

The Framework for Effective Delivery of Psychological Services in the Public Sector and Non-Government Organisations: A Practice Guide for Psychologists

APS Professional Practice

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Executive summary

This document states the necessary requirements for the provision of effective psychological services within government and non-government organisations. It explains the basic principles and standards within which effective services can be delivered, and consequently, practical strategies for the delivery of psychological services to clients using government and non-government services and agencies. It has been prepared by the Australian Psychological Society (APS) for use by psychologists and employers of psychologists, and should be read in conjunction with the *APS Code of Ethics* and associated guidelines. We welcome you to use this document to both progress the uptake of psychological services across our community and to enhance the already flourishing psychology services across the public and non-government work places.

The Effective Delivery of Psychological Services for Salaried Psychologists in the Public Sector and Non-Government Organisations (PS&NGO) together with the *APS Code of Ethics* and associated guidelines offer a framework for the resolution of competing interests. The APS recognizes that there will, at times, be competing interests among these stakeholders. Therefore equitable and transparent processes are required to resolve differences that may arise.

The APS is the peak professional association for psychologists in Australia. Membership of the APS comprises three major groups of psychologists: those in independent private practice; those who are salaried public sector and non-government organisation psychologists; and those who are salaried private sector psychologists. Many of these individuals have multiple roles and work across two or more groups. This document focuses specifically on the provision of psychological services in the public sector and in non-government organisations.

Historically PS&NGOs have been the starting point for many graduate psychologists and other allied health professionals starting their careers

Psychologists working in salaried PS&NGOs provide assistance across a range of issues which impact negatively upon an individual's social, emotional, and psychological well-being, including child protection, substance abuse, mental health, disabilities, and unemployment. While such complex issues often require holistic and multi-disciplinary responses, the skills of a psychologist provide an essential component to effective service delivery. Psychologists are often employed in specialised roles to undertake duties specific to their profession, but it is also not uncommon for psychologists to be employed in a range of more generalised roles within PS&NGO settings.

The discipline of psychology brings with it a range of skills that benefit both the organisation and recipients of psychological services. These include:

- A specialized understanding and scientific approach to human behaviour, cognitive performance, mental illness and psychosocial problems
- The ability to choose, conduct and report on psychological testing and assessments for diagnosis and treatment planning (for example mental health assessments)
- The ability to engage in case formulation, treatment delivery and final outcome evaluation processes
- An evidence-based approach to psychological interventions (for example: cognitive behaviour therapy)
- The ability to provide expert advice to others within a multidisciplinary team relating to an individual's psychological functioning, with an emphasis on appropriate care and intervention
- The ability to conduct research and evaluate outcomes in order to improve services for individuals and groups

- A careful regard for professional and ethical psychological practice, with a strong duty of care for clients, and a commitment to providing a confidential, evidence-based service.

Many psychologists in this sector conduct practice-based research. Such research is often conducted alongside existing clinical duties but with no specific allocated time. This research makes a significant contribution to the scientific development of the psychology profession.

PS&NGO psychologists' roles are varied and services can be to a particular age group or to a range of clients from across the lifespan. As psychological services are often provided with little or no cost to the client, PS&NGO psychologists often support some of the most vulnerable members of our community, many of whom have complex issues and needs.

Section 1: Introduction

The APS is the peak professional association for psychologists in Australia. Membership of the APS comprises three major groups of psychologists: those in independent private practice; those who are salaried PS&NGO psychologists; and those who are salaried private sector psychologists. Many of these individuals have multiple roles and work across two or more groups. This document focuses specifically on the provision of psychological services in the public sector and in non-government organisations. It will illustrate the diversity of roles that psychologists may be engaged in within these settings and provides clear guidelines for the delivery of effective and ethical psychological services within public sector and non-government settings. This document has been written for psychologists, their employers and for policy makers who have an interest in this area of practice within PS&NGOs.

For those psychologists working in education a particularly important document is the *Framework for the effective delivery of school psychological services* (APS, 2013) which informs those working in education about the role of school psychologists. It provides information to both employers and practitioners about the effective delivery of school psychological services, which can only occur if it is fully supported and valued by the whole school community. The document advocates common practice standards that should be met by all school psychologists. It is hoped that this will promote a national and unified approach to the practice of school psychology in Australian schools.

1.1 Public sector and non-government organisations

The public sector is used to describe government-funded services, departments or organisations. These can occur at the federal, state or local government level. Major public sector settings where psychologists are employed include health, child protection, community welfare, education, defense, forensic and employment services. The analysis below does not include those psychologists employed in tertiary education as their first job. Public sector psychologists are generally asked to provide a range of services including psychological assessment, diagnosis and case formulation, intervention planning, intervention provision, secondary consultation, multi-disciplinary team membership, supervision and health provider training.

Non-government organisations are often referred to as not-for-profit or community organisations. Hudson, (2009, p. 11) identifies three factors which define this sector: they exist primarily for a social purpose rather than for profit; they are independent of the state; and they reinvest financial surpluses into ongoing service delivery.

Philanthropy Australia (2010) estimates that there are approximately 700 000 not-for-profit organisations in Australia. Many exist for the sole purpose of assisting disadvantaged and marginalized individuals, groups and communities. They provide this assistance across a range of issues which impact negatively upon an individual's social, emotional, and psychological well-being including child protection, substance abuse, mental health, disabilities, and unemployment. While such complex issues often require holistic and multi-disciplinary responses, the skills of a psychologist provide an essential component to effective service delivery.

A recent survey of the psychology workforce conducted by the State and Territory Psychologist Registration Boards in collaboration with the APS (Mathews, Stokes, Crea & Grenyer, 2010) found the distribution of psychologists employed in PS&NGO work settings as per Figure 1.

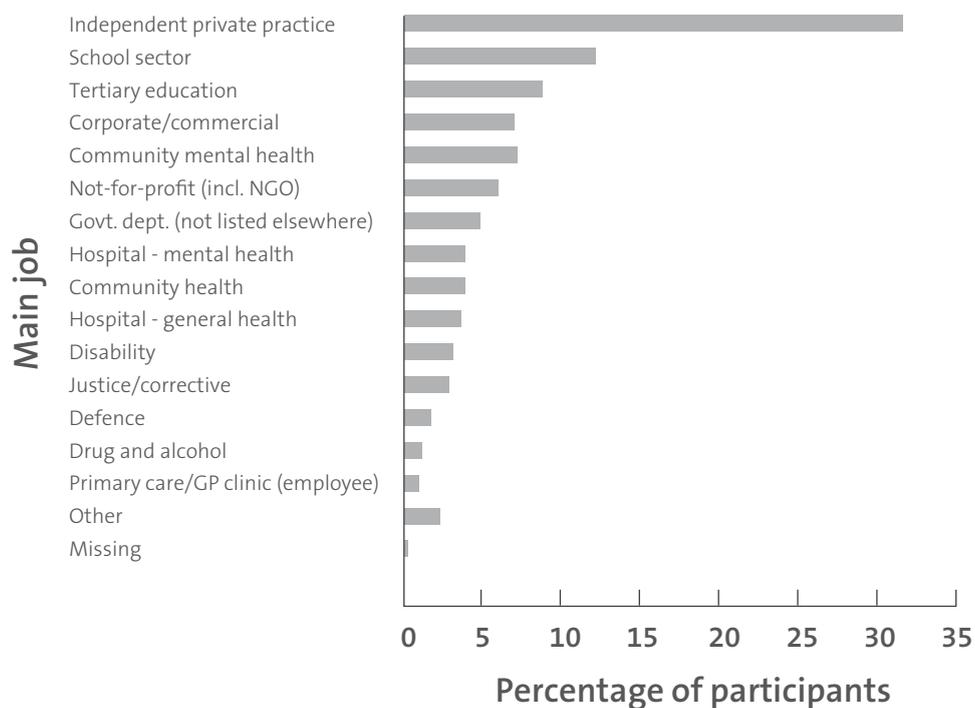


Figure 1. Percentage of workforce in different work settings as part of a main job. Reprinted from ‘A Snapshot of the Australian Psychology Workforce,’ by R. Mathews, D. Stokes, and B. Grenyer, 2010, *InPsych*, 32, p. 29. Copyright 2010 by The Australian Psychological Society.

1.2 Public sector and non-government organisations psychologists

Historically PS&NGOs have been the starting point for many graduate psychologists and other allied health professionals starting their careers. Whilst there was the availability of supervision, peer support and training which helped develop a strong and skilled workforce, under current registration requirements this support has been reduced across various workplaces.

PS&NGO psychologists are a group of professionals who work across a wide range of work settings. The survey reported above found that 56% of public sector psychologists and 48% of non-government organisation employed psychologists had a postgraduate qualification (Stokes, Mathews, Crea & Grenyer, 2010). Their roles are varied and may be limited to a particular age group or to a range of clients from across the lifespan. As psychological services are often provided with little or no cost to the client, PS&NGO psychologists often support some of the most vulnerable members of our community, many of whom have complex issues and needs.

Many psychologists in this sector conduct practice-based research. Such research is often conducted alongside existing clinical duties but with no specific allocated time. This research makes a significant contribution to the scientific development of the psychology profession. In addition, provisional and newly graduated psychologists are keen to work in PS&NGO settings for the diverse clinical work that this entails and the valuable supervision they receive from senior psychologists.

Section 2: Psychology in the workplace

2.1 Psychologist qualifications

Psychologists have expertise in working with human behaviour, having studied the brain, memory, learning, human development, and the processes determining how people think, feel, behave and react. Psychologists apply their expertise using reliable and scientifically supported methods. Over the years psychology has been closely associated with the development of psychological tests of intelligence, personality, emotion and a variety of human factors. Psychologists are trained to administer, score and interpret these tests. In addition, psychologists have been at the forefront of development of psychological therapies that are widely used to treat individuals and families and can also be applied to groups and organisations.

Registration as a psychologist involves a minimum of six years of training prior to gaining full registration. Psychologists must complete a four-year degree in psychology and undertake two years of supervision as a provisional psychologist. Many psychologists complete a Masters or Doctorate degree in a chosen specialisation, consisting of coursework, research and placements.

To use the title 'psychologist' in Australia, a person is legally required to be registered with the Psychology Board of Australia (PsyBA). The PsyBA is the national registration board that allows psychologists to work in any State or Territory across Australia. The PsyBA sets professional standards that must be met by psychologists in order to practice and operates under the Health Practitioner Regulation National Law Act (2009).

Once registered, psychologists are obliged by law to follow the *APS Code of Ethics* and strict guidelines for professional conduct that cover ethical responsibilities, confidentiality and professional development. For example, the PsyBA require all psychologists to:

- Complete a minimum of 30 hours of continuing professional development (CPD) activities annually. Of this, a minimum of 10 hours must be peer consultation and 10 hours are recommended to be 'active' CPD activities (Psychologists should discuss these requirements with their employers to seek support in meeting these registration requirements)
- Comply with the PsyBA Codes and Guidelines
- Meet recency of practice conditions in order to practice as a psychologist
- Declare any criminal offences punishable by imprisonment to the PsyBA
- Meet new requirements around mandatory reporting.

Psychologists must constantly be engaged in a process of learning and reflection. Psychologists do this by regularly participating in peer consultation, accessing appropriate journals and publications, attending psychological conferences and other professional development activities, and updating or adding to training and qualifications. This means that psychologists' work and decision making is continually informed by the latest research and evidence and allows the psychologist to confidentially discuss complex client issues with like-minded peers. Both the public and employers of psychologists can be assured that by utilising the skills of a psychologist, they will receive an informed, high quality and ethical psychological service.

2.2 Specific skills that psychologists bring to the workplace

The discipline of psychology brings with it a range of skills that benefit both the organisation and recipients of psychological services. These include:

- A specialised understanding and scientific approach to human behaviour, cognitive performance, mental illness and psychosocial problems
- The ability to choose, conduct and report on psychological testing and assessments for diagnosis and treatment planning (for example mental health assessments)
- The ability to engage in case formulation, treatment delivery and final outcome evaluation processes
- An evidence-based approach to psychological interventions (for example: cognitive behaviour therapy)
- The ability to provide expert advice to others within a multidisciplinary team relating to an individual's psychological functioning, with an emphasis on appropriate care and intervention
- The ability to conduct research and evaluate outcomes in order to improve services for individuals and groups
- A careful regard for professional and ethical psychological practice, with a strong duty of care for clients, and a commitment to providing a confidential evidence-based service.

2.3 Employment of psychologists in PS&NGO settings

The PS&NGO sectors provide a variety of opportunities and a diversity of roles for both registered psychologists and provisional psychologists seeking to gain registration through industry-based supervision and practice (4+2 model). A key advantage of these sectors is that they provide the ideal context and supported environments for new graduates to begin their career.

Many organisations have their own certified agreements which may include or differ due to the type of organisation and its client group and funding models. Areas in the agreement may include issues such as:

- Different Community Service Awards and award structures
- People paid differently because of the diversity of titles within an organisation; not everyone is employed as a 'psychologist' (e.g., case worker)
- For NGOs: opportunity for packages that include salary sacrificing, fringe benefit tax and pay advertised with or without superannuation.

A fairly comprehensive document can be found on the APS website at:

<http://www.psychology.org.au/practitioner/resources/awards/>

2.4 PsyBA requirement for professional indemnity insurance

The PsyBA sets minimum registration requirements in relation to professional indemnity insurance. In order to protect the public (as well as the psychologist), the PsyBA requires that all registered psychologists have adequate professional indemnity insurance, including at a minimum:

- Civil liability cover
- Unlimited retroactive cover
- Run-off cover
- Two automatic reinstatements during the period of cover.

Furthermore, this registration standard states that cover provided by an employer or an education provider on behalf of a psychologist (employee) may also meet this requirement. It is important for PS&NGO psychologists to check with their employer whether or not the organisational policy meets these requirements. In some instances the individual psychologist may be required to obtain their own professional indemnity insurance in order to meet any gaps in the cover provided by the employer.

PS&NGO psychologists are referred to the PsyBA website (www.psychologyboard.gov.au) Standards and Guidelines section for further information.

2.5 Role diversity within PS&NGO settings

While psychologists are often employed in specialised roles to undertake duties specific to their profession, it is also not uncommon for psychologists to be employed in a range of more generalised roles within PS&NGO settings. For example, job roles may include titles such as therapist, child and family counsellor, drug and alcohol counsellor, mental health worker, case worker, family support or intervention worker, rehabilitation consultant, employment consultant, job capacity assessor, welfare officer or behavioural support worker. Psychologists are often considered favourably for these more generic positions because they have the specific skills and training required to provide targeted and evidence-based service delivery to clients across a range of contexts and across the developmental spectrum.

2.6 Working in multidisciplinary teams

Many PS&NGO psychologists work in multidisciplinary teams including nurses, medical specialists, social workers, occupational therapists and other allied health professionals, as well as ancillary team members such as therapy assistance, case managers and administrative staff. Provision of good and competent service to the clients of these teams means that sharing of information within the team is essential. Many services have regular case conferences where the client's clinical care and progress is discussed and reviewed to ensure the best practice principles are being met.

These meetings/conferences may also involve professionals from other organisations (PS&NGO and private) who are involved in the clients' management plan to assist clients to move towards their independent goals.

The judgment as to what to share with the team needs to take into consideration the goals and purposes of the team with regard to the client as only information relevant to the goals needs to be shared. Often clients will share with psychologists other information beyond current care and it is this sort of information about which psychologists need to exercise specific respect for confidentiality. When psychologists maintain sub-files to assist this process, it becomes essential that they regularly add to the unit case notes any of the information that is essential for the team to know to ensure comprehensive care.

Psychologists working in non-government organisations may also work in multidisciplinary teams, with disadvantaged children and families who may struggle with issues such as physical, emotional and sexual abuse, neglect, family violence, lack of housing, being a victim of a violent crime, a child with a developmental delay and dealing with a disability. These practitioners work in a range of services including family, youth, mental health, early childhood, aging, dementia, disability care, therapeutic care, out of home care and housing services, education and employment training. Many of these practitioners provide an array of emotional and practical support services, education, advice, counselling and other therapeutic interventions which aim to help clients realize their full potential, build resilience and feel a positive and meaningful connection to the community in which they live. This is quite often done in partnership with public sector psychologists.

Whilst working within multidisciplinary teams can offer a significant advantage to clients in terms of holistic and competent service delivery it can also raise a number of potential ethical dilemmas for

psychologists (and other team members). Consider for example, the following situations when the client's privacy conflicts with the team approach:

- *A man is referred to the psychologist working on a community rehabilitation team for stress management. In the course of the initial interview he reveals that a major source of his stress is that he is likely to be charged for a sexual offence. It is evident that the police are already aware of this offence and it is not apparent that this is relevant to the main rehabilitation issues which are amputation and prosthesis training. Should this information be withheld from the next case conference?*
- *A woman with a recent mild head injury reports that she is continuing to play contact sport when she was advised not to. She does not want this information revealed to her treating medical practitioner.*

Other potential sources of conflict within multidisciplinary teams arise due to differences in treatment approaches between psychologists and other health practitioners. For example:

- *A woman who habitually engages in non-suicidal, self-harm behaviour is regularly seen for therapy by a psychologist. A conflict arises within the team because the psychologist advocates a risk management approach that is less conservative than other team members feel comfortable with. This approach is advocated with the aim of promoting long-term reduction in self-harm behaviour.*
- *A man with Obsessive Compulsive Disorder is assessed and has agreed to a treatment plan that involves exposure therapy. When this is discussed at the team meeting the allied health worker is appalled by the proposed treatment approach as she feels it is cruel to expose people to their fears and she advocates supportive therapy and medication. In this case the psychologist proposed explaining the context of the therapy being considered and how the evidence for the type of treatment has been developed.*

In other settings, psychologists work where they are required to provide information or reports on which management decisions are made (e.g., Defense), upon which benefits may be determined (e.g., Centrelink), or in judicial and corrections settings where formal information sharing (e.g., reports, case conferences, family court reports) on the client is a key component of the role.

Section 3: Ethical Obligations of PS&NGO psychologists

Psychologists' professional conduct is guided by the *APS Code of Ethics* and ethical guidelines and the PsyBA's Codes and Guidelines. All psychologists receive extensive training in ethical practice. The various Codes and Guidelines set clear parameters around psychologists' roles and activities, promoting safe, ethical and professional psychological practice, protecting both the integrity of the profession and the rights and safety of the public.

The following considers a number of ethical obligations that are particularly relevant to psychologists working in PS&NGO settings. Further information in relation to these matters can be found in the documents mentioned above. Ethical assistance is also available to APS members through the APS Professional Advisory Service at:

ProfessionalAdvisory@psychology.org.au, or phoning (03) 8662 3300, Toll-Free 1800 333 497.

3.1 Freedom of Information

In Australia, the Freedom of Information Act 1982 was passed at the federal level in 1982, applying to all "ministers, departments and public authorities" of the Commonwealth.

There is similar legislation in all states and territories:

- Australian Capital Territory, the *Freedom of Information Act 1989*
- New South Wales, the *Government Information (Public Access) Act 2009*
- Northern Territory, the *Information Act 2003*
- Queensland, the *Right to Information Act 2009*
- South Australia, the *Freedom of Information Act 1991*
- Tasmania, the *Right to Information Act 2009*
- Victoria, the *Freedom of Information Act 1982*
- Western Australia, the *Freedom of Information Act 1992*

Freedom of information laws allow access by the general public to data held by state and national governments. They establish a "right-to-know" legal process by which requests may be made for government-held information, to be received freely or at minimal cost, barring standard exceptions. Freedom of Information Acts across Australia usually give the right to request information held by:

- Ministers
- State government departments
- Local councils
- Most semi-government agencies and statutory authorities
- Public hospitals and community health centres
- Universities, TAFE colleges and educational settings.

Freedom of Information Acts give individuals:

- The right to access documents about personal affairs and the activities of government agencies
- The right to request that incorrect or misleading information held by an agency be amended or removed.

Freedom of Information Acts do not apply to privately owned businesses.

3.2 Confidentiality

Confidentiality has been the most prominent of the ethical issues which concern psychologists in their day to day practice of psychology and this has been reflected in studies conducted in Australia (Collins & Knowles, 1995; Davidson, 1995; Menezes, 2008; Sullivan, 2002) as well as the USA and the UK (Lindsay & Colley, 1995; Pope & Vetter, 1992). Confidentiality is one of the core standards relating to the APS's General Ethical Principle of 'Respect for the rights and dignity of people and peoples'. Clear and comprehensive information on psychologist's ethical obligations in relation to confidentiality can be found in Section A.5 of the *APS Code of Ethics* as well as the *Ethical Guidelines on Confidentiality*.

Generally speaking, psychologists have an ethical responsibility (under Section A.5.1) to maintain confidentiality in all aspects of their work with clients including the collection, recoding, accessing, storage, dissemination, and disposal of information. Psychologists are also required to protect the confidentiality of this information after they leave a workplace or cease providing psychological services.

In PS&NGO organisations there will be guidelines for obtaining informed consent from patients, clients, and research participants which staff are expected to adhere to before any treatment takes place. Informed consent is a legal procedure to ensure that a patient, client, and research participants are aware of all the potential risks and costs involved in a treatment plan. However, it should be noted that organisational guidelines may not necessarily correspond with the obligations of psychologists specified in the APS Codes and Guidelines. In these circumstances the APS Professional Advisory Service may be able to assist in resolving the issues concerned.

The *APS Code of Ethics* acknowledges that there are certain circumstances in which it is necessary to disclose confidential information and Section A.5.2 of the Code identifies the specific circumstances in which this can be done. Limits to confidentiality will generally only apply when the psychologist has a legal obligation to disclose information (such as when subpoenaed), when there is an imminent risk of harm to the client or another third party, and/or in relation to professional consultation and supervision whereby the clients identity is concealed. Psychologists are required to inform clients of these limits to confidentiality at the outset of their professional relationship (Section A.5.3)

Client consent to disclose information should be obtained wherever possible. A related ethical issue therefore is in ensuring that informed consent has been provided. This is particularly important when working with vulnerable client groups such as children and young people or people with a disability.

PS&NGO psychologists need to inform patients/ clients and research participants at the outset of the professional relationship, and as regularly thereafter as is reasonably necessary, of the:

- limits to confidentiality:
 - (a) With the consent of the relevant client or a person with legal authority to act on behalf of the client
 - (b) Where there is a legal obligation to do so
 - (c) If there is an immediate and specified risk of harm to the client or an identifiable person or persons that can be averted only by disclosing information.
- Foreseeable uses of the information within PS&NGO agencies and organisations generated in the course of the relationship.

PS&NGO psychologists are referred to Section A.3 of the *APS Code of Ethics* and Section 3 of the *Ethical Guidelines on Confidentiality* for further information on this matter.

Client confidentiality and a shared understanding of the limits to this confidentiality is an important requirement for the integrity of the therapeutic relationship. Clients have a right to this professional and ethical standard regardless of the context in which they are accessing a psychological service. It is

therefore important for PS&NGO psychologists to clarify how these ethical requirements will be met within their particular workplace.

Further information on the management of patient / client privacy and confidentiality in public provider settings can be found on the APS website at:

http://www.psychology.org.au/Assets/Files/2011_APS_Management_of_Privacy.PDF

3.3 Competence

Psychologists within the PS&NGO sector often work with diverse client groups who may present with a range of complex and comorbid needs. Additionally, whilst all psychologists will have met the minimum standards of training and continuing professional development, there will be considerable diversity in the range of specialised skills, knowledge and experience demonstrated by individual psychologists. The *APS Code of Ethics (B.1.2)* requires that APS psychologists work within the boundaries of their professional competence. PS&NGO psychologists will refer clients to other relevant colleagues and/or services, and work collaboratively with other service providers as required, in order to ensure clients receive the most appropriate response for their needs.

3.4 Boundary issues

Dual relationships also feature prominently amongst the ethically troubling issues confronting psychologists. This term is a catch-all category to refer to inappropriate relationships between psychologists and their clients and between psychologists and others with whom they interact in their daily practice (such as superiors and other professionals). These types of incidents are also referred to as multiple relationships, boundary issues, or blurred relationships (Smith & Fitzpatrick, 1995). On some occasions the nature of the relationship is inappropriate social, business or professional relationships, while at the more extreme end are sexual relationships between psychologists and their clients. All psychologists, including PS&NGO psychologists need to be vigilant in relation to this issue, and are referred to the *Ethical Guidelines for Managing Professional Boundaries and Multiple Relationships* and for further advice on the matter, available on the APS website at: <http://www.psychology.org.au/Assets/Files/EG-Professional-bound.pdf>

3.5 Record keeping and file management

Client privacy is significantly compromised in a range of situations where third parties require access to sensitive information held in client files for example, compliance officers in the event of a Work Cover/ Medicare audit; lawyers and the legal system through subpoenas and members of multidisciplinary teams where a variety of services are provided to an individual client by a number of professionals for the same issue, within organisations. Concerns about this have been further heightened by the prospect of the electronic health record which is being introduced as part of the Australian health reforms.

In response to these concerns, the APS has recommended the policy of maintenance of a two-part client file for psychology practitioners providing services in both the private and public sectors. The following section describes the policy and outlines developments in APS advocacy for its adoption where psychological services are paid for by a third party funding body rather than the client.

3.6 The two-part client record

PS&NGO psychologists working in multidisciplinary teams may need to work with shared files and need to consider the following issues:

- Access issues may arise in multidisciplinary agencies. Psychologists' entries into multidisciplinary records should be brief, factual and focused on relevant information (e.g., diagnosis, risk issues, intervention plan, dates of service).

- Psychologists should refrain from recording sensitive personal information (e.g., family confidences, third party details, matters not relevant to current treatment).
- The patient/client should be informed that such a brief record will be kept in a multidisciplinary file and is therefore accessible by other members of a team.
- Psychologists must record essential sensitive and personal patient/client information in a separate record system. The records must be secured either in locked filing cabinets or be password protected and quarantined if in an electronic system. These principles need to be conveyed to an employer. This is deemed to be the only way to protect patient/client privacy and the therapeutic relationship.

The APS recommends that practitioners maintain client records in two distinct parts:

1. 'Confidential client record' (or 'practitioner notes')
2. 'Client service record' (or 'client/patient record')

The confidential client record contains confidential, and sometimes very sensitive, information about the client and may also include material which is private to the practitioner. This part of the file may also contain test records, assessments, treatment plans or formal medico-legal reports. Practitioners need to be aware that under some State Acts a client may have qualified access to this part of the record or file.

The second part of the file, the client service record, is the less sensitive section and contains largely administrative material, including basic client demographics and contact details, the record of service provision (dates and nature of each service), accounts and standard administrative forms. This section of the record may also contain formal correspondence with third parties and reports for the treating team or referrer; as such reports are often already shared with other professionals and ideally with client consent.

The two-part file policy faces serious challenge in some hospitals and service organisations where all information is requested to be centralised in one client file. Most consultations with psychologists, whether in mental health or general health settings, usually deal with very private client matters that deserve protection from other health professionals who don't necessarily need to know about them. Health administrators are often reluctant to allow psychology departments to have their own sub-files or quarantined password-protected psychology areas of an electronic records system, but there are strong grounds for this to be requested nevertheless.

The psychology profession's commitment to client confidentiality forms the basis for the recommendation to create a distinction between parts of the client file, even though this may present some administrative difficulties. Psychology practitioners are faced with a serious dilemma in maintaining client files: either promise and deliver privacy to the client, or severely limit the openness, quality and effectiveness of the professional relationship. This is compounded by the requirement for psychologists to keep comprehensive notes in sufficient detail to inform appropriate assessments and interventions. Again practitioners are faced with a dilemma: either keep detailed notes and fight to protect confidentiality, or keep sketchy records that protect client privacy but leave practitioners open to a charge of inadequate record keeping.

PS&NGO psychologists are required to maintain accurate, current, and complete records of psychological services. Client psychological records include information that identifies the client and documents the nature, delivery, progress, results, or recommendations of psychological services, and includes appointment diary entries, working notes, assessment material, information stored in a computer, and "post-it" notes. Complete and accurate record keeping and secure storage of these records benefit psychologists by guiding them to plan and implement an appropriate course of psychological treatment.

PS&NGO psychologists have ultimate responsibility for the content of their records. Psychologists are mindful of the need to monitor the records of those under their supervision. Where appropriate, this requires that the psychologist oversees the design and implementation of record keeping procedures, and monitors their observance.

More information on record keeping is available on the APS website at:

www.psychology.org.au/Assets/Files/Management-ownership-access-psychologist-records.pdf

<http://www.psychology.org.au/Content.aspx?ID=3845>

<http://www.psychology.org.au/Assets/Files/EG-Record-keeping.pdf>

3.7 Personally Controlled Electronic Health Records Act 2012 (the Act)

The Act provides for the establishment and operation of a national Personally Controlled Electronic Health Record (PCEHR) system which will provide access to health information relating to consumers' healthcare. From 1 July 2012, it is anticipated that consumers will be able to apply to register for a PCEHR, if they choose to do so, and registered consumers will be able to control access to their PCEHR by healthcare provider organisations.

3.8 Storage of files

The primary obligation in regard to the storage of a psychologist's records is to ensure that the records are stored securely to prevent loss or misuse, remain confidential and are not readily accessible by a person other than the psychologist. Paper records should be kept in a locked cabinet and electronic records should be password protected. Computer screens should be situated so that they can only be viewed by the psychologist. All filing should be completed promptly and records should not be left in a place where they may be subject to casual inspection, even if the psychologist does not immediately have time to file them appropriately.

The transportation of files (particularly hard copies) needs to be managed very carefully (e.g., folders should display a 'Return to Sender' address, be carried in a locked case/bag, be marked confidential). The advantage of electronic web-based systems is that files can be securely accessed anywhere without the risks associated with transportation.

Regardless of the work setting, all psychologists should be aware of the timing and method of disposal of psychologists' records. Legislation regarding disposal of records varies between States and Territories. In general, records regarding adults should be kept for seven years following the date of last contact and records regarding children should be kept until the child attains the age of 25 years. Records must then be destroyed or permanently de-identified. In the Northern Territory, records of Indigenous Australians should be kept throughout the life of the individual.

Records may be transferred to another psychologist within an organisation, however if transferred to another outside provider the informed consent of the patient/client concerned would be required. Where a psychologist discovers that a client has died, the psychologist must adhere to the general guidelines above of retaining records for seven years, despite the death of the patient/client (or as per local legislation). A psychologist who has not retained the records of a dead patient/client for seven years may be held in contempt of court for destroying the file prematurely if the file is relevant to a legal dispute regarding the will or the estate of a person that has died.

A vital concept with regard to file storage is that while the organisation by whom the psychologist is employed owns the psychologist's records, access is managed by the responsible psychologist. In practice this means that no one can access these records except under circumstances set down by

the psychology department or the professional senior or discipline director of the local area. This is important whether hard copy or electronic.

Organisations employing PS&NGO psychologists are responsible for the creation, management and disposal of records relating to all aspects of organisational administration. These records include client files and correspondence. Organisations need to properly manage records in order to:

- meet legislative responsibilities
- determine a policy for the management of client files within the organization with regards to access, confidentiality and security
- determine an appropriate location for files to facilitate the delivery of services across regional areas
- document procedures for the management of files
- ensure records are stored when needed and destroyed when permissible
- meet administrative responsibilities to staff and clients
- ensure the confidentiality and security of files where they are stored at a location
- ensure that only authorised persons access, disseminate, transfer and destroy files, e.g. psychology files may only be accessed by registered psychologists.

Organisations must also create, manage and dispose of records (electronic and hardcopy) in accordance with standards set by the relevant State Public Record Office and guidelines issued that by that organisation.

3.9 Access to files

At the onset of any psychological relationship, patients/clients should be given information on the limits to confidentiality, how privacy of personal information will be managed and who may have access to patient/client records. A psychologist may be responsible for restricting access to their psychological records even if they are not the “owner” of those records. That means, for instance, that because the employer owns the file, as occurs in many PS&NGO organisations, this does not remove the psychologist’s obligations to manage access.

A patient/client may ask their psychologist for access to their records. Privacy legislation requires that the psychologist facilitate access to those sections of the material that are permissible. Exceptions to client access are also governed by legislation. The complete record is not necessarily relevant to such a request. There are a number of options available to a psychologist in providing access. For example, the psychologist may bring the patient/client into the office and sit with them while they read the material and, if necessary, discuss what has been written. Alternatively, they may provide a summary or a copy of that material to the patient/client.

A request by a patient/client for access to the psychologist’s records about them may be dealt with pursuant to relevant privacy and health records legislation and this may vary from jurisdiction to jurisdiction.

3.10 eHealth

eHealth is the electronic collection, management, use, storage and sharing of healthcare information. This information may include individual items such as test results, discharge summaries, vaccination history, medication history and diagnoses to comprehensive medical records which keep all of this information about a person in one place. For PS&NGO psychologists, the major aspects of the eHealth record system that are likely to be of both relevant and of interest are the Personally Controlled Electronic Health Record (PCEHR), measures to protect patient privacy and establish consent, electronic

claiming from funders (like private health insurers and Medicare), and systems for transmitting and receiving referrals and reports securely. As part of the National eHealth record system all registered psychologists have been automatically allocated an HPI-I by Medicare Australia through your registration with the Australian Health Practitioner Regulation Agency.

3.11 Dual roles

Psychologists employed in PS&NGO settings may at times be faced with meeting the sometimes incompatible demands of the organisation by which they are employed and the demands of the profession. These psychologists are perhaps more vulnerable to ethical conflict as they frequently work in situations in which there are blurred boundaries in contexts where superiors and subordinates are not themselves psychologists, and the resolution of the ethical tension presents challenging and complex alternatives. Not only are they responsible to the organisation to whom they are contracted, they are also responsible to the individual who sits across from them (Menezes, 1992). Here lies the potential for ethical conflict to arise: the competing interests and claims of the organisation versus their responsibilities as psychologists towards their clients.

This issue of competing interests may be particularly relevant if a worker has not been recruited as a psychologist or for the provision of psychological interventions specifically, but has instead been employed within a more generic job role. In these contexts dilemmas may arise whereby the psychologist is not adequately resourced to fulfil the role (e.g., psychological tests, access to supervision and continuing professional development); service policy and procedures may not be consistent with APS guidelines (e.g., record keeping, confidentiality); and service delivery practices, standards, and frameworks may conflict with established discipline-specific knowledge.

The *APS Code of Ethics* advises that “The Code should be interpreted with reference to, but not necessarily in deference to, any organisational rules and procedures to which psychologists may be subject”. This means that psychologists are ultimately required to work within the requirements of their workplace but use the *APS Code of Ethics* as a reference point to guide their practice.

It is important for psychologists who may be employed within generic roles to advocate for the benefits of their psychological training to the role and to seek organisational support to work within the specifics of the discipline.

The majority of PS&NGO organisations will work within guidelines and standards which are consistent with the *APS Code of Ethics* and guidelines. If at any stage however, a psychologist believes that their professional ethics are being compromised by workplace requirements it is important for them to seek guidance and support through professional supervision and/or the APS.

3.12 Ethical dilemmas in specific contexts and ethical dilemmas facing psychologists in hospital / health care settings

Psychologists are widely recognised as essential team members in many sectors, including public and private hospitals, and other health care settings such as community health services. Working in hospital and health care settings brings psychologists in contact with cases involving complex physical and emotional issues, and may require the psychologist to conduct assessments or interventions in less than ideal settings (e.g., by a patient’s bedside with little privacy). Often psychologists compete for time with other health care professionals who are involved in the treatment and care of a patient, and the psychologist is required to work flexibly to cater for both the individual needs of the patient and the specific requirements of the system in which they work. Psychologists in these settings may also work with patients facing long-term disability, severe chronic illness, or death.

Ethical issues encountered in these settings may relate to privacy and confidentiality in the sharing of information with other team members or in medical records, or ensuring privacy for patients in

all discussions with the psychologist. The use of psychology sub-files in addition to a medical record, and the role of the psychologist in relation to other multidisciplinary team members, is also an area of difficulty faced by psychologists in these settings. Psychologists may also face issues relating to professional boundaries, especially in providing services to the critically ill where patients (and their families) may form a strong bond with their treating team, of which the psychologist is an integral part.

Examples of ethical dilemmas specific to these sectors include:

A psychologist receives a referral to assess and support a patient in a multi-bed patient bay with only curtains surrounding the patient's bed. The patient is confined to bed and not able to be moved to a more private location, or there is no private location available on the ward for such a discussion. Despite requests for privacy, there are constant interruptions by nursing and other staff, visitors, other patients etc.

Recommended considerations: This scenario is common in a hospital setting. It is necessary to establish informed consent with the client before proceeding including advising the client of the usual confidentiality provisions, noting how they cannot be guaranteed at this time.

This process may also be complicated by the client's medical condition, leading possibly to the conclusion that informed consent to proceed with an interview cannot be provided. If the psychologist is not satisfied on this point, then intervention should be postponed and the process and reasons noted in the file. The psychologists also need to refer to the APS document *The management of patient/client privacy and confidentiality in public provider settings*.

A patient discloses some information to the psychologist but is overheard by another staff member. This information is not something that the psychologist would normally write in the Medical Record, but something that would be kept confidential in a shadow file. The staff member who overheard the discussion wants to discuss the matter further.

Recommended considerations: The information obtained is covered by the psychologist's ethical obligation to safeguard client confidentiality despite the insecure environment in which it was obtained (see Scenario 1 above), therefore the psychologists needs to consult the *APS Guidelines on confidentiality* and refer to the APS document *The management of patient/client privacy and confidentiality in public provider settings*. A request by another staff member for further discussion should ideally occur with the consent of the client. However, if the other staff member was a fellow psychologist or a member of the treatment team, an appropriate exception could be made.

A consistent concern for psychologists in hospital and health care settings is what to record in the patient file, especially when working closely with a team. Finding the balance between providing adequate information for the team and maintaining client confidentiality is vital to quality patient care.

Recommended considerations: The task of finding this sort of balance is complicated by the fact that information provided to a psychologist in a hospital setting is often of a different order to that recorded by other health professionals, and may or may not be directly relevant to the problems that brought about the hospitalisation in the first instance. For this reason, psychologists should refer to the *APS Guidelines on record keeping* to maintain a separate and confidential record. The release of this information to other professionals, including those on the same treating team, should be done in line with good practice by following the *APS Guidelines for managing professional boundaries and multiple relationships*, and ideally be with the informed consent of the client unless a clear duty of care exists which overrides confidentiality. The principle here is that release of confidential information has to be for the purposes for which it was collected: patient care.

A patient's family discloses to the psychologist that they are uncomfortable with the information provided by the patient regarding physical assault issues and recorded in the Medical Record. The psychologist cannot discuss the exact details that the patient has disclosed to them and therefore the reason behind this information being recorded in such a manner.

Recommended considerations: The psychologist is not in a position to discuss with family members what has been recorded on a patient record without obtaining the consent of the patient prior to any discussion. All the health professionals concerned are bound by client confidentiality and psychologists need to adhere to the *APS Guidelines on confidentiality* and the *APS Guidelines for managing professional boundaries and multiple relationships*.

Patients in hospital are often very grateful, seeing the assisting them in coping with serious illness. On occasions, this can blur the boundaries. For example, a patient invites a psychologist to their 21st birthday party; a patient's family gives the psychologist a gift; or the patient remarks to the psychologist that they consider them a friend.

Recommended considerations: This scenario raises the issue of professional boundaries, and includes both boundary crossings, and the more serious matters deemed to be violations. While accepting a small gift on one occasion may be considered to be of therapeutic value rather than harmful, anything more substantial may serve to “blur” boundaries at a more serious level. Psychologists need to adhere to the *APS Guidelines for managing professional boundaries and multiple relationships*. Attending a client's 21st birthday party creates difficulties for the psychologist by way of being asked to explain his/her reasons for attendance, thus creating a possible confidentiality threat. In addition, in the longer term it is likely to impact on the therapeutic relationship.

The psychologist clarifies the nature of the relationship should the client ever use the term “friend” in this context, taking care to explain the differences between a professional relationship and a personal one, and the reasons for them.

A patient tells you that they are taking extra medication, a friend's medication, or illicit drugs, but their GP does not know. The patient requests that the information is not disclosed, e.g., they say, “but you can't tell anyone”.

Recommended considerations: The client has specifically withheld consent for the psychologist to communicate information about the client's substance use. Psychologists need to refer to the APS document *The management of patient/client privacy and confidentiality in public provider settings*. At the same time it is likely that the substance use is a risk issue, and contrary to the client's health and well being. The psychologist should try to establish the level of risk (if possible), and negotiate with the client a better outcome, perhaps by way of the client addressing his/her reluctance to address the problem as a therapeutic issue. However, consideration of risks to the client, others or of criminal offence has to be taken and obligations under mandatory reporting reviewed.

A patient is discharged prior to psychological assessment/intervention, when there is a critical need for such intervention but where issues such as length of stay take precedence.

Recommended considerations: Such decisions are controlled by the employer, and in this instance the psychologist had little or no input. The psychologist may communicate an opinion, express concern to the treatment team, and also ensure that a referral be made to an external provider.

A patient discloses information regarding an incident that occurred in the ICU, with a strong belief that the incident was real. The psychologist is aware that the incident may be delusional due to a well-known side effect of a specific medication. The patient was traumatised by the experience and this has an impact on their care, however, the patient has requested that the psychologist does not disclose this information.

Recommended considerations: The psychologist has good reason for doubting the authenticity of the report, but is obliged to keep an open mind on the subject. If the psychologist comes to the conclusion that there is a genuine risk, and if unable to persuade the client to overcome their reluctance to disclose the event, it may be appropriate for the psychologist to disclose on the grounds of duty of care.

Psychologists need to be aware of their responsibilities in these settings and via the APS document *The management of patient/client privacy and confidentiality in public provider settings*. The duty of care may be said to extend to other ICU residents, and possibly staff as well, given the possibility of the report proving to be based in reality.

A psychologist is working with a client who they felt would benefit from further sessions but has exhausted their available services. The psychologist knows they could assist the client further in their private practice and the client is keen to pursue treatment with them. However the psychologist is faced with a significant conflict of interest.

Recommended considerations: The APS Code of Ethics states that psychologists refrain from engaging in multiple relationships that may:

- (a) Impair their competence, effectiveness, objectivity, or ability to render a psychological service
- (b) Harm clients or other parties to a psychological service
- (c) Lead to the exploitation of clients or other parties to a psychological service.

A psychologist who feels that they are at risk of violating the code of ethics standards with regards to “conflict of interest” should consult with a senior psychologist and the APS *Guidelines for psychological services involving multiple clients*, to attempt to find an appropriate resolution that is in the best interests of the parties to the psychological service.

3.13 Ethical dilemmas when working with children

Psychologists who work within the public sector and NGO’s are likely to work with children in a range of capacities and context. There are numerous ethical issues to consider when working with children but some of the more common dilemmas relate to consent, sharing of information, and duty of care obligations.

1. Consent

Consider the following scenarios:

- 1) *A mother contacts a psychologist at a community mental health service for support in assisting her 7-year-old son to manage high levels of anxiety. The psychologist meets with the mother for an intake appointment and based on the information provided determines that psychological support would be of assistance. The mother advises that she and her son’s father separated one year ago and they have shared care on a week-on/week-off arrangement as determined by the Family Law Court. However when the psychologist contacts the father to organise a time to also meet with him, the father advises that he does not believe his son has an issue, he has never seen any signs of anxiety whilst he is in his care and he will not support or consent to him participating in counselling.*
- 2) *A 14-year-old girl contacts a local youth service and requests a counselling appointment with a psychologist for personal issues. However she advises that she does not want her parents to know. The girl wants this assurance before she commits to an appointment time.*

These scenarios highlight two common ethical considerations in relation to children and consent – under what circumstances is consent needed by both parents and at what age is a child/young person able to consent themselves to receiving psychological services? It is likely that individual workplaces will have their own policies, procedures, and guidelines in relation to these issues, but psychologists are also referred to the APS Code of Ethics Section A.3 which provides further information on the ethical requirements for informed consent. PS&NGO psychologists will also find further guidance on this issue in the *Ethical Guidelines for Working with Young People* document. It should also be noted that Gillick

competence is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The Australian High Court gave specific and strong approval for the Gillick decision in *Marion's Case* 175 CLR 189, and requires the professional to be satisfied that:

- the young person will understand the professional's advice
- the young person cannot be persuaded to inform their parents
- the young person is likely to begin, or to continue having, sexual intercourse with or without contraceptive treatment
- unless the young person receives contraceptive treatment, their physical or mental health, or both, are likely to suffer
- the young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

Although these criteria specifically refer to contraception, the principles are deemed to apply to other treatments, including abortion. Although the judgment in the House of Lords referred specifically to doctors, it is considered to apply to other health professionals, including nurses. It may also be interpreted as covering youth workers and health promotion workers who may be giving contraceptive advice and condoms to young people under 16, but this has not been tested in court.

<http://www.psychology.org.au/Assets/Files/EG-Young-People.pdf>

<http://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf>

<http://www.psychology.org.au/Assets/Files/EG-Reporting-child.pdf>

2. Information sharing (confidentiality)

When working with a child or young person it is important to consider the extent of information which will be shared with a parent or other caregiver. Children or young people may want to talk to a psychologist in complete confidence, whereas a parent may want to know everything being discussed. Resolving these conflicting needs is an important task for a psychologist if they are to establish positive rapport and build a trusting relationship with their child client, whilst also ensuring parents are satisfied with the service being provided and will continue to support it. It is always important to address this issue upfront with both the parent and the child client and to ensure a shared understanding of how involved the parent will be in the process and how much information will be shared. There may also be additional considerations for separated parents which again need to be determined before a psychological service is provided. All decisions as to when, how, and to what extent information is shared with a parent is to be based on what is in the best interests of the child client. At a minimum, all parties should be aware of the limits to confidentiality which apply when safety concerns are identified for the child client and/or any other third party. PS&NGO psychologists can find further guidance in relation to this issue in the *Ethical Guidelines for Working with Young People* available on the APS website at:

<http://www.psychology.org.au/Assets/Files/EG-Young-People.pdf>

When providing psychological services to children it is inevitable at some point that concerns will be raised in relation to the safety and well-being of the child and PS&NGO psychologists will need to make a determination in relation to their duty of care obligations in these situations. Consider the following scenario:

A 10-year-old boy is referred to a psychologist in a community health service for management of chronic enuresis (after physical causes have been discounted) and management of reported behavioural concerns at both home and educational setting. During the course of treatment, the child

discloses sexual abuse from his step-father which he has been experiencing for the past year. He does not want the psychologist to share this information with his mother or step-father as he is worried that his step-father will be very angry with him and is also concerned his mother and step-father will break up and it will be his fault.

Recommended considerations: There are many considerations in situations such as these including how to respond to the child client immediately following disclosure, how to report the information to the appropriate statutory authorities, whether to advise the non-offending parent of the disclosure and need to report, whether there is imminent risk of harm to the child client and therefore needs to be reported immediately and how to ensure ongoing support is provided to the child and his family. It is important for PS&NGO psychologists who work with children to develop competence in relation to child abuse and neglect and to seek supervision and support from senior psychologists in these situations. Further guidance can also be found in the *Ethical Guidelines on Reporting Abuse and Neglect and Criminal Activity*. Psychologists are also referred to the appropriate statutory authority and legislation in their state.

Further information is available at:

<http://www.aifs.gov.au/acssa/pubs/sheets/rs1/rs1.pdf>

<http://www.psychology.org.au/Assets/Files/EG-Reporting-child.pdf>

<http://www.aifs.gov.au/acssa/crisis.html>

<http://www.aifs.gov.au/acssa/media/index.html>

Section 4: Provision of resources

The issue of basic resources and facilities provided for psychologists in the public and the non-government organisational sectors will be variable dependent on the situation and the services provided. However there are some basic expectations that psychologists could consider essential to their functioning as professionals, as well as infrastructure assumed under occupational health and safety requirements. Assuming that the latter will be covered as part of the employers obligation under such legislation, the issue of basic facilities for the practice of psychology will be considered under two components: administrative and professional. In addition, there will be a consideration of what is minimal and what might be considered satisfactory.

4.1 Infrastructure and administrative support

1. Office space

The provision of office space, a desk, secure file storage and computing facilities would be considered basic and minimal expectations. Many PS&NGO workplaces may provide an office/workspace for employees with shared assessment/counselling rooms. While it is understood that in some circumstances office space may be shared with other professionals, it is vital for PS&NGO psychologists practicing within their endorsed *APS Code of Ethics* to have ready access to a private and soundproof room where confidential client contact can occur. However, apart from confidential face-to-face client contact, professional PS&NGO psychologists regularly engage in confidential phone discussions either with clients, agencies or for secondary consultations. In addition, PS&NGO psychologists maintaining records and confidential client files will occasionally leave such documents on their desk and risk the violation of confidentiality. As a consequence, it becomes realistic to provide the individual PS&NGO psychologist with their own office space to maintain a secure and confidential area when working with clients and/or their records. The organisation therefore needs to ensure that each location from which a PS&NGO psychologist provides services are professionally appropriate and engender confidence in those with whom the PS&NGO psychologist is involved in the exercise of her/his professional duties.

It is therefore necessary that rooms provided for PS&NGO psychologists conform to the following standards:

- a) The office is appropriately located and accessible by those who have disabilities
- b) The office is sound proof and private
- c) The same office is used for the same client at each session
- d) The office is of a size suitable for individual, family or group assessments or interventions
- e) Adequate lighting
- f) The office is designed in a manner which reduces the risk of claustrophobia
- g) Windows are appropriately curtained or covered to ensure privacy to the persons attending
- h) The office is adequately cooled and heated
- i) The office is clean and well maintained
- j) Secure access to computer and internet is provided
- k) Encrypted software for electronic client files, or adequate secure and confidential file (hard copy) storage consistent with ethical obligations and national privacy principles is provided

- l) The office is designed in such a way as to maximise the safety of the PS&NGO psychologist. In settings where aggressive, violent or emotionally disturbed individuals or family members are to be assessed or treated, the office should be provided with two exits. An emergency alarm should also be available
- m) Suitable office and meeting space be available for collegiate meetings of health and wellbeing teams to conduct case discussions, and consult with other organisations and community services as required.

The furniture and equipment also needs to be suitable for the tasks the PS&NGO psychologist is expected to undertake. These include:

- a) Special provisions to accommodate the needs of specific client groups. For example:
 - i. Disability access
 - ii. Elderly clients may require relatively high, armed chairs
 - iii. Children require small desks and chairs, and low shelves for easy access to books, toys and other equipment.
- b) The furniture chosen will be suitable for the safety needs of the particular groups and the PS&NGO psychologist. For example, hard, sharp pointed surfaces should be avoided where children, disabled, or aggressive clients are in the office.
- c) The basic furnishings should include:
 - i. An office desk with access to both sides
 - ii. Two office chairs
 - iii. Two easy chairs with access to others when the PS&NGO Psychologist is required to see more than one client at a time
 - iv. A coffee table
 - v. A telephone, including voicemail system or answering machine, STD and mobile phone access, and secure access to a facsimile machine
 - vi. A whiteboard and pens
 - vii. Secure, lockable storage cabinets, including one or more four-drawer filing cabinets, and space for secure storage of psychological test materials which are relevant to the organisations client groups.

Whilst the Australian Psychological Society's position suggest an office for PS&NGO psychologists as a minimal standard, in conjunction with this, organisations also need to be aware of further generally accepted office space standards in Australia (see links below). These standards underpin the provision of services and office accommodation for PS&NGO psychologists and other allied health professionals in public sector and non-government organisations. These standards with regards to facilities include:

- Providing accommodation that reflects changing patterns of work including part-time, job share, conjoint and multi-site appointments.
- Office spaces are usually only provided on a demonstrated needs basis i.e. the type of office workspace considered in the planning and design phase will depend on the employment hours of staff, work undertaken (therapy vs. administrative) and work patterns of staff.
- The number of enclosed offices are usually minimised to maximise the options for adapting the office layout to new ways of working in future.

- Single offices are usually provided where they can be justified by the nature of the work undertaken by the position. Considerations will include therapy/treatment role, counselling requirements, nature of supervisory role and time spent doing office-based duties.
- Shared offices or workspaces, such as private interview rooms, are usually encouraged, wherever possible, to promote cost-effective office accommodation. This is important for part time and job-share employees.
- A shared work base can be designed to accommodate staff who due to area-wide responsibilities travel between facilities and may require workspace to perform administrative functions. This work base may also be suitable for staff entering data. Access to private interview/consulting rooms would still be required at individual sites across facilities.
- Sufficient support spaces should be provided to meet operational requirements but also need to be optimised in number to avoid under-utilisation of space.
- Multi-purpose support spaces are usually used to avoid duplication and/or infrequent use. These areas usually include reception points, waiting areas, private meeting rooms, conference rooms, kitchens, toilets etc. These are usually provided on a shared basis across units and justified by operational requirements.

See websites below for further information.

<http://www.hpw.qld.gov.au/SiteCollectionDocuments/OAMFFitoutStandards.pdf>

http://www0.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_576.pdf

<http://www.health.qld.gov.au/qhpolicy/docs/pol/qh-pol-057.pdf>

[http://www.dtf.vic.gov.au/CA25713E0002EF43/WebObj/2007OfficeAccommodationGuidelines/\\$File/2007OfficeAccommodationGuidelines.pdf](http://www.dtf.vic.gov.au/CA25713E0002EF43/WebObj/2007OfficeAccommodationGuidelines/$File/2007OfficeAccommodationGuidelines.pdf)

<http://www.finance.wa.gov.au/cms/content.aspx?id=3787>

<http://www.premcab.sa.gov.au/pdf/circulars/Accommodation.pdf>

2. Technology

While it is recognised that financial constraints of organisations may limit the availability of technological support, it is considered that the minimal requirements for a professional psychologist is access to a desktop computing facility with at least limited access to the web. More satisfactorily, each psychologist should have their own desktop facility (or laptop) and the extent of the Web access should make it possible for them to conduct literature reviews, make contact with professional organisations relevant to psychological practice and conduct e-mail communications with other professionals, their clients and information resources.

3. Professional resources

Up-to-date tests. For registered psychologists, whether generalists or specialists, to conduct their professional business they must have access to a range of psychological tests. This implies an infrastructure cost which is not a one-off but continues to be renewed on a regular basis. This is because psychological tests published by both Australian and international organisations are regularly updated and it is an expectation of professional psychologists that they are using the latest versions of tests if they are to be considered to be meeting the expectations of the *APS Code of Ethics*, unless there is a particular reason for the use of the previous version of the test. As some of these tests, particularly tests of intelligence, can be quite costly, the provision of an adequate budget needs to be estimated on

the basis of staff numbers and activity levels within the department or by the sole practitioner. Since psychological tests are essentially tools of trade for psychologists, such budgetary expectations should be treated as comparable with medical and nursing equipment. In many settings, psychologists cannot be expected to function professionally without the provision of these resources. For this reason, a reasonable budget item needs to be included as a minimum requirement for psychologists.

Manuals and similar resources. Germane to many psychology practices is access to manuals, handbooks or reference works. Currently, these are often available online but, nonetheless, the purchase of such documents, hard copy or online, is vital to high quality work. For instance, documents such as the APS summary of EBP or the new version of DSM could be central to professional practice. Budget for such purchases is a minimum requirement.

Peer Consultation. For many years professional psychologists have taken responsibility to ensure their quality of service and ongoing development by engaging in regular consultation sessions with peers or mentors. It has now become mandatory under national registration for all practitioners to engage in peer consultation. While the psychologist is the person responsible to ensure that this occurs, it would be a minimal expectation that some support for this activity was built into professional workload estimations. A more satisfactory expectation might be that the organisation both facilitates and supports the provision of peer consultation during work hours.

Continuing Professional Development. Apart from peer consultation, it is also expected that professional psychologists engage in continuing professional development of other types as well (conferences, workshops, literature searches, online learning, etc.) and it is in the interests of the organisation in terms of quality control and support for professional staff that provision be made within budgetary processes to allow for financial support (special leave, funded travel expenses) for such activities. A budget item against continuing professional development would be a minimum expectation for employed psychologists.

Section 5: Conclusion

The contribution of PS&NGO psychologists in the provision of services to both organisations and those clients which they service will be maximized if the requirements and responsibilities are equally understood and respected by psychologists and their employers. The nature of PS&NGO processes and the context within which they work reflect a complex interplay between competing demands of any service delivery model.

The APS document *The Effective Delivery of Psychological Services for Salaried Psychologists in the Public Sector and Non-Government Organisations* together with the *APS Code of Ethics* and associated guidelines offer a framework for the resolution of competing interests. The APS recognises that there will, at times, be competing interests among these stakeholders. Therefore, equitable and transparent processes are required to resolve differences that may arise.

The use of this document is to both progress the need for psychological services across our community and to enhance the already flourishing psychology services across the public and non-government work places.

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