
Criteria for Practice Guideline Development and Evaluation

American Psychological Association

1. Introduction

1.1 Purpose. This document is a guide for the development, evaluation, and review of proposed and existing practice guidelines. It is designed to promote quality and consistency in practice guideline development and to describe the criteria by which practice guidelines are evaluated and reviewed. These criteria are designed to assist in the development of guidelines that are broadly applicable to a range of practice areas yet provide sufficient specificity to assist the practitioner in providing high quality psychological services. The intent behind these criteria is to ensure deliberation and care in the development of practice guidelines. This document is intended for practice guideline development committees composed entirely of psychologists and for multidisciplinary efforts in which psychologists are involved. The term *practice guidelines* refers to a document that includes a set of statements that recommend specific professional conduct for psychologists. Proposed practice guidelines are not considered American Psychological Association (APA) policy until they have been approved through the formal APA process.

Guidelines are created to educate and to inform the practice of psychologists. They are also intended to stimulate debate and research. Guidelines are not to be promulgated as a means of establishing the identity of a particular group or specialty area of psychology; likewise, they are not to be created with the purpose of excluding any psychologist from practicing in a particular area.

Guidelines must be reasonable, as described in the *APA ASME Guidelines* (APA, 1992). All guidelines should be well researched, aspirational in language, and appropriate in goals.

1.2 Guidelines Versus Standards. The term *guidelines* refers to statements that suggest or recommend specific professional behavior, endeavor, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional and clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists.

1.3 Practice Versus Treatment Guidelines. Although the terms *practice guidelines* and *treatment guidelines* are often used interchangeably, APA draws a distinction between the two and encourages consistent use of terminology within the association. Treatment guidelines provide specific recommendations about clinical interventions. They tend to be condition- or treatment-specific and are typically disorder based (e.g., attention-deficit/hyperactivity disorder, substance abuse, depression). For guidance in developing treatment guidelines, refer to the "Criteria for Evaluating Treatment Guidelines" (APA, 2002b, this issue).

In contrast to treatment guidelines, practice guidelines consist of recommendations to professionals concerning their conduct and the issues to be considered in particular areas of psychological practice (e.g., APA Committee on Professional Practice and Standards, 1999; APA Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Task Force on Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients, 2000).

1.4 Background. These criteria are a revision of the *Criteria for Guideline Development and Review* originally developed by APA's Committee on Professional Practice and Standards (COPPS) and adopted by the APA Council

This document was approved as policy of APA by the APA Council of Representatives in August 2001. This document replaces as policy and is in part a revision of an earlier document, *Criteria for Guideline Development and Review* (APA, 1995), approved by the APA Council of Representatives in February 1995. Both this document and its predecessor were drafted by the Committee on Professional Practice and Standards (COPPS), a committee of the APA Board of Professional Affairs (BPA). In March 2000, BPA requested that COPPS undertake a revision of the 1995 document to reflect ongoing thinking about guidelines policy by BPA and COPPS and to address a number of concerns that had been raised within the APA membership. Members of COPPS during the development of this document were Jean Lau Chin (chair, 2000), Erica H. Wise (chair, 2001), Armand R. Cerbone, Victor De La Cancela, Kristin A. Hancock, Marene M. Maheu, David C. Mohr, Philip H. Witt, Suzanne Bennett Johnson (BPA member of COPPS, 2000), and Danny Wedding (BPA member of COPPS, 2001). COPPS is grateful for the support and guidance of BPA, particularly to 2000 BPA chair Suzanne Bennett Johnson and 2001 BPA chair Janet R. Matthews. The members of COPPS wish particularly to acknowledge the major substantive contributions and ongoing coordination provided by Christopher J. McLaughlin and Geoffrey M. Reed and the staff support provided by Ernestine Penniman of the APA Practice Directorate.

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of Representatives (APA, 1995). The reason for these criteria was set forth in the 1995 document as follows:

a. As the profession of psychology evolves and the number of areas of practice within it increases, there is a greater demand for guidelines that facilitate the continued systematic development of the profession and help to assure a high level of professional practice by psychologists.

b. As the complexity of the practice of psychology increases and the reciprocal involvement between psychologists and the public broadens, the need for guidelines to educate the profession, the public, and other interested parties regarding desirable professional practices in various areas has expanded and will probably continue to expand in the foreseeable future.

c. In spite of increased demand for guidelines, the profession lacks criteria for developing, implementing, and evaluating them. (APA, 1995, p. 2)

On the basis of continuing experience with guideline formulation, evaluation, and use, the Board of Professional Affairs (BPA) charged COPPS to undertake a revision of the 1995 document. The following needs were identified:

a. *Standardization across guidelines.* Guidelines have varied widely with respect to clarity, structure, and specificity.

b. *Periodic review of guidelines.* Lack of sunset provisions has permitted guidelines to become outdated.

c. *Clear structure and instructions.* Guideline developers would benefit from clear instructions and a thorough explanation of the criteria by which guidelines are evaluated.

d. *Practice versus treatment guidelines.* A clear distinction between practice and treatment guidelines was required.

1.5 Development Process. The 1995 document (APA, 1995) was developed after a review of the relevant literature on practice guideline development. Although much of this literature focused on clinical treatment guidelines, the templates, outlines, and processes proposed in some of the major texts in this area were reviewed (e.g., Agency for Health Care Policy and Research, 1993; Field & Lohr, 1990, 1992; Woolf, 1991).

As part of the development of the current document, the 1995 document (APA, 1995) and references were reviewed. In addition, a literature search was conducted by APA staff that yielded documents focused primarily on either professional standards or treatment guidelines. COPPS reached consensus that virtually all available material addressed treatment guidelines or standards of practice. In addition to the literature used in the 1995 document, several recent articles informed the current document (e.g., Lawton & Parker, 1999; Phillips, 1998).

2. Practice Guideline Attributes

The following attributes are provided to assist practice guideline developers and will form the basis for review (see "Practice Guidelines Checklist," available online at <http://www.apa.org/practice/guidelines/pracrit.html>):

2.1 Respect for Human Rights and Dignity. Practice guidelines reflect sensitivity to cultural, individual, and role

differences among psychological service providers and their client populations, including but not limited to those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status (APA, 2002c, this issue).

2.2 Need. Practice guidelines are developed only for areas with a clearly demonstrated and documented need (see Subsection 3.6).

2.3 Delineation of Scope. Practice guidelines have a clearly defined scope in terms of content, users, and context. Practice guidelines are focused on professional practice rather than physical or mental disorders or treatment protocols.

2.4 Avoidance of Bias. Practice guidelines avoid bias or appearance of bias by documenting considerations of alternative views, providing reasoning behind decisions and judgments, and including citations of relevant literature.

2.5 Educational Value. Practice guidelines inform psychologists, the public, and other interested parties regarding desirable professional practices.

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

2.7 Flexibility. Practice guidelines recognize the importance of professional judgment and discretion and do not unnecessarily or inappropriately limit the practitioner.

2.8 Basis. Practice guidelines take into account the best available sources on current theory, research, ethical and legal codes of conduct, and/or practice within existing standards of care so as to provide a defensible basis for recommended conduct.

2.9 Feasibility. Implementation of the particular practice guidelines is feasible in the current practice environment.

2.10 Aspirational Language. Practice guidelines avoid words such as *should* and *must* because they connote mandatory intent. Such intent is more appropriate for standards rather than guidelines. Words such as *encourage*, *recommend*, and *strive* connote the aspirational intent of practice guidelines and therefore are recommended.

2.11 Clarity. Practice guidelines are clear, succinct, and unambiguous in their use of language.

2.12 Compatibility. Practice guidelines take into account current APA policy and clearly acknowledge that federal and state laws supercede the practice guidelines. All practice guidelines must be consistent with the current APA Ethics Code (APA, 2002c).

3. Outline for Practice Guidelines Proposals

This section provides an outline to assist practice guideline development and to form the basis for review (see also "Practice Guideline Checklist," <http://www.apa.org/practice/guidelines/pracrit.html>). To facilitate review, it is recommended that practice guideline proposals contain page numbers and line numbers and not be right justified.

3.1 Introduction. Practice guidelines are accompanied by a general introductory section that explains the need for the proposed guidelines and the process by which they were developed. This section informs those who review the document about the rationale for creating the

proposed guidelines and the steps taken in their development. Practice guidelines contain adequate review and citation of the literature informing and justifying practice guidelines and guideline statements.

3.2 Purpose. Guideline authors articulate a clear statement of purpose. This statement includes the subject matter of the guidelines, beneficiaries of the guidelines, the boundaries of applicability, and intended degree of specificity.

3.3 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, endeavors, or conduct for psychologists. Guidelines differ from standards in that standards are mandatory and may be accompanied by an enforcement mechanism. Thus, guidelines are aspirational in intent. They are intended to facilitate the continued systematic development of the profession and to help assure a high level of professional practice by psychologists. Guidelines are not intended to be mandatory or exhaustive and may not be applicable to every professional and clinical situation. They are not definitive and they are not intended to take precedence over the judgment of psychologists.

3.4 Users. The intended users of the practice guidelines are explicitly identified.

3.5 Definitions. A definition of terms is included, particularly when terms 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.

3.6 Needs Assessment. This portion of the proposed guideline document describes the impetus for the endeavor. It demonstrates 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.

3.7 Compatibility. A statement is needed concerning consistency with the current APA Ethics Code (APA, 2002c). Guideline developers are also encouraged to consider and comment on guidelines adopted by other organizations for the same or related areas. Practice guidelines acknowledge relevant APA policy and clearly state that federal and state laws supercede the practice guidelines.

3.8 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.

3.8.1 Practice Guideline Developers. Individuals, groups, and represented organizations that developed the guidelines are identified.

3.8.2 Financial Support or Benefit. 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.

3.8.3 Criteria for Selection of Materials. Guideline developers describe the process by which background literature or supporting evidence was selected, reviewed, included, and excluded.

3.9 Practice Guideline Statements. The practice guideline statement is a specific recommendation for professional conduct. Each practice guideline statement is supported by specific commentary identifying its rationale, relevant literature, intended audience, and intended benefits or goals. An illustrative statement may be used to facilitate the reader's understanding.

4. Documentation and Review

The practice guidelines proposal undergoes both preliminary and formal levels of review.

4.1 Preliminary Review. Guideline developers are strongly encouraged to consult with APA's BPA early in the practice guidelines development process. BPA's mission includes developing recommendations for and monitoring the implementation of standards and guidelines for the profession of psychology. BPA will assist guideline developers in obtaining appropriate APA legal review to determine the 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 would have an active interest in the proposed practice guidelines (e.g., APA divisions, committees, task forces).

4.1.1 Record Keeping for Preliminary Review. All correspondence and documents generated by both the reviewers and the guideline developers are maintained.

4.2 Formal Review (APA Approval Process). After the practice guidelines proposal has been revised as a result of preliminary review, it is submitted for formal APA governance review. APA divisions, committees, or other APA entities wishing to develop guidelines are referred to APA's *Association Rules* (2002a), which describes additional review requirements.

4.2.1 Record Keeping for Formal Review. As in the record keeping for preliminary review, guideline developers maintain records of the correspondence and documents generated by reviewing committees and boards. Text additions and deletions are made in accordance with APA's procedure 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.

5. Status and Expiration

Guidelines 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 most practice areas, an earlier expiration date will be more appropriate (e.g., 5 or 7 years). In all cases, developers provide a rationale for the proposed time frame.

All practice guideline documents include the following statement:

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

REFERENCES

- Agency for Health Care Policy and Research. (1993). *Clinical practice guideline development* (AHCPR Publication No. 93-0023). Rockville, MD: U.S. Department of Health and Human Services.
- American Psychological Association. (1992). *ASME guidelines: Limitations on the authority of APA volunteers and staff to act on behalf of the association*. Washington, DC: Author.
- American Psychological Association. (1995). *Criteria for guideline development and review*. Washington, DC: Author.
- American Psychological Association. (2002a). *Association rules of the American Psychological Association*. Washington, DC: Author.
- American Psychological Association. (2002b). Criteria for evaluating treatment guidelines. *American Psychologist*, *57*, 1052–1059.
- American Psychological Association. (2002c). Ethical principles of psychologists and code of conduct. *American Psychologist*, *57*, 1060–1073.
- American Psychological Association Committee on Professional Practice and Standards. (1999). Guidelines for psychological evaluations in child protection matters. *American Psychologist*, *54*, 586–593.
- American Psychological Association Division 44/Committee on Lesbian, Gay, and Bisexual Concerns Task Force on Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients. (2000). *Guidelines for psychotherapy with lesbian, gay, and bisexual clients*. *American Psychologist*, *55*, 1440–1451.
- Field, M. J., & Lohr, K. N. (Eds.). (1990). *Clinical practice guidelines: Directions for a new program*. Washington, DC: National Academy Press.
- Field, M. J., & Lohr, K. N. (Eds.). (1992). *Guidelines for clinical practice: From development to use*. Washington, DC: National Academy Press.
- Lawton, R., & Parker, D. (1999). Procedures and the professional: The case of the British NHS. *Social Science and Medicine*, *48*, 353–361.
- Phillips, B. N. (1998). Scientific standards of practice in school psychology. *School Psychology International*, *19*, 267–278.
- Wolf, S. H. (1991). *Interim manual for clinical practice guideline development* (AHCPR Pub. No. 91-0018). Rockville, MD: U.S. Department of Health and Human Services, Agency for Health Care Policy and Research.