist so that psychological services cannot be rendered in a professional manner, the director of the psychological service unit initiates action to modify appropriately the specific goals, objectives, and timetables of the service. If necessary, the director appropriately modifies the scope or workload of the unit to maintain the quality of the services and, at the same time, makes continued efforts to devise alternative systems for delivery of services.

2.2 Policies

2.2.1 A written description of roles, objectives, and scope of services is developed by multi-provider psychological service units as well as by psychological service units that are a component of an organization, unless the unit has a specific alternative approach. The written description or alternative ap-

proach is reviewed annually and is available to the staff of the unit and to users and sanctioners upon request.

ILLUSTRATIVE STATEMENT: The psychological service unit reviews its objectives and scope of services annually and makes revisions 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 by the appropriate administrator, and distributed to users and sanctioners upon request and whenever appropriate. Psychologists strive to be aware of management theories and practices that will aid in the delivery of psychological services.

2.2.2 Providers of psychological services avoid any action that will violate or diminish the legal and civil rights of users or of others who may be affected by their actions.³⁰ (See Ethical Principles 3b, 3c, 5, 6, and 9.)

ILLUSTRATIVE STATEMENT: Providers of psychological services are continually sensitive to the issue of confidentiality of information; they strive to be sensitive to the potential impact of their decisions and recommendations, and to other matters pertaining to individual, legal, and civil rights. Providers of psychological services strive to be aware of issues such as self-incrimination in judicial proceedings, involuntary commitment to hospitals, protection of minors, protection of legal incompetents, discriminatory practices in employment selection procedures, recommendations 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 psychological services are encouraged to make 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 Providers of psychological services are familiar with and abide by the American Psychological Association's *Ethical Principles of Psychologists* (1981a), *Specialty Guidelines for the Delivery of Services* (1981b), *Standards for Educational and Psychological Testing* (1985), *Ethical Principles in the Conduct of Research with Human Participants* (1982), *Guidelines for Computer-Based Tests and Interpretations* (1986), "Guidelines for Psychologists Conducting Growth Groups" (1973), and other APA policy statements relevant to guidelines for professional services issued by the Association.³¹ (See Ethical Principle 3d.)

ILLUSTRATIVE STATEMENT: Psychological service units have available a copy of each of these documents, and providers maintain current knowledge of relevant APA guidelines and principles.

2.2.4 Providers of psychological services seek to conform to relevant statutes established by federal, state, and local governments. At times psychologists may seek to challenge legal constraints that they reasonably and honestly believe unduly infringe on the rights of their users or on the right of psychologists to practice their profession; however, any such

challenges should conform to appropriate legal procedures (See Ethical Principle 3d.)

ILLUSTRATIVE STATEMENT: All providers of psychological services seek to be familiar with and practice in conformity with relevant statutes that relate directly to the practice of psychology. They also endeavor to be informed about governmental agency regulations that have the force of law and that relate to the delivery of psychological services (e.g., evaluation for disability retirement or for special education placements). In addition, all providers seek to be aware 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 of psychological services attempt to be 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.

2.2.5 In recognizing the matrix of personal and societal problems, providers make available, when appropriate, information regarding additional human services, such as specialized psychological services, legal aid societies, social services, employment agencies, health resources, and educational and recreational facilities. (See Ethical Principle 7a.)

ILLUSTRATIVE STATEMENT: Psychologists and support personnel are sensitive to the broader context of human needs. They refer to such resources and are encouraged, when appropriate, to intervene actively on behalf of the users. Providers make appropriate use of other professional, research, technical, and administrative resources whenever these serve the best interests of the users, and they establish and maintain cooperative or collaborative arrangements with such other resources as are required to meet the needs of users.

2.2.6 In the best interest of the users, providers of psychological services endeavor to consult and collaborate with professional colleagues in the planning and delivery of services when such consultation is deemed appropriate. (See Ethical Principles 7 and 7a.)

ILLUSTRATIVE STATEMENT: Psychologists recognize the areas of special competence of other psychologists and of other professionals for consultation and referral purposes.

2.3 Procedures

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

ILLUSTRATIVE STATEMENT: Depending on the nature of the setting, and whenever feasible, providers are prepared to provide a statement of procedural guidelines in oral and/or written form that can be understood by users as well as sanctioners. This statement may describe the current methods, forms, procedures, and techniques being used to achieve the objectives and goals for psychological services.

This statement is communicated to staff and, when appropriate, to users and sanctioners. The psychological service unit provides for the annual review of its procedures for the delivery of psychological services.

2.3.2 Psychologists develop plans for psychological services appropriate to the problems presented by the users.

ILLUSTRATIVE STATEMENT: Ideally, a plan for intervention or consultation is in written form and serves as a basis for accountability. Regardless of the type of setting or users involved, a plan that describes the psychological services indicated and the manner in which they will be provided is developed and agreed upon by the providers and users.²² A 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 There is a mutually acceptable understanding between a provider and a user or that user's responsible agent regarding the delivery of service. (See Ethical Principles 6 and 6b.)

ILLUSTRATIVE STATEMENT: A psychologist discusses the plan for the provision of psychological services with the user, noting procedures that will be used and respective responsibilities of provider and user. This interaction is repeated whenever major changes occur in the plan for service. This understanding may be oral or written, but in any event, the psychologist documents the nature of the understanding.²³

2.3.4 Professional psychologists clarify early on to users and sanctioners the exact fee structure or financial arrangements and payment schedule when providing services for a fee. (See Ethical Principle 6d.)

ILLUSTRATIVE STATEMENT: Psychologists inform users of their payment policies and of their willingness to assist users in obtaining reimbursement. Those who accept reimbursement from a third party are acquainted with the appropriate statutes and regulations, instruct their users on proper procedures for submitting claims, and inform them of limits on confidentiality of claims information, in accordance with pertinent statutes.

2.3.5 Accurate, current, and pertinent records of essential psychological services are maintained.

ILLUSTRATIVE STATEMENT: At a minimum, records kept of psychological services should include identifying data, dates of services, and types of services, and where appropriate, may include a record of significant actions taken.²⁴ Providers make all reasonable efforts to record essential information concerning psychological services within a reasonable time of their completion.

2.3.6 Each psychological service unit follows an established policy for the retention and disposition of records.²⁵ (See Ethical Principle 5c.)

ILLUSTRATIVE STATEMENT: Such a policy conforms to government statutes and regulations, or to organizational or institutional regulations, policies, or practices where such are applicable.

2.3.7 Psychologists establish and maintain a system that protects the confidentiality of their users' records. (See Ethical Principles 5, 5a, 5c, and 5d.)²⁶

ILLUSTRATIVE STATEMENT: Psychologists establish and maintain the confidentiality of information about the users of services, whether obtained by themselves or by those they supervise. If directed otherwise by statute, by regulations with the force of law, or by court order, psychologists seek a resolution that is both ethically and legally feasible and appropriate; for example, psychologists might request in camera (Judge's chambers) hearings when they are required by the court to produce records. All people who are supervised by psychologists, including nonprofessional personnel and students, and who have access to records of psychological services are also expected to maintain this confidentiality of information. Psychologists do not release confidential information, except with the written consent of the user involved, or of his or her legal representative, guardian, or other holder of the privilege on behalf of the user, and only after being assured by whatever means may be required that the user has been assisted in understanding the implications of the release. Even after the consent has been obtained for release, psychologists clearly identify such information as confidential for the recipient of the information.

Users are informed in advance of any limits in the setting for maintaining the confidentiality of psychological information. For instance, psychologists in hospital settings inform their patients that psychological information in a patient's clinical record may be available to other hospital personnel without the patient's written consent. Similar limitations on confidentiality of psychological information may be present in certain school, industrial, business, government, or military settings or in instances where the user has waived confidentiality for purposes of third-party payment. When the user's intention to waive confidentiality is judged by a professional psychologist to be contrary to the user's best interest or to be in conflict with that person's legal or civil rights, it is the responsibility of the psychologist to discuss the implications of releasing the psychological information and to assist the user in limiting disclosure by specifying the nature of the information, the recipients, and the time period during which the release is in effect, recognizing, however, that the ultimate decision concerning release of information is that of the user. Providers of psychological services are sensitive to both the benefits and the possible misuse of information regarding individuals that is stored in computerized data banks. Providers take necessary measures to ensure that such information is used in a socially responsible manner.

Users have the right to information in their agency.

records and to be informed as to any regulations that govern the release of such information. However, the records are the property of the psychologist or of the facility in which the psychologist works and are, therefore, under the control of the psychologist or of the facility. Users have the right to examine such psychological records. Preferably such examination should be in the presence of a psychologist who judges how best to explain the material in a meaningful and useful manner.

In school settings, parents have the legal right to examine such psychological records, preferably in the presence of a psychologist. In the event that a family moves to another school system, the parents have the legal right to examine a copy of such records from the former school in the new school setting. In either circumstance, the rationale for allowing parents to examine such records is to assure that parents are not in a disadvantaged position if they choose to challenge a school's decision regarding the child. Disclosure of such psychological information in the records from a former school is conducted under secure conditions; such records have been transmitted to the new school to a psychologist under whose supervision the records may be examined. Psychologists and the institutions in which they work have written policy regarding the storage and access of pupils' records. Parents are informed of the results of a psychological assessment of their child in a form most meaningful and useful to the parents.

Raw psychological data (e.g., test protocols, therapy or interview notes, or questionnaire returns) in which a user is identified are ordinarily released only with the written consent of the user or of the user's legal representative, and are released only to a person recognized by the psychologist as competent to interpret the data. Any use made of psychological reports, records, or data for research or training purposes is consistent with this General Guideline. Additionally, providers of psychological services comply with statutory confidentiality requirements and with those embodied in the *Ethical Principles of Psychologists* (APA, 1981a).

2.3.8 Providers of psychological services do not use privileged information received in the course of their work for competitive advantage or personal gain. (See Ethical Principle 5.)

ILLUSTRATIVE STATEMENT: Providers of psychological services often obtain privileged information through their work with users, or while reviewing the proposals of competing practitioners or agencies. Such information may include but not be limited to users' or user associates' business interests, or the interests of competing colleagues or practitioners. When providers acquire such information and it is protected by applicable law or through agreement, it is held confidential and shall not be used for competitive advantage. Further, information that is potentially harmful to users or their associates, or to professional colleagues, should not be used for personal advantage.

2.4 Environment

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

ILLUSTRATIVE STATEMENT: As providers of services, professional 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 unit of an organization when the service unit is included in such a larger context. Attention is given to the comfort and, where relevant, to the privacy of providers and users. Federal, state, and local requirements for safety, health, and sanitation are observed. 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. The atmosphere in which psychological services are rendered is appropriate to the service and to the users, whether in an office, clinic, school, college, university, industrial setting, or other organizational or institutional setting.

General Guideline 3: Accountability

3.1 The promotion of human welfare is the primary principle guiding the professional activities of all members of the psychological service unit. (See Preamble of Ethical Principles.)

ILLUSTRATIVE STATEMENT: Providers of psychological services are expected to interact with users in a manner that is considerate, effective, economical, and humane; to be mindful of their accountability to the sanctioners of psychological services and to the general public; and to see that appropriate steps are taken to protect the confidentiality of the service relationship.

The psychological service unit does not withhold services to a potential user on the basis of that user's national or ethnic origin, religion, gender, affectional orientation, or age; nor does it provide services in a discriminatory or exploitative fashion. However, this does not preclude psychologists from serving agencies whose publicly declared policy restricts users to membership of a particular religious, ethnic, or other specified group, as long as that policy does not constitute unlawful discrimination.²⁷ Professional psychologists who find that psychological services are being provided in a manner that is discriminatory or exploitative of users or that is contrary to these General Guidelines or to government statutes or regulations take appropriate corrective actions, which may include the refusal to provide services. When conflicts of interest arise, psychologists are guided in the resolution of differences by the principles set forth in the *Ethical Principles of Psychologists* (APA, 1981a).

Recognition is given to the following considerations in regard to the withholding of services: (1) the professional right of psychologists to limit their practice to a specific category of users with whom they have achieved demonstrated competence (e.g., individuals, families,

groups, ethnic minorities, or organizations); (2) the right and responsibility of psychologists to withhold an assessment procedure when not validly applicable; (3) the right and responsibility of psychologists to withhold services in specific instances in which their own limitations or user characteristics might impair the quality of the services; (4) the obligation of psychologists to seek to ameliorate through peer review, consultation, therapeutic procedures, or other procedures those factors that inhibit the provision of services to particular individuals, families, groups, ethnic minorities, or organizations; and (5) the obligation of psychologists who withhold services to assist the users in obtaining services from another source.

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

ILLUSTRATIVE STATEMENT: Psychologists, as members of an independent profession, are responsible both to the public and to their peers through established review mechanisms. 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 or sign-off by another profession). They are cognizant of their responsibilities for the development of the profession. They participate where possible in the training and career development of students and other providers, participate as appropriate in the training of support personnel or other professionals, and integrate their contributions within the structure established for delivering psychological services. They facilitate the development of and participate in professional standards review mechanisms and seek to work with other professionals in a cooperative manner, for the good of the users and for the benefit of the general public.

Psychologists recognize that it is their responsibility to keep supervisors, administrators, and other agency personnel informed of APA guidelines, principles, standards, policies, and other criteria related to their professional functioning. This information is imparted at times that are appropriate in the individual setting. This may include statements of policy procedures, disclaimers, and so forth. Psychologists are responsible for defining and developing their profession, consistent with the general canons of science and with the public welfare.²¹

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

ILLUSTRATIVE STATEMENT: When the psychological service unit is a component of a larger organization, regular assessment of progress in achieving goals is provided in the service delivery plan. Such evaluation could include consideration of the effectiveness of psychological services relative to costs in terms of time, money, and the availability of professional and support personnel. Evaluation of the psychological service delivery system could be con-

ducted both internally and, when possible, under independent auspices. Descriptions of therapeutic procedures and other services as well as outcome measures should be as detailed as possible. This evaluation might include an assessment of effectiveness (to determine what the service accomplished), costs, 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 of users). In such evaluations, care is taken to maintain confidentiality of records and privacy of users. It is highly desirable that there be 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 providers or unnecessary additional expenses on users or sanctioners for services rendered.

3.4 Professional psychologists are accountable for all aspects of the services they provide and are appropriately responsive to those people who are concerned with these services.

ILLUSTRATIVE STATEMENT: Depending upon 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 costs and potential risks. In recognizing their responsibilities to users, sanctioners, third-party purchasers, and other providers, wherever appropriate and consistent with the users' legal rights and privileged communications, professional psychologists make available information about initiation, continuation, modification, termination, and evaluation of psychological services and provide counsel to users regarding their decisions about such issues.

3.5 In the public interest, professional psychologists may wish to provide some services to individuals or organizations for little or no financial return. (See Ethical Principle 6d.)

ILLUSTRATIVE STATEMENT: Professional psychologists are encouraged to contribute a portion of their services and work for which they receive little or no financial return, according to the *Ethical Principles of Psychologists* (APA, 1981a), and to encourage those they supervise to perform services on a similar basis.

FOOTNOTES

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

² Note that the title and emphasis of these General Guidelines have been changed from the 1977 version of the *Standards for Providers of Psychological Services*. This has been done to reflect the development and adoption of the *Specialty Guidelines for the Delivery of Services* by the APA in 1980. The profession continues to grow in a variety of areas.

to which specific guidelines are not yet necessary. These General Guidelines are intended to support practitioners in these areas.

As stated later in the Preamble, the General Guidelines are aspirational in nature. The change in title is meant to signify that the professional practice of psychology is constantly changing. No collection of principles can adequately direct these changes, and there is no intent to limit future development even though this collection represents the consensus of the profession at this time.

² The Ethical Principles from which the General Guidelines have been derived are noted in parentheses at the end of the corresponding General Guidelines.

³ Early in 1970, acting at the direction of the APA's Council of Representatives, the Board of Professional Affairs (BPA) appointed a task force composed of practicing psychologists with specialized knowledge in at least one of every major class of human service facility and with experience relevant to the setting of standards. The task force's charge was to develop a set of standards for psychological practice. Soon thereafter, partial support for this activity was obtained through a grant from the National Institute of Mental Health (NIMH Grant MH 21696).

The task force promptly established liaison with national groups already active in setting and accrediting standards. It was therefore able to influence two groups of the Joint Commission on Accreditation of Hospitals (JCAH), the Accreditation Council for Facilities for the Mentally Retarded (JCAH, 1971) and the Accreditation Council for Psychiatric Facilities (JCAH, 1972), in their adoption of certain basic principles and in their wording of their standards for psychological services. It also contributed substantially to the "constitutionally required minimum standards for adequate treatment of the mentally ill" ordered by the U.S. District Court in Alabama in the case of *Wyatt v. Stickney* (1972). In concert with other APA committees, the task force also represented the APA in national-level deliberations with government groups and insurance carriers that defined the qualifications necessary for psychologists involved in providing health services.

These interim outcomes involved influence by the APA on actions by groups of nonpsychologists that directly affected the manner in which psychological services were employed, particularly in health and rehabilitation settings. However, these measures did not relieve the Association from exercising its responsibility to speak out directly and authoritatively on what standards for psychological practice should be throughout a broad range of human service settings.

In September 1974, after more than four years of study and broad consultations, the task force completed the APA's first edition of the *Standards for Providers of Psychological Services* (1974). The task of collecting, analyzing, and synthesizing reactions to the original Standards fell to two successive committees. They were charged similarly to review and revise the Standards and to suggest means to implement them, including their acceptance by relevant government and private accreditation groups. The dedicated work of the psychologists who served on both of these committees is gratefully acknowledged. Also recognized with thanks are the several hundred comments received from scores of interested persons representing professional, academic, and scientific psychology; from consumer groups; from administrators of facilities; and from others.

Members of the Task Force on Standards for Service Facilities, which submitted the original Standards in September 1974, were Milton L. Blum, Jacqueline C. Bouhoutsos, Jerry H. Clark, Harold A. Edgerton, Marian D. Hall, Durand F. Jacobs (1972-1974 Chair), Floyd H. Martinez, John E. Muthard, Acher R. Pacht, William D. Pierce, Sue A. Warren, and Alfred M. Wellner (1970-1971 Chair). Staff liaisons from the APA Office of Professional Affairs were John J. McMillan (1970-1971), Gottlieb Simon (1971-1973), and Arthur Centor (1973-1974).

In January 1975, the APA Council of Representatives created the original Committee on Standards for Providers of Psychological Services. The Committee was charged with updating and revising the Standards adopted in September 1974. Members of the Committee were Jacqueline C. Bouhoutsos, Leon Hall, Marian D. Hall, Mary Henle, Durand F. Jacobs (Chair), Abel Ossorio, and Wayne Sorenson. The task force liaison was Jerry H. Clark, and the APA Central Office liaison was Arthur Centor.

In January 1976, the Council modified its charge to the Committee to review the Standards and to recommend revisions needed to reflect the varying needs of only those psychologists engaged in the activities

of clinical psychology, counseling psychology, industrial/organizational psychology, and school psychology. The Committee was reconstituted with one member representing each of the four applied activities, plus one member representing institutional practice and one representing the public interest. Members were Jules Barron (later replaced by Morris Goodman), clinical; Barbara A. Kirk (later replaced by Milton Schwebel), counseling; Virginia Schein (later replaced by Frank Friedlander), industrial/organizational; Durand F. Jacobs (Chair), institutional practice; M. Brewster Smith (later replaced by Pearl Mayo Dansty), public interest; Marian D. Hall (later replaced by Jack I. Bardoo and Nadine M. Lambert), school; Arthur Centor and Richard Kilburg were the APA Central Office liaisons. The revised *Standards for Providers of Psychological Services* was approved by the APA Council of Representatives in January 1977 (APA, 1977).

In January 1980, the APA Council of Representatives instructed the Board of Professional Affairs to amend the 1977 Standards in keeping with the principles enunciated by the Council in connection with its action approving the four sets of *Specialty Guidelines for the Delivery of Services* (APA, 1981b). The BPA referred the task of revising the 1977 Standards to the newly created Committee on Professional Standards, composed of Juanita Braddock, public member; Judy E. Hall, experimental/mental retardation; Nadine M. Lambert, school; David Mills (Chair, January-April 1981), clinical/counseling; Milton Schwebel, counseling; Gifford Tynabe (1980 Chair), clinical; and Murphy Thomas (Chair, May-December 1981), clinical. Subsequent members of the Committee on Professional Standards included William Chestnut, counseling; Lorraine D. Eyde, industrial/organizational; Morris Goodman (1982-1983 Chair), clinical; John H. Jackson, school; Caroline Miller, public member; William Schofield (1984 Chair), clinical; and Barbara Wand, social. These past members of the Committee on Professional Standards were responsible for completing the 1984 revision of the Standards. Central Office staff assistance was provided by Richard Kilburg and Joy Burke (1980), Sharon Shueman and Pam Juhl (1980-1982), Jutta N. Hagner (1982-1984), and Patricia J. Aleky (1982-1985).

The 1985 draft revision was prepared by Committee on Professional Standards members Susan Robbins Berger, school; LaMaurice Gardner, clinical; Jo-Ida Hansen, counseling; Mariene Muse, public member; Lyle Schoenfeldt, industrial/organizational; William Schofield (1985 Chair), clinical; and Barbara Wand (1985 Vice-Chair), social. Central Office staff assistance was provided by Patricia J. Aleky, Patricia Brown, and Ruzalina Mendiola. Between March 1985 and June 1985, a BPA work group on the Standards (composed of John H. Jackson, Chair; Morris Goodman, and William Schofield) reviewed and modified the 1985 draft revision. Central Office staff assistance was provided by Patricia J. Aleky, Patricia Brown, and Ruzalina Mendiola.

In November 1985, BPA approved a revised effort that involved Committee on Professional Standards members and work groups representing each of the recognized specialties. The Committee on Professional Standards members participating were Lyle Schoenfeldt (1986 Chair), industrial/organizational; Susan Robbins Berger (1986 Vice-Chair), school; LaMaurice Gardner, clinical; Jo-Ida Hansen, counseling; Richard Kilburg, clinical; and Alan Malyon, clinical. Work group participants, by specialty area and Division, were as follows: Clinical: Robert Weitz (Division 12); Patricia Hannigan and Gerald Koocher (Division 29); Donna Copeland, Marlene Nisen, and Billie S. Strauss (Division 30); Arthur Bodin (Divisions 31, 38, 39, 42, 43); Ronald Kurz (Division 38); and Florence Kaslow (Divisions 41 and 43); Counseling: Ricki Bander, John Corrigan, Thomas Dowd, David Fago, and Milton Schwebel (Division 17); Industrial/Organizational: Hannah R. Hirsch and Manuel London (Division 14); School: Judith Alpert, John H. Jackson, and Ralph D. Wenger (Division 16); and Milton Shore (Division 37). Central Office assistance was provided by Pam Juhl, Sheila Lane Forsyth, Russell Newman, and Mary Lisa Debraggio.

⁴ These General Guidelines are designed to be consistent with existing APA policies. One APA policy governing this issue is the 1987 Model Act for State Licensure of Psychologists, prepared by a subcommittee of APA's Committee on Professional Practice and adopted by the APA Council of Representatives in February 1987.

⁵ People who met the following criteria on or before the date of adoption of the original Standards on September 4, 1974, shall also be considered professional psychologists: (a) a master's degree in a program

primarily psychological in content from a regionally accredited university or professional school; (b) appropriate education, training, and experience in the area of service offered; (c) a license or certificate in the state in which they practice, conferred by a state board of psychological examiners; or, in the absence of statutory regulation, the endorsement of the state psychological association through voluntary certification; or, for practice in primary and secondary schools, a state department of education certificate as a school psychologist provided that the certificate required at least two graduate years. Wherever the term *psychologist* is used in these General Guidelines, it refers to *professional psychologist*.

Within the specialty of school psychology, those persons who met the following criteria on or before, but not beyond, January 31, 1985, are also recognized as professional school psychologists: (a) a master's or higher degree, requiring at least two years of full-time graduate study in school psychology, from a regionally accredited university or professional school; (b) at least three additional years of training and experience in school psychological services, including a minimum of 1,200 hours in school settings; and (c) a license or certificate conferred by a state board of psychological examiners or a state educational agency for practice in elementary or secondary schools.

⁷ Some federal and state legislation uses the term *clinical psychologist* to identify a set of service providers that is not limited to clinical psychologists as defined by the APA in the *Specialty Guidelines for the Delivery of Services by Clinical Psychologists* (APA, 1981b). APA defines the term *clinical psychologist* in health service delivery legislation in a generic sense to include all qualified professional psychologists who provide relevant services. Intraprofessionally, as represented by its *Specialty Guidelines*, APA currently supports specific and meaningful differentiation in the education, training, and practices of the specialties of clinical psychology, counseling psychology, industrial/organizational psychology, and school psychology.

⁸ This definition is similar to the recommended statutory language in the "Requirements for Licensure" section of the 1987 APA Model Act for State Licensure of Psychologists (APA, 1987b), a policy statement setting forth model state legislation affecting the practice of psychology and recognizing the doctorate as the minimum educational requirement for entry into professional practice as a psychologist:

Applicants for licensure shall possess a doctoral degree in psychology from an institution of higher education. The degree shall be obtained from a recognized program of graduate study in psychology as defined by the rules and regulations of the Board.

By 1995 applicants for licensure shall have completed a doctoral program in psychology that is accredited by the American Psychological Association (APA). In areas where no accreditation exists, applicants for licensure shall have completed a doctoral program in psychology that meets recognized acceptable professional standards as determined by the Board. When a new specialty of professional psychology is recognized as being within the accreditation scope of the APA, doctoral programs within that specialty will be afforded a transition period of eight years from their first class of students to the time of their accreditation. During that transition period, graduates of such programs may sit for licensure examination whether or not the program has been accredited. The same principle applies as well to new doctoral programs of specialties previously recognized within the scope of APA accreditation.

Applicants trained in institutions outside the United States shall meet requirements established by the Board. (APA, 1987b, p. 698)

In addition to the above educational requirements, the following experience requirements also appear in the 1987 APA Model Act for State Licensure of Psychologists:

For admission to the licensure examination, applicants shall demonstrate that they have completed two years of supervised professional experience, one year of which shall be postdoctoral. The criteria for appropriate supervision shall be in accordance with regulations to be promulgated by the Board. Postdoctoral experience shall be compatible with the knowledge and skills acquired during formal doctoral or postdoctoral education in accordance with professional requirements and relevant to the intended area of practice. Applicants shall be required to show evidence of good character, that is, they have not been

convicted of a criminal offense that bears directly on the fitness of the individual to be licensed. (APA, 1987b, p. 698)

⁹ With regard to the roles, responsibilities, and supervision process for other persons who provide psychological services, a professional psychologist should consider the following issues and suggestions:

(a) A professional psychologist is identified as the ethically responsible agent in all advertising, public announcements, and billings for supervised psychological services.

(b) A supervising psychologist reviews and is responsible for all reports prepared by the assistant.

(c) Professional psychologists set a reasonable limit on the number of assistants who are employed and supervised by a single supervisor.

(d) Professional psychologists must be sufficiently available to ensure adequate evaluation or assessment, intervention planning, direction, and consultation.

(e) Assistants provide services or carry out activities at the direction of the psychologist employer/supervisor who is responsible for those services or activities.

(f) Assistants work in reasonably close physical proximity to the supervising psychologist so as to have available regular and continuing supervision.

¹⁰ As was noted in the opening section of the General Guidelines, functions and activities of psychologists relating to the teaching of psychology, the writing or editing of scholarly or scientific manuscripts, the conduct of scientific research, and the activities of members of other professions do not fall within the purview of the General Guidelines.

¹¹ For the purposes of these General Guidelines and consistent with the 1987 APA Model Act for State Licensure of Psychologists, the term *diagnosis* may include the diagnosis of mental, emotional, nervous, or behavioral disorders or conditions of individuals and groups by professionals trained to do so, such as clinical, counseling, school, rehabilitation, and health psychologists (see Footnote 13).

¹² Consistent with the 1987 APA Model Act for State Licensure of Psychologists, such interventions include, but are not limited to, psychotherapy and counseling (see Footnote 13), and other interventions may include vocational development, cognitive rehabilitation, process consultation, psychological skills training, techniques of health psychology, selection and placement of personnel, and organizational development.

Specific definitions of interventions by each of the recognized specialties are provided in the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

¹³ These definitions should be compared to the 1987 APA Model Act for State Licensure of Psychologists (APA, 1987b, p. 697), which includes definitions of *psychologist* and *practice of psychology* as follows:

Psychologist: A person represents himself or herself to be a psychologist if that person uses any title or description of services incorporating the words *psychology*, *psychological*, or *psychologist*, or if he or she possesses expert qualification in any area of psychology or if that person offers to the public or renders to individuals or to groups of individuals services defined as the practice of psychology in this Act.

Practice of Psychology is defined as the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury or disability; and psychoeducational evaluation, therapy, remediation and consultation. Psychological services may be rendered to individuals, families, groups, and the public. The practice of psychology shall be

construed within the meaning of this definition without regard to whether payment is received for services rendered. (See Section J for exemptions.)

¹⁹ As indicated in the *Ethical Principles of Psychologists* (APA, 1981a), especially Principle 1 (Responsibility) and Principle 3 (Moral and Legal Guidelines), when functioning as an administrator or manager in an organization or unit that is not a psychological services unit, psychologists apply their knowledge, skills, and abilities in furtherance of the objectives of that organization while remaining aware of the requirements of their profession's ethics and guidelines.

²⁰ The relation of a psychological service unit to a larger facility or institution is also addressed indirectly in the *APA Guidelines for Conditions of Employment of Psychologists* (APA, 1987a), 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.

²¹ At the time of the adoption of these General Guidelines, there were four state statutes that did not require a doctoral degree for unsupervised provision of psychological services. Therefore, the goal of having the highest level of training for psychological practitioners is not, at the current time, fully achievable. (See Footnote 18 and Guideline 2.2.4.)

In addition to the small minority of states that recognize nondoctoral psychologists as independent providers of psychological services, almost all states recognize nondoctoral school psychologists who meet the requisite education, training, and experience prescribed by state departments of education as independent practitioners within local, regional, and state school systems.

²² These illustrative statements have been selected to clarify how these General Guidelines might be implemented or apply in particular situations, and/or the importance of particular implications of the General Guidelines. The APA recognizes that there may be a variety of implications of and methods for implementing a specific General Guideline depending on the situation in a given setting.

²³ This General Guideline reflects changes in the 1987 revision of the Model Act for State Licensure of Psychologists adopted by the APA Council of Representatives in February 1987 (APA, 1987b). Guideline 1.1 expresses the goal of the APA that psychological service units in all organizations have at least one professional psychologist available to assure the quality of services offered.

²⁴ This General 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 and revised by the Council in January 1982. Included therein is 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 which violate [it]" (Conger, 1976, p. 424).

²⁵ See also *Ethical Principles in the Conduct of Research with Human Participants* (APA, 1982) and *Principles Concerning the Counseling and Therapy of Women* (APA, 1978).

²⁶ These documents are available from the American Psychological Association, 1200 Seventeenth Street, NW, Washington, DC 20036.

²⁷ Another example of a specific application of this principle is found in Guideline 2 in "Guidelines for Psychologists Conducting Growth Groups" (APA, 1973):

2. The following information should be made available in writing 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 in 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)

²⁸ When the user of the service is a child, it is desirable that both parent (or legal guardian) and child, to the extent possible, be involved in this understanding.

²⁹ Health care providers hold widely varying views about the wisdom of written records relating to the content of the psychotherapeutic relationship.

³⁰ In the absence of such, the policy is as follows:

1. Retain the full record intact for a specified period of time, if not in perpetuity. Some records need to be retained during the lifetime of an individual, either by the provider or by some other agency through arrangement by the provider. These records are necessary in special circumstances, such as in the case of handicapped individuals who need to comply with requests from the Social Security Administration for information on documented disabilities during their childhood years.

2. If a full record is not retained following completion of service delivery, a summary of the record is maintained for a specified period of time.

3. A record or the summary of a record may be disposed of only after a specified period of time following completion of planned services or the date of last contact, whichever comes later. (See the relevant sections of the *Specialty Guidelines for the Delivery of Services*, APA, 1981b, for specific retention and disposition guidelines. These are Guidelines 2.3.4 for clinical, counseling, and school psychologists.)

In the event of the death of or the incapacity of a psychologist in independent practice, special procedures are necessary to assure the continuity of active service to the user and the safeguarding of records in accordance with this Guideline. For this reason, with the approval of the affected user, it is appropriate for another psychologist, acting under the auspices of the Professional Standards Review Committee (PSRC) or the Ethics Committee of the state, where such a committee is available, to review the record with that user and recommend a course of action for continuing professional service, if needed. Depending on local circumstances, appropriate arrangements for record retention and disposal are also recommended by the reviewing psychologist. This General Guideline has been developed to address a variety of circumstances that may arise, often years after a set of psychological services has been completed. Increasingly, records are being utilized in forensic matters, for peer review, for investigation of ethical complaints, 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.

³¹ Support for the principle of privileged communication is found in the Model Act for State Licensure of Psychologists (APA, 1987b):

In judicial proceedings, whether civil, criminal, or juvenile; in legislative and administrative proceedings; and in proceedings preliminary and ancillary thereto, a patient or client, or his or her guardian or personal representative, may refuse to disclose or prevent the disclosure of confidential information, including information contained in administrative records, communicated to a psychologist licensed or otherwise authorized to practice psychology under the laws of this jurisdiction, or to persons reasonably believed by the patient or client to be so licensed, and their agents, for the purpose of diagnosis, evaluation, or treatment of any mental or emotional condition or disorder. In the absence of evidence to the contrary, the psychologist is presumed authorized to claim the privilege on the patient's or client's behalf.

This privilege may not be claimed by the patient or client, or on his or her behalf by authorized persons, in the following circumstances:

1. where abuse or harmful neglect of children, the elderly, or disabled or incompetent individuals is known or reasonably suspected;
2. where the validity of a will of a former patient or client is contested;
3. where such information is necessary for the psychologist to defend against a malpractice action brought by the patient or client;
4. where an immediate threat of physical violence against a readily identifiable victim is disclosed to the psychologist;
5. in the context of civil commitment proceedings, where an immediate threat of self-inflicted damage is disclosed to the psychologist.

6. where the patient or client, by alleging mental or emotional damages in litigation, puts his or her mental state at issue;

7. where the patient or client is examined pursuant to court order, or

8. in the context of investigations and hearings brought by the patient or client and conducted by the Board, where violations of this Act are at issue. (pp. 702-703)

Specific provisions for the maintenance of confidentiality are spelled out in each of the *Specialty Guidelines for the Delivery of Services* (APA, 1981b).

²¹ Examples of such agencies are clinics for battered women, clinics for Spanish-speaking users, and clinics for members of a specific religious faith or church.

²² The APA is prepared to provide appropriate assistance to responsible members who are subjected to unreasonable limitations upon their opportunities to function as practitioners, administrators, or consultants. The APA is prepared to cooperate with any responsible professional psychological 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 of other public and private bodies in support of the right of psychologists to pursue those functions that they are trained and qualified to perform. 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 attempts.

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