Professional Practice Guidelines

Guidance for Developers and Users

American Psychological Association

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This policy document is intended to assist the developers and users of "Professional Practice Guidelines" that become policy of the American Psychological Association (APA). It is a revision and integration of two earlier policy documents from APA: "Criteria for Practice Guideline Development and Evaluation" (APA, 2002c) and "Determination and Documentation of the Need for Practice Guidelines" (APA, 2005), which are better understood as unified policy. This new policy document provides updated guidance for and examples[1] of "Professional Practice Guidelines" that have evolved over the past decade, as well as current scholarly literature specific to these guidelines. It has been drafted by the APA Board of Professional Affairs (BPA) and APA Committee on Professional Practice and Standards (COPPS).

This guidance is intended for professional practice guideline development groups composed entirely of psychologists and for multidisciplinary efforts in which psychologists are involved. (There may be other situations where APA is asked to endorse guidelines developed by another organization. While these documents undergo a similar review process in accordance with Association Rule 30–8 Standards and Guidelines, they are not addressed here.)

The landscape is changing for the practice of professional psychology, within a climate of increasing accountability. Psychologists and other professionals have greater access than ever before to examples of best practices and formal guidelines from various sources. However, there are critical differences across guidelines in terms of terminology, content, goals, evidence, and impact.

The APA Council of Representatives approved a critical terminology change in August 2012 to bring its labeling of guidelines in accord with other health care organizations. There are two types of practice guidelines in development as APA policy: "Professional Practice Guidelines" and "Clinical Practice Guidelines." The guidance contained here pertains only to "Professional Practice Guidelines."

APA "Professional Practice Guidelines" (previously named "Practice Guidelines") are designed to guide psychologists in practice with regards to particular roles, populations, or settings and provide them with the current scholarly literature. These guidelines reflect consensus within the field since the very process of guideline development helps to resolve areas of disagreement. In contrast, APA "Clinical Practice Guidelines" are focused on specific disorders and interventions and are recommendations founded on systematic reviews. (For further information on APA "Clinical Practice Guidelines," please see www.apa.org/about/offices/directorates/guidelines/clinical-practice.aspx. For additional information on "Clinical Practice Guidelines" across health care, please see resources from APA, APA, 2002b; the Institute of Medicine (2011a, 2011b, www.iom.edu/reports/2011/clinical-practice-guidelines-we-can-trust.aspx and www.nap.edu/catalog.php?record_id=13059;

This policy document is a revision and integration of two prior documents: "Criteria for Practice Guideline Development and Evaluation" (APA, 2002c) and "Determination and Documentation of the Need for Practice Guidelines" (APA, 2005). It has been drafted by members of the APA Board of Professional Affairs (BPA) and APA Committee on Professional Practice and Standards (COPPS). Special thanks to Mary Ann McCabe, PhD (2010 Chair [COPPS] and 2013 Chair [BPA]) for her leadership and tireless efforts in the review and revision of these APA guidelines policy documents. Thanks and special recognition to Lois O. Condie, PhD, ABPP (2012 Chair [COPPS]); Julia Ramos-Grenier, PhD, ABPP (2011 Chair [COPPS]); April Harris-Britt, PhD (2013 Chair [COPPS]); John A. Zervopoulos, PhD, JD; Terry S. Gock, PhD (2012 Chair [BPA]); and Cynthia A. Sturm, PhD (2009 Chair [BPA]) for their insights and careful review. Thanks and recognition to members of BPA during the development and review process, including Judith S. Blanton, PhD (2011 Chair); Susan G. O'Leary, PhD; Lydia P. Buki, PhD; Susan D. Cochran, PhD, MS; Elaine Clark, PhD; Ruth E. Fassinger, PhD and Cathy McDaniels Wilson, PhD, ABPP (BPA Liaisons to COPPS); Karen S. Budd, PhD; Stewart E. Cooper, PhD, ABPP (2014 Chair [BPA]); Anderson "A.J." Franklin, PhD; Patricia Arredondo, EdD (2015 Chair [BPA]); Vickie M. Mays, PhD, MSPH; and Helen L. Coons, PhD, ABPP. Thanks and recognition to members of COPPS during the development and review process, including Robert Kinscherff, PhD, JD; Bonita G. Cade, PhD, JD; Michael H. Fogel, PsyD, ABPP; Robin M. Deutsch, PhD, ABPP; Daniel C. Holland, PhD, MPH, ABPP; Scott J. Hunter, PhD (2014 Chair [COPPS]); and Jorge Wong, PhD. Sincere appreciation to APA Practice Directorate staff from the Governance Operations Department, in particular, Mary G. Hardiman, MS, who facilitated both the work of BPA and COPPS and this revision effort, and Sheila Kerr-Wilson for her support. BPA and COPPS also appreciate helpful consultation from the Practice Research and Policy Department, in particular Lynn F. Bufka, PhD, and Legal and Regulatory Affairs, and from the Office of General Counsel. Finally, BPA and COPPS wish to thank the many other APA members, colleagues, and governance groups who offered insights and comments on earlier drafts of this document.

This document is scheduled to expire in February 2025, 10 years from the date of approval by APA Council of Representatives. After this date, users are encouraged to contact the APA Practice Directorate to confirm that this document remains in effect.

Correspondence concerning these guidelines should be addressed to the Practice Directorate, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

[1] Guidelines that have been approved as APA policy that are cited throughout this document may have been revised or may be currently under revision. Please see "Guidelines for Practitioners" (www.apa.org/practice/guidelines/index.aspx) on the official website of the American Psychological Association for the most current version.

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and the Agency for Health Care Research and Quality, www.guideline.gov/).

Definitions

As it is used in APA policy, the term *guidelines* refers to statements that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists. *Guidelines* differ from *standards*. *Standards* are mandatory and, thus, may be accompanied by an enforcement mechanism; *guidelines* are not mandatory, definitive, or exhaustive. *Guidelines* are aspirational in intent. They aim to facilitate the continued systematic development of the profession and to promote a high level of professional practice by psychologists. A particular set of *guidelines* may not apply to every professional and clinical situation within the scope of that set of guidelines. As a result, *guidelines* are not intended to take precedence over the professional judgments of psychologists that are based on the scientific and professional knowledge of the field (Ethics Code, Std. 2.04, APA, 2002d; APA, 2010a).

The primary purpose of "Professional Practice Guidelines" is to educate, to facilitate competence (Wise et al., 2010), and to assist the practitioner in the provision of high-quality psychological services by providing well-supported practical guidance and education in a particular practice area. "Professional Practice Guidelines" also "inform psychologists, the public, and other interested parties regarding desirable professional practices" (APA, 2002c, Section 2.5). Guidelines are not to be promulgated as a means of establishing the identity of a group or specialty area of psychology, nor are they to be created with the purpose of excluding any psychologist from practicing in a particular area (APA, 2002a). Stakeholders for a given set of guidelines include psychologists, students of psychology, consumers of psychological practice, members of the public, policymakers, regulatory bodies, other health care professionals, and other professionals.

Establishing Need: Reasons for the Development of Guidelines

APA policy states that "Professional Practice Guidelines" should be written only when there is a clearly demonstrated and documented need (APA, 2005). It is in the best interests of the profession to avoid the unnecessary proliferation of guidelines, particularly those which may be advocacy based rather than scientifically based. Prospective developers of "Professional Practice Guidelines" should begin the process by considering the specific need, purpose, and intended audience or stakeholders for guidelines. Although the need must be well established, the basis for establishing and documenting need will depend on the impetus for the particular set of guidelines. This section is a revision of the earlier policy document, "Determination and Documentation of the Need for Practice Guidelines" (APA, 2005).

It is essential that "Professional Practice Guidelines" provide a clear justification for focusing on a singular topic apart from the rest of psychological practice. Guidelines that focus on a particular client population or characteristic must explain why and how psychological practice with this population is sufficiently different from sound practice with all clients to justify separate guidelines. Guidelines could potentially be written for any number of client characteristics (e.g., age, gender, sexual orientation, religion, ethnicity). Good psychological practice requires that practitioners be sensitive to all these client characteristics and their interactions, and it is generally not clinically useful to conceptualize clients' problems according to a singular personal attribute. Although evidence of past and present injustice in the broader sociocultural context is likely to be relevant, it is not sufficient as a justification for "Professional Practice Guidelines."

There are three broad categories of potential need for "Professional Practice Guidelines": (a) legal and regulatory issues, (b) public benefit, and (c) professional guidance (APA, 2005). While these distinctions are conceptually useful, the categories are likely to overlap in regard to the need for any particular guidelines document.

Legal and Regulatory Issues

Legal and regulatory issues in response to which "Professional Practice Guidelines" may be written include the following:

Laws. Changes in state, federal, or international laws or statutes may generate the need for "Professional Practice Guidelines." Guidelines are not written to interpret laws, which are mandatory. However, in areas in which laws are silent, unclear, or conflicting, guidelines may assist psychologists to consider appropriate practice options for a given situation or to seek legal advice on how to manage that situation.

Court decisions and case law. Federal circuit court and U.S. Supreme Court decisions may require changes in professional practice. For example, the U.S. Supreme Court decision in *Daubert v. Merrell Dow Pharmaceuticals* (1993) prompted significant changes in how psychologists in affected jurisdictions prepare for and deliver expert opinions in court. Guidelines might educate psychologists about evidentiary requirements and how to respond more effectively to them.

Professional interaction with the legal system. Psychologists are called on to respond to various types of requests from judges, lawyers, and administrative bodies. These requests may require psychologists to provide information in the form of records or sworn testimony. Examples of guidelines relevant to professional interaction with the legal system include the "Guidelines for Child Custody Evaluations in Family Law Proceedings" (APA, 2010b), the "Guidelines for the Practice of Parenting Coordination" (APA, 2012c), the "Guidelines for Psychological Evaluations in Child Protection Matters" (APA, 2013c), and the "Specialty Guidelines for Forensic Psychology" (APA, 2013b). Guidelines can also educate and inform psychologists about specific legal concepts and requirements.

Changes in regulatory and administrative systems. Psychologists are subject to regulation by state licensing boards and federal health regulatory systems. Although the agencies that promulgate regulations

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sometimes write explanatory documents, there are areas in which regulations are silent or not fully clarified. In those cases, guidelines might help psychologists adapt generally accepted practice and procedures to meet these standards. For example, state or federal record keeping regulations may be vague or conflicting. Psychologists required to keep records in a setting with such regulations may seek guidance from the APA's "Record Keeping Guidelines" (APA, 2007b; see also Drogin, Connell, Foote, & Sturm, 2010).

Public Benefit

Guidelines may be written to benefit the public in ways that include the following:

Improved service delivery. "Professional Practice Guidelines" may be developed to improve service-delivery models, as "Guidelines for Psychological Practice with Girls and Women" (APA, 2007a). Or, psychologists' education in specific areas may prompt positive changes in treatment, evaluation or assessment procedures. For example, "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (APA, 2003) heightens awareness of special considerations for service delivery to diverse populations.

Avoidance of harm. The development of "Professional Practice Guidelines" may be supported when there is empirical evidence or professional consensus of bias, discrimination, or harm to clients. For example, the development of "Guidelines for Psychological Practice With Lesbian, Gay, and Bisexual Clients" (APA, 2012d) was prompted by evidence of misguided treatment of these clients.

Emerging, underserved, or vulnerable client populations. "Professional Practice Guidelines" may be developed to meet the psychological needs of emerging, underserved, and/or vulnerable client populations. Emerging populations may include client groups identified by shifting demographics (e.g., immigrant populations); underserved groups may include certain rural, homeless, or undocumented immigrant individuals; vulnerable populations are those less able to advocate for themselves with regard to access to and utilization of health services (e.g., minors, victims of interpersonal violence). See, for example, "Guidelines for Psychological Practice With Older Adults" (APA, 2004) and "Guidelines for Assessment of and Intervention With Persons With Disabilities" (APA, 2012a).

Professional Guidance

Guidelines may offer professional guidance in relation to issues such as the following:

Advances in theory and science. Advances in psychological theory and science may lead to the development of new approaches with which psychologists need guidance or which point to emerging consensus. For instance, advances in theory and science are reflected in "Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change" (APA, 2012b) and "Guidelines for Prevention in Psychology" (APA, 2014).

New, expanded, or complex multidisciplinary roles. Psychologists may require guidance when providing novel services or working in new contexts or emerging areas of practice. "Guidelines Regarding Psychologists' Involvement in Pharmacological Issues" (APA, 2011) and "Guidelines for Psychological Practice in Health Care Delivery Systems" (APA, 2013a) are examples of guidance regarding expanded roles.

Specialized areas of practice in need of clarification. For areas of specialization within psychological practice, it is sometimes helpful to provide updated guidance (e.g., "Guidelines for Psychological Practice With Older Adults," APA, 2004; "Specialty Guidelines for Forensic Psychology," APA, 2013b). When developing guidelines for areas of specialized practice, it is helpful to include guidance related to assessment when there is an appropriate scholarship base.

Professional risk-management issues. "Professional Practice Guidelines" may be developed in response to professional risk-management issues. For example, APA "Record Keeping Guidelines" (APA, 2007b) may protect psychologists in the absence of clear guidance from state and federal regulations.

Development of new technology. The development of new technology may necessitate reconsideration of existing processes and procedures. For example, the increasing use of electronic devices enables psychologists to deliver health services via telephone and computer when appropriate or where it may not be possible in person ("Guidelines for the Practice of Telepsychology," Joint Task Force, 2013). Electronic transmission of medical records require psychologists to modify their practices concerning control and confidentiality of records ("Record Keeping Guidelines," APA, 2007b; Drogin et al., 2010).

Changing social norms. "Professional Practice Guidelines" may be developed to address the changing needs of professionals that stem from the dynamic nature of social norms. For example, the construct of privacy has changed in recent years due to new communication techniques that make public what traditionally were private venues of communication, warranting new consideration of the need to preserve confidentiality (Joint Task Force, 2013). "Guidelines for the Practice of Telepsychology" (Joint Task Force, 2013) have been developed, in part, in response to changing social customs in the use of technology for communication.

Evidence Supporting Guidelines

Each guideline document as a whole, and each of its component guidelines, must be accompanied by an explicit rationale and supporting evidence appropriate to its range of application. Developers of guidelines should describe each source of evidence used in guideline formulation so that a reader can evaluate the guidelines' base of support. Documentation of empirical and broad-based professional consensus in developing guidelines will protect against the appearance of advocacy for particular policy positions or

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theoretical perspectives or restrictive attempts to regulate professional behavior and judgment.

Not all guidelines are alike in terms of the need for, availability of, and type of evidence. Timing and context matter. For example, guidelines developed for legal or regulatory reasons will have different types of evidentiary support than guidelines developed for professional reasons. Decisions about the nature and scope of evidence to be cited in a particular set of guidelines may be made in accordance with features of the guidelines themselves, such as the purpose (e.g., education, emerging professional consensus), stakeholders (e.g., students, users not familiar with the area of study), focus on a specific population, setting, or key role/function, inclusion of controversial statements or definitive statements, and timing. The aforementioned examples of guidelines that have been approved as APA policy illustrate these various features and can be helpful to developers for deciding the scope of evidence required for acceptance and approval.

Not all scholarly references should be considered equal. The quality of the literature cited to support guidelines is the most important consideration. Developers have the duty to explain the choice of literature, but it is recommended that references be current, broad, empirical where possible, and inclusive of seminal works and reviews when available.

In all instances, guideline developers should strive to be comprehensive and representative in their selection of theoretical and empirical sources and should consider the positions of other relevant stakeholders as applicable. Developers should examine relevant evidence, including that which may contradict their point of view. Direct empirical support for recommending specific professional behavior is always a strong form of evidence, though such support is not always available.

In some areas, expert professional consensus is the strongest form of evidence available. A variety of forms of information may reflect professional consensus, depending on the nature of the guidelines being developed. These include, but are not limited to, agreement among recognized subject-matter experts, practitioner surveys, incidence of inquiries to APA or other professional or regulatory bodies, reviews of professional literature, and general agreement among psychologists regarding responsible professional conduct.

Guidelines that make reference to a single theoretical perspective or a narrow body of literature are less useful than guidelines that integrate multiple perspectives. The wider the intended application of guidelines, the more developers should seek to integrate perspectives from across (and outside) the profession. For example, the scope of the "Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists" (APA, 2003) required the integration of a broad base of evidence and perspectives. In contrast, there are contexts (e.g., forensic) for which guidelines are appropriately based on a narrower range of evidence and expertise, such as "Guidelines for Psychological Evaluations in Child Protection Matters" (APA, 2013c).

It is expected that guidelines approved as policy by APA will have relevance to a significant segment of APA membership. APA represents psychologists from diverse theoretical perspectives functioning in a broad array of professional settings. The processes for development, review, and revision of guidelines allows for input from those holding the full range of views.

To be adopted by the APA Council of Representatives, guidelines must have strong support across constituencies. The nature of the guidelines development process, the need to develop aspirational language (rather than determinative), the need for evidence, and the format of guidelines (rationale, application) all sharpen thought, encourage dialog, and drive consensus. The resultant coherence is critical for APA governance approval of new guidelines as policy.

Criteria for "Professional Practice Guidelines"

The following guidance aims to ensure deliberation and care in the process of developing "Professional Practice Guidelines." The guidance promotes quality and consistency in "Professional Practice Guidelines" and identifies, in advance, the specific criteria by which they will be evaluated and reviewed. Proposed "Professional Practice Guidelines" are not considered APA policy until they have been reviewed and approved in accordance with Association Rule 30–8.

The specific criteria outlined below are designed to assist the development of guidelines addressing a range of practice areas and issues yet also educate the practitioner to provide high quality psychological services, including intervention, psychotherapy, testing, assessment and consultation. Examples of "Professional Practice Guidelines" that have already been approved as APA policy can be particularly helpful for developers by illustrating adoption of the criteria (See "Guidelines for Practitioners" at http://www.apa.org/practice/guidelines/index.aspx.)

The following criteria are an affirmation and revision of the "Determination and Documentation of the Need for Practice Guidelines" (APA, 2005) and the "Criteria for Practice Guideline Development and Evaluation" (APA, 2002c) that, in turn, revised the "Criteria for Guideline Development and Review" (APA, 1995).

Guideline Attributes

The following attributes will assist practice guideline developers and will be considered during review (see "Professional Practice Guidelines Checklist," available online at http://www.apa.org/practice/guidelines/practice-criteria-checklist.pdf):

Need. As noted earlier, "Professional Practice Guidelines" are encouraged (and approved) only for areas with a clearly demonstrated and documented need.

Respect for human rights and dignity. "Professional Practice Guidelines" reflect sensitivity to cultural, individual, and role differences among psychological service providers and their client populations, including but

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not limited to those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status (APA, 2002c, 2010a).

Delineation of scope. "Professional Practice Guidelines" have a clearly defined scope in terms of content, users, and context. "Professional Practice Guidelines" are focused on professional practice rather than specific disorders or treatments.

Avoidance of bias. "Professional Practice Guidelines" avoid bias or appearance of bias through consideration and/or integration of alternative views during the development and review process, when guideline developers are expected to provide the reasoning behind their decisions and judgments and ensure citations of relevant literature.

Educational value. "Professional Practice Guidelines" inform psychologists, the public, and other interested parties regarding desirable professional practices.

Internal consistency. No part of the practice guideline conflicts with any other part in intent or application.

Basis. "Professional Practice Guidelines" take into account the best available sources on current theory, research, and professional literature and the APA Ethics Code so as to provide a defensible basis for recommended conduct.

Flexibility. "Professional Practice Guidelines" recognize the importance of professional judgment and discretion and do not unnecessarily or inappropriately limit the practitioner.

Feasibility. Implementation of the particular "Professional Practice Guidelines" is feasible in the current practice environment. Following the guidelines should not place an excessive educational or financial burden on psychologists beyond that of commonly agreed upon best practices.

Compatibility. "Professional Practice Guidelines" take into account current APA policies and must be consistent with the APA Ethics Code (APA, 2002d, 2010a).

Guidelines Language

Clarity. "Professional Practice Guidelines" are clear, succinct, and unambiguous in their use of language and avoid jargon. Developers should try wherever possible to use generally accepted terminology, whether within APA or the broader health or policy community. Clarity of guideline language is greatly aided by the guideline review process, described below.

Aspirational language. "Professional Practice Guidelines" avoid words such as *should* and *must* because those words connote mandatory intent. (Such intent is appropriate for standards rather than guidelines.) Instead, "Professional Practice Guidelines" use words such as *encourage, recommend,* and *strive* because these words connote the aspirational intent consistent with the broad purposes and educative goals. The guideline review process assists with this aspirational language. Aspirational language has been noted to stimulate dialog, identify and resolve disagreement, encourage consensus, and lead to a more coherent statement for the field.

Recommended language for common situations. There are a number of common situations with "Professional Practice Guidelines" where standardized or "boiler plate" language can be very helpful for guideline developers. For example, the use of lists is quite common yet can be particularly cumbersome and/or problematic; lists can never be exhaustive or incorporate future developments during the life span of guidelines. Phrasing such as "including but not limited to" is recommended in lieu of attempting to be all inclusive.

A few additional common phrasing situations warrant mention. When describing multicultural issues, it is recommended that "diverse backgrounds and needs" be considered. When lists are made for the various types of diversity, guideline developers might consider using the reference "Dimensions of Personal Identity" as described in the APA "Multicultural Guidelines" (currently under revision). In addition, the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests has published three documents on working with ethnic/minority populations specific to education and training, research, and practice. These resource documents would be of benefit to educators in all areas and might provide useful terminology and guidance (http://www.apa.org/pi/oema/resources/cnpaaemi-pubs.aspx). Guideline developers should consider whether groups with unique needs (e.g., underserved, underrecognized, understudied, overrepresented, vulnerable) are included in the guideline or in supporting evidence. Finally, experience with guidelines has shown the term *objective* to be preferred over *impartial.*

Recommended Elements Within Guidelines

The following outline of recommended elements can assist in the development of "Professional Practice Guidelines"; these elements form the basis for review (see also "Practice Guideline Checklist," http://www.apa.org/practice/guidelines/practice-criteria-checklist.pdf). (To facilitate review, it is recommended that practice guideline proposals contain page numbers and line numbers and not be right justified.) The recommended elements for "Professional Practice Guidelines" can be seen in Figure 1.

Introduction. "Professional Practice Guidelines" are accompanied by a general introductory section that explains the need for the proposed guidelines and the process by which the proposed guidelines were developed. This section informs reviewers about the justification for creating the proposed guidelines and the steps taken in their development. "Professional Practice Guidelines" contain review and citation of the literature sufficient to inform and to justify both a set of proposed "Professional Practice Guidelines" and individual guideline statements therein. (See previous discussion of Evidence Supporting Guidelines.)

Purpose. Guideline authors articulate a clear statement of purpose. This statement includes the subject matter of the guidelines, beneficiaries of the guidelines, the

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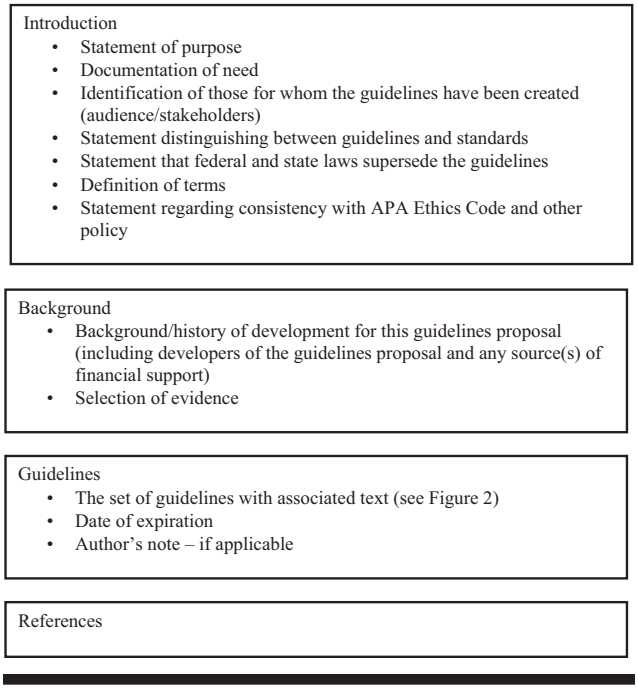
Figure 1
Recommended Elements of Professional Practice Guidelines



boundaries of applicability, and intended degree of specificity.

Documentation of need. This portion of the proposed guideline document describes the impetus for them. It documents the need for the guidelines and their relevance to current practice. Relevant sources of information may include demonstrated patient or client need, practitioner demand, or legal and regulatory requirements that justify the necessity for the proposed guidelines. (See previous discussion of Establishing Need.)

Users. The intended audience/stakeholders of the "Professional Practice Guidelines" are explicitly identified.

Distinction between standards and guidelines. A statement is included in the guidelines clarifying the distinction between standards and guidelines. The APA Office of General Counsel has recommended that the following language be included in every practice guideline document:

> The term *guidelines* refers to statements that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists. *Guidelines* differ from standards. *Standards* are mandatory and, thus, may be accompanied by an enforcement mechanism; guidelines are not mandatory, definitive, or exhaustive. *Guidelines* are aspirational in intent. They aim to facilitate the continued systematic development of the profession and to promote a high level of professional practice by psychologists. A particular set of *guidelines* may not apply to every professional and clinical situation within the scope of that set of guidelines. As a result, *guidelines* are not intended to take precedence over the professional judgments of psychologists that are based on the scientific and professional knowledge of the field (see Ethics Code, Std. 2.04).

Definitions. Terms are clearly defined, particularly when some are not commonly used or when common usage varies or is imprecise. Definitions may be provided in the text or in a glossary of terms.

Compatibility. A statement must be included that asserts the consistency of the proposed guidelines with the current APA Ethics Code (APA, 2002d, 2010). "Professional Practice Guidelines" also acknowledge other relevant APA policy.

Background. Practice guideline development process. The review process is documented so that others can evaluate both the process itself and the sources utilized. Potential conflicts of interest are disclosed. Individuals, groups, and represented organizations that developed the guidelines are identified. Sources of direct and indirect financial support for practice guideline development are identified. There is also full disclosure of any potential financial benefit to the guideline developers that may result from the development or implementation of the guidelines.

Selection of evidence. Guideline developers describe the process by which supporting professional literature or other evidence was selected, reviewed, included, and excluded. Literature included in the "Professional Practice Guidelines" document's reference section is generally limited to current or seminal publications or other writings recognized in the field as important to the proposed guideline's subject matter. (See previous section on Evidence Supporting Guidelines. In addition, existing "Professional Practice Guidelines" can be helpful illustrations for describing how evidence/professional literature was selected, etc.)

Necessary Components of Each Guideline

The necessary components of "Professional Practice Guidelines" are illustrated in Figure 2.

Guidelines should have adequate documentation and provide clear examples of recommended professional practice. Each practice guideline statement has a three-part structure: the practice guideline statement, which is a specific recommendation for professional conduct, typically one sentence and a single idea; the guideline statement rationale, which may include relevant literature, intended audience, and intended benefits or goals, typically a short paragraph; and the practice guideline application, or commentary to facilitate the reader's understanding about how the guideline may be applied in practice, typically one or more paragraphs in length.

Status and Expiration Date

"Professional Practice Guidelines" must include a proposed expiration date. Under no circumstances may an expiration date of more than 10 years be proposed. This maximum time frame is appropriate for practice areas in which the knowledge base, practice patterns, and relevant legal and regulatory climate are stable. In many practice areas, an

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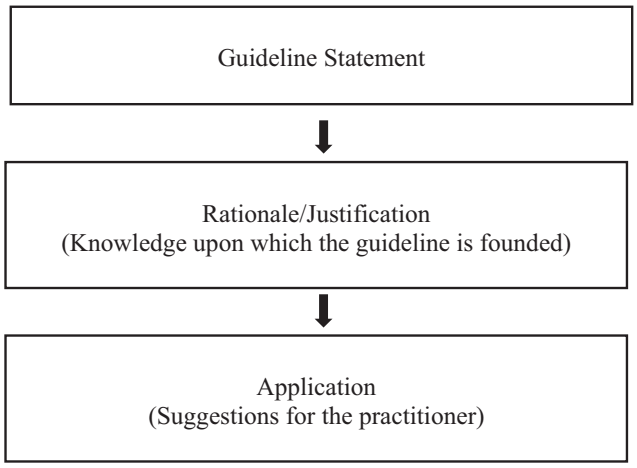
Figure 2
Necessary Components of Each Guideline



earlier expiration date will be more appropriate (e.g., 5 or 7 years), particularly for an emerging area or one where there is rapidly developing research base or policy landscape. In all cases, developers provide a rationale for the proposed time frame. All "Professional Practice Guidelines" documents include the following statement:

> This document is scheduled to expire [*insert date*]. After this date, users are encouraged to contact the APA Practice Directorate to confirm that this document remains in effect.

Guidelines Review Process

The process of developing guidelines according to the format described above (i.e., rationale and application) has been found to drive clear articulation and precise wording of what is intended. Similarly, the process for editing drafts of guidelines following mandatory periods for public (and governance) comment raise and sharpen areas of disagreement and drive greater consensus for the final guidelines document.

Documentation and Review

The "Professional Practice Guidelines" proposal undergoes both preliminary and formal levels of review. (This process may differ somewhat for revising existing guidelines documents that are nearing expiration.)

Preliminary review. Guideline developers are strongly encouraged to consult with the APA BPA early in the "Professional Practice Guidelines" development process. BPA's mission includes developing recommendations for standards and guidelines and monitoring the implementation of standards and guidelines for the profession of psychology. BPA will assist guideline developers in obtaining consultation from the APA COPPS (of which BPA is the parent board) as well as appropriate APA legal review in order to determine any risk to APA and its members that may be posed by any particular guidelines project. The developers are also encouraged to contact other groups or organizations that could have an active interest or stake in the proposed "Professional Practice Guidelines" (e.g., APA divisions, committees, task forces).

Record keeping for preliminary review. All correspondence and documents generated by both the reviewers and the guideline developers must be maintained.

Formal review (APA approval process). After the "Professional Practice Guidelines" proposal has been edited in the preliminary review process, a proposal is submitted for formal APA governance review. It is also disseminated for a public comment period of at least 60 days, which is a highly participatory process for APA members and others outside the organization. Guideline developers are required to respond to all comments and incorporate changes where appropriate; it is this process that develops the base of professional consensus that strengthens the final guidelines document. The approval process is outlined in Figure 3. APA divisions, committees, or other APA entities or stakeholders wishing to develop guidelines are referred to APA's "Association Rules" (APA, 2002a), which describes additional review requirements.

Record keeping for formal review. As in the record keeping for preliminary review, guideline developers must maintain records of the correspondence and documents generated by reviewing committees and boards. Text additions and deletions are made in accordance with APA's policies and procedures for documenting revisions. When suggestions are not integrated, the developers respond in writing to the reviewer(s) with an explanatory comment. Both the reviewer feedback and the response to it then become part of the record and are submitted with the proposal.

Guidelines Expiration and Revision

"Professional Practice Guidelines" reaching expiration routinely are reviewed by members of COPPS and BPA for relevance. Guidelines are monitored to minimize overlap between sets of guidelines, and to identify and respond to changing needs for professional guidance or evolving evidence for/against guideline statements. (Note: New APA policies and procedures have been developed by the Policy and Planning Board, in collaboration with BPA, COPPS, APA parent boards, and other governance groups, to better administer and document the review process for existing guidelines that are within 3 years of expiration.)

In cases in which there is no clear rationale for updating a set of guidelines, a decision may be made to sunset the guidelines. Two examples are illustrative. First, a set of guidelines might be allowed to expire without revision when practice norms are firmly established and guidelines for practice have been sufficiently incorporated into the conventions of practice. Second, the need for guidelines may be less necessary because of coverage elsewhere. An example of coverage elsewhere would be the incorporation of a set of guidelines into legislation, other forms of APA policy, or cross-organizational guidelines that obviate the need for a specific set of APA guidelines for practice.

The decision process for updating guidelines involves a review of the following elements: the introduction section of

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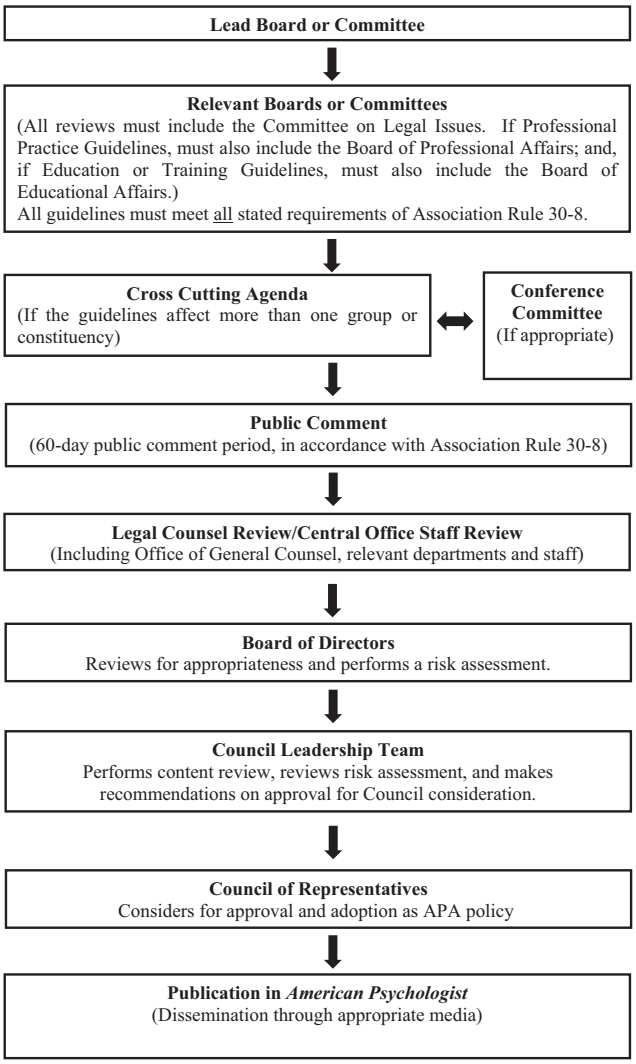
Figure 3
Review Process for Proposed Guidelines or Standards



guidelines, the purpose of guidelines, the appropriateness of the existing distinction within the document between guidelines and ethical standards, intended users, definitions, whether an updated needs assessment is indicated, continued compatibility with other guidelines and with APA policies, continued compatibility with APA Ethics Standards (APA, 2002d, 2010a), member support for renewal of the document, fit with the APA strategic plan, availability of funding to support a revision, and whether an appropriate group of designees have been or will be appointed to complete the process of updating and renewing the guidelines. Because of the dynamic nature in which guidelines are developed, designees to update and renew the guidelines may be appointed from BPA, COPPS, the governance of an APA division, or some other relevant body. If appropriate and feasible, members of the original development group may participate in updating those guidelines.

Roles of Guideline Developers

When psychologists begin the process of developing "Professional Practice Guidelines," they are committing to develop the guidelines in accordance with the aforementioned criteria, collaborate with key stakeholders, participate in the review process, maintain documentation of comments and revisions, contribute to the dissemination process, and anticipate a mechanism for deciding whether and how to revise the guidelines before they expire. The developers of guidelines must consider the broader implications and the range of applications of guidelines, which are likely to extend beyond the group by which they are developed. In some instances, guidelines may affect groups outside the profession of psychology (e.g., other health professionals, test developers, public stakeholders); this should be considered in advance of developing guidelines. In these cases, a broader development and review process that solicits comment from individuals and groups outside APA is appropriate. Developers may need to consider and comment on guidelines adopted by other organizations for the same or related areas.

Common Challenges With Guidelines Development

The most common challenges for developers include decisions regarding the length of the guidelines document and the scope of evidence; as noted previously, it helps to identify features of guidelines that might aid decision-making in this regard (e.g., timing, purpose, special populations, roles/functions, settings, emerging areas, inclusion of controversial and/or definitive statements). For example, effective dissemination of guidelines and implementation in practice may be aided by a shorter, rather than longer, document. It is important that guidelines developers anticipate if any proposed guidelines statements may become "dated" prior to when their practice guidelines document will expire; this can occur, for example, when very recent or proposed (but not approved) public policy is featured.

It is also a common challenge for developers to anticipate both intended and unintended consequences for guidelines, yet this can be invaluable in the process of guideline development. In some contexts (particularly forensic ones), where the notion of professional judgment might be defined differently, guidelines can represent "peer review." As a result, psychologists may find themselves in a situation where they must be prepared to justify why their judgment deviates from "Professional Practice Guidelines." Again, guidelines are aspirational rather than mandatory and do not trump professional judgment. However, it may be that the more immediate and consequential the impact (e.g., vulnerable population), and the more psychologists have control over their work (e.g., forensic role vs. multidisciplinary team), the greater impact a prospective set of guidelines has for public welfare. Psychologists in such situations may be asked to justify a deviation in practice from existing guidelines. Note that when psychologists' professional conduct and judgments do not conform to practice guidelines statements, they should base their conduct and judgments on the scientific and professional

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knowledge of the field (see Ethics Code, Std. 2.04, APA, 2002d, 2010a).

A final challenge for guideline developers is to consider how best to disseminate guidelines among professionals who may benefit from their implementation. Developers should carefully identify prospective stakeholders both within and outside psychology for "Professional Practice Guidelines," and then consider what types of products reach them, with what timing. It is helpful to anticipate the obstacles to dissemination or implementation and consider potential solutions in the guidelines where possible. It is also important to consider how to advance new guidelines into training and educational programming. When they embark on the process of guideline development and approval, developers make a commitment to a long-term process that rewards effort with enhanced professional practice and public benefit.

Resources for Guideline Development and Review

The APA website, www.apa.org, lists existing "Professional Practice Guidelines" on the "APA Guidelines for Practitioners" page (see http://www.apa.org/practice/guidelines/index.aspx.) For guideline developers, this web page includes documents that illustrate the typical trajectory of work tasks, committee activities, reporting structures, the process of seeking public comment on proposed guideline drafts, feedback loops and mechanisms for communicating with members of COPPS, and the process for gaining final approval by the APA Council of Representatives. Additional information is found under the heading "Policy Documents on Developing APA Guidelines."

Summary

When psychologists begin the process of developing "Professional Practice Guidelines," they commit to development, collaboration with key stakeholders, participation in the review process, and contribution to the dissemination process. Guidelines serve as valuable educational tools but there must be a demonstrated and documented need. There is enormous value in the guidelines review and approval process. It enables the evolution of guidelines documents with desired attributes, recommended precise and aspirational language, supporting evidence, and required elements. The review process also clarifies what guidelines are not, and prevents the proliferation of unnecessary guidelines. The result is "Professional Practice Guidelines" that serve the best interests of the field of psychology and the public.

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