

**PRACTICE GUIDELINES FOR
PROVIDERS OF
PSYCHOLOGICAL SERVICES**

**ADVANCING PSYCHOLOGY FOR ALL
L'AVANCEMENT DE LA PSYCHOLOGIE POUR LA COLLECTIVITÉ**

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Title: PRACTICE GUIDELINES FOR PROVIDERS OF PSYCHOLOGICAL SERVICES

ISBN # 1-896538-09-6

This monograph is one of a series and was prepared by a committee sponsored by the Canadian Psychological Association

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FOR
PROVIDERS OF PSYCHOLOGICAL SERVICES**

This document is also available in French under the title *Lignes directrices pour la pratique à l'intention des fournisseurs de services psychologiques*.

Approved by the Board of Directors of the
Canadian Psychological Association
October 29, 1989
(updated March, 1992, 2001)

Canadian Psychological Association

Practice Guidelines for Providers of Psychological Services¹

Practice guidelines for psychologists who provide psychological services serve the important purpose of describing professional activities that demonstrate compliance with the profession's standards of ethical and competent behaviour. The Canadian Psychological Association provided this revision of its policy document *Standards for Providers of Psychological Services* (1978) in 1989, pursuant to the adoption of the *Canadian Code of Ethics for Psychologists* (March, 1986). In 1992, the guidelines were updated to cross reference to the *Canadian Code of Ethics for Psychologists, 1991*. This printing of the guidelines has been updated to cross reference to the third edition of the *Canadian Code of Ethics for Psychologists* (2000).²

The objectives of the guidelines for the providers of psychological services and for the users of such services include the following:

- (1) Practice guidelines define common expectations for organizations and psychologists who provide psychological services, and for the user of the service. They provide both the provider and the user with a baseline or criteria for evaluating the quality and appropriateness of practice.
- (2) Practice guidelines provide an external authority for standards of ethical and competent practice for psychologists working in situations where others may be minimally knowledgeable and minimally supportive of these standards. Situations when such guidelines may be helpful may arise in working within organizational structures, or with third-party users.
- (3) Practice guidelines have significant influence on tomorrow's professionals through their incorporation into teaching models.
- (4) Practice guidelines may contribute toward legislative and regulatory requirement for the practice of psychology. Guidelines may assist in providing greater legislative uniformity across Canada with regard to standards of training, qualifications, and competence.
- (5) Practice guidelines may give specific content and structure to the profession's principles of ethical practice.

There are a number of features of the following practice guidelines for psychologists that warrant attention. *First*, guidelines identify standards of behaviour and approaches to service delivery that must be provided to at least a minimal level

across the full range of psychological services. However, psychologists are expected to strive for excellence in the practice of their profession. Second, in order to assist psychologists in identifying the underlying principles, the practice guidelines are cross referenced to ethical principles and standards in the third edition of the Canadian Code of Ethics for Psychologists (2000). However, the practice guidelines are not seen as a substitute for the Code. The practice guidelines are based on the Code, and are not intended to provide comprehensive coverage of the Code, nor of the professional ideals and models for ethical decision making contained within the Code. Third, if these guidelines are used in the context of quality assurance mechanisms, they may help to safeguard the public and provide a context within which service innovations may be safely made. These guidelines should not constrain psychologists from employing new methods or making flexible use of innovative procedures in serving the public and increasing the body of psychological knowledge. Fourth, it is believed that all Canadian psychologists in professional practice should be guided by a common code of ethics. While it is recognized that provincial regulatory bodies adopt their own enforceable standards documents, the Canadian Psychological Association's guidelines can provide leadership, information, and inspiration in a manner that is designed to complement the work of provincial jurisdictions.

Standards evolve over time. The following sets of standards were reviewed in the preparation of this document:

- The Canadian Psychological Association Standards for Providers of Psychological Services (1978).
- The American Psychological Association Standards for Providers of Psychological Services (1977, 1987).
- The Canadian Psychological Association Canadian Code of Ethics for Psychologists (1986, 1991, 2000). (CCE).
- Provincial minimum practice standards adopted between 1978 and 1989.

The guidelines are divided into several sections, beginning with definitions of the terms to be used. Five general areas of standards follow, these being:

- I. Provision of service.
- II. Organization of services.
- III. Client relationships.
- IV. Training, qualifications and competence.
- V. Record keeping.

DEFINITIONS

Providers of psychological services refers to:

1. Professional psychologist practitioners who are registered/certified/licensed in a province/territory where psychology is regulated by statute, and who may work independently or may be employed in a larger organizational unit.
2. Any other persons who offer psychological services under the supervision of a professional psychologist.
3. Professional psychologist administrators who are responsible for organized psychological services units including agencies, departments, programs, teams, or other types of units.
4. A larger organization that mandates, funds, and/or employs staff to provide psychological services as part of its overall operations.

Psychological services refers to one or more of the following:

1. Evaluation, diagnosis, and assessment of the functioning of individuals and/or groups in a variety of settings and activities.
2. Interventions to facilitate the functioning of individuals and groups.
3. Consultation relating to the assessment of the functioning of individuals or interventions to facilitate the functioning of individuals and groups.
4. Programme development of services in the areas identified above.
5. Supervision of psychological services.

A psychological service unit is the functional unit through which psychological services are provided. This includes, but is not limited to, the following:

1. A unit that provides predominantly psychological services and is composed of one or more professional psychologists and supporting staff.
2. A psychological service unit that operates as a professional service or as a functional or geographic component of a larger governmental, educational, correctional, health-related, training, industrial or commercial organizational unit.
3. A psychologist providing professional services in a multi-occupational setting.
4. An individual or group of individuals in a private practice or a psychological

consulting firm.

Clients or users of psychological services refers to all clients, irrespective of age or presenting problem, and includes individuals, groups, families, organizations or whole ecologies of human beings and their institutions. (APA, 1987). Users/clients include, but are not limited to, the following:

1. Direct users or recipients of psychological services.
2. Public and private institutions, facilities, or organizations receiving psychological services.
3. Third-party purchasers of psychological services. This includes purchasers who pay for delivery of services, but who may not be the recipients of those services.

1. PROVISION OF SERVICES

- I.1 Psychologists design the content and form of psychological services to meet the needs of users.
 - a. The psychologist administrators of service units systematically collect and analyze information on the needs of users in order to develop appropriate service programs. They identify which user interests are addressed by the program. (CCE II.13, 14; IV.9)
 - b. The psychologist practitioners assess individual user/client needs and assure that individual services are suited to these needs before the services are provided. (CCE II.13, 14)
 - c. The psychologist practitioners recognize that when there is conflict between employer or third party user need and that of the direct recipient client need, that the latter takes priority. (CCE I. Values Statement; I.26)
- I.2. The psychologist administrators are responsible for assuring the psychologist practitioners are suitably trained in the skills and techniques necessary for providing the services offered.
 - a. The psychologist administrators of service units that offer a wide or diverse range of services assure that the psychologist practitioners concentrate on specific areas of practice or competence, and do not offer a range of services so broad as to reduce or dilute expertise. (CCE II.6, 8)
 - b. The psychologist administrators of service units assure that psychologist practitioners have sufficient diversity of training and experience to meet diverse service needs. (CCE II.6, 25)
 - c. The psychologist administrators assure that persons performing psychological service functions who do not meet standards for professional practice are supervised by professional psychologists with appropriate training and experience. (CCE I.47; II.7, 50; III.40; IV.31)
- I.3. All levels of providers of psychological services are responsible for providing services efficiently and effectively.
 - a. Psychologist practitioners are responsible to only offer services for which they have established their competence, or to obtain adequate supervision when extending their areas of competence to new areas. (CCE II.6, 8)
 - b. Agencies, psychologist administrators, and practitioners work to ensure that users receive services in a timely fashion. Psychologists take action to avoid waiting periods or delays in the provision of services by monitoring

the volume of service requests, and the capability of meeting those demands. Options for avoiding unreasonable delays may include increasing the number of psychologists in a service unit, establishing a hierarchy of user needs, or directing users to alternate services. (CCE II.1, 2, 13, 22, 31; IV. 9)

- c. All levels of providers of psychological services monitor, review, or evaluate the effectiveness of services to ensure that user needs are met. Providers may alter or revise services to ensure effectiveness. They may adopt more effective new or alternate services as they become available. (CCE II.1, 21, 22; IV.3, 9)
- d. Psychologists are accountable for the services that they provide to the users of the service, and may also be accountable where applicable to an employer, to an external accrediting body, and to their professional regulatory body. Psychologists actively participate in procedures established by the employer or the profession of psychology for the purpose of review and evaluation of psychological practice. Psychologists ensure that these procedures comply with the standards of the Code of Ethics. Professional standards and guidelines for psychological practice are used to evaluate the quality of service delivery, and provide a basis for corrective action when deficiencies are discovered. (CCE II.3, 22, 37; III.37; IV.6, 8, 9, 10)

II. ORGANIZATION OF SERVICES

- II.1. Psychologists establish the rationale and philosophy of services through clear statements of service delivery objectives.
- a. The psychologist administrators organize professional services to meet stated objectives that identify the intended recipients and the general nature of the services to be provided. (CCE II.18; III.5)
 - b. Professional service program objectives are consistent with meeting the needs and well-being of users of psychological services. (CCE II.1, 13)
 - c. Psychologist practitioners negotiate individual client objectives to meet the needs and well-being of individual users. (CCE I.16, 17; II.1, 49)
 - d. Psychologists communicate professional service objectives to staff, users, and other disciplines. (CCE III.5; IV.9)
- II.2. Psychologists develop clearly defined policies and procedures to structure the delivery of services.
- a. Psychologists within psychological service units adopt written procedures and policies that are consistent with professional standards for competent and ethical practice. (CCE IV.10, 14)
 - b. Psychologists inform clients of the procedures and policies that govern the provision of service. (CCE III.14, 16)
 - c. Psychologists develop procedures and policies that are consistent with codes of ethics and with standards established by professional regulatory bodies. (CCE III.36, 37; IV.10)
- II.3. Psychologists establish clear lines of professional responsibility and accountability.
- a. Supervisory and professional roles and relationships within psychological service units are clearly defined. (CCE I.47, II.25, 50; III.14, 40; IV.9, 31)
 - b. A professional psychologist directs and administers a psychological service unit. (CCE I.47; II.50; III.40; IV.31)
 - c. Supervisors must accept a special responsibility to protect the interests of both users and providers of services in those situations where the persons providing the services do not have current professional accreditation in psychology. (CCE I.47; II.1, 2, 3, 7, 25, 49, 50)

- d. Psychologists in a service unit provide regular, systematic evaluation of services at the organizational level. (CCE II.22; IV.8, 9)
- e. Psychologists in a service unit monitor the adequacy of their staffing patterns to meet service demands and seek to redress staffing shortages that create barriers to service delivery. (CCE II.1, 22; IV.9)

III. CLIENT RELATIONSHIPS

- III.1. Psychologists strive to make their client relationships clear and unambiguous.
- a. Psychologists discuss with their clients the nature of their relationship, and clarify any factors that bear upon that relationship. They clarify limits to confidentiality of psychological records and, if there is a third-party payer for the services, they inform the client of the nature and extent of details that may be released to the third party (e.g., insurance companies, lawyers, courts). (CCE I.23, 24, 26; III.14)
 - b. Psychologists avoid dual relationships with clients and/or relationships that might impair their professional judgement or increase the risk of client exploitation. Examples of dual relationships include treating employees, supervisors, or close friends or relatives. Sexual relations with clients are prohibited. (CCE II.27; III.31, 33)
 - c. Psychologists faced with making difficult ethical decisions seek professional consultation and support (CCE I.31; III.30, 34, 38; IV.18)
- III.2. Psychologists only use advertising or marketing strategies, and only make public statements, that are consistent with the welfare of the client, other psychologists, and the profession of psychology. (CCE II.1, 2, 30; III.2, 5, 8, 9, 31)
- a. To ensure that advertising and marketing strategies are targeted toward appropriate potential users, psychologists provide services to clients only if the service is based upon sound psychological principles or established research findings. (CCE II.9, 21)
 - b. Psychologists use only those advertising and marketing approaches that are based upon sound business principles and that reflect well on the profession of psychology. Claims made by psychologists shall be based upon sound research findings, and may not employ testimonials, selective survey results, or misleading or false information. (CCE III.1, 2, 5, 8)
 - c. Psychologists who interpret the science and practice of psychology to the public enter into a relationship with the public users of that information. Psychologists base public statements upon fact and established information and do not make public statements in areas where they do not possess expertise. Psychologists clearly differentiate between statements that are supported by empirical evidence and those that are based on opinion. (CCE III.11, 13; IV.20, 23, 25, 26)

- III.3. Psychologists set reasonable fees for the services they render, inform the client of the fees that will apply to them, and collect fees in a manner that is considerate of the welfare of the client. Psychologists inform clients about fees and fee collection methods as early in the relationship as possible. (CCE I.15, 23; II.1; III.14, 31)

IV. TRAINING, QUALIFICATIONS AND COMPETENCE

- IV.1. Psychologists practice within the limits of their competence. Psychologists obtain training in the special areas of expertise where they will provide services. The training must meet the criteria for independent practice as required by the appropriate provincial/territorial regulatory body. Such training may include formal course work, research, individual study, applied training, and/or supervision as deemed appropriate. (CCE II.6, 8, 9; III.4, 36, 37)
- IV.2. Psychologists who provide services maintain current knowledge of scientific and professional developments that are directly related to the services they render. (CCE II.9; IV.4)
- IV.3. Psychologists who wish to change their specialized area of practice, or wish to expand their areas of competence, obtain such training as required by the provincial regulatory body. (CCE II.6; III.4, 36, 37)
- IV.4. Psychologists maintain knowledge of specialized standards and qualifications that are necessary in the areas in which they provide service. Where necessary and/or appropriate, psychologists obtain special training in the areas in which they provide service, and observe the standards for providers of those services. (CCE II.6, 8, 9; III.4, 36, 37; IV.10)
- IV.5. Psychologists do not provide services when their ability to do so is impaired by alcohol, drugs, physical or psychological disturbance, or other dysfunction. (CCE II.10, 11, 12)
 - a. Providers who deem themselves, or are deemed to be, unable to provide services ensure that their clients are not adversely affected. Clients are informed of the inability to provide services and, where necessary and/or appropriate, are referred to other service providers. (CCE II.21, 31)

V. RECORD KEEPING AND CONFIDENTIALITY

- V.1. Psychologists maintain accurate and current records of services provided.
- a. Psychologists maintain records with sufficient information for monitoring and evaluating the services provided. (CCE II. 19, 22)
 - b. Psychologists respect clients' privacy by collecting and recording only that information necessary to respond to the needs of the client with appropriate services. When records are used for purposes not directly related to service provision, providers establish policies for protecting the rights of clients and their privacy, and for ensuring that information from records is not used in a manner that violates their rights and privacy. (CCE I.37, 39-42, 45, 46)
 - c. Psychologists respect clients' rights of access to their own records and they develop procedures to permit user access and user correction of errors. (CCE I.8: III.15; IV.17)
- V.2. All levels of providers work to establish and maintain a reliable method for safekeeping and control of records.
- a. Psychologists control access to psychological service records regardless of the method of storage (e.g. physical, electronic, etc.). When records from a psychological service unit are made part of an organization-wide record-keeping system, psychologists develop procedural safeguards to ensure control over the part of the record collected by the provider of psychological service. (CCE I.41, 42)
 - b. All levels of providers ensure the physical safety of records from loss or damage. Information stored electronically is duplicated so that restoration after accidental loss or damage of an original version is possible. (CCE I. 41, 42)
- V.3. All levels of providers establish unequivocal procedures for releasing records only with the fully informed consent of users.
- a. Psychologists inform users of any limits to confidentiality of information concerning them, such as access to records or service information required by third-party users or courts. (CCE I.24, 26, 44, 45; III.14)
 - b. Psychologists safeguard the confidentiality of information released to third parties, by providing suitable advice to recipients about the confidential nature of the information. (CCE I.7; II. 5)

- c. Psychologists avoid releasing information that requires professional training for interpretation or analysis to persons who lack that training. When this information must or should be released, providers advise recipients about the limits to the usefulness or meaningfulness of the information. (CCE I.7; II.2, 15, 30; III.8)
- d. Psychologists are cognizant of legally established limits on confidentiality that apply in the jurisdictions in which they deliver psychological services. These limits are addressed, whenever appropriate, within the informed consent procedure that is an integral component of a psychological service. (CCE I.24, 26, 45; IV.17)

1. Approved by CPA, October, 1989.
2. This reprint of Canadian Psychological Association *Practice Guidelines for Providers of Psychological Services* has been updated by changing all cross references to the 2000 Code. The original printing (1989) was cross referenced to the 1986 Code and the second printing (1992) was cross referenced to the 1991 Code.