



APS

Australian
Psychological
Society

The framework for effective delivery of school psychology services: a practice guide for psychologists and school leaders

APS Professional Practice



March 2018

Table of Contents

Executive summary	4
Introduction	5
Section 1: School psychology, a guide for school leadership	7
1.1 School psychologist qualifications and registration.....	7
1.2 Professional indemnity insurance.....	8
1.3 The skills of psychologists who work in schools	8
Section 2: Professional obligations in the workplace	9
2.1 Competence.....	9
2.2 Dual professions	9
2.3 Conflict of interest	9
Section 3: A model for effective practice	10
3.1 Direct service	10
3.2 Indirect service.....	11
3.3 Whole school service	11
Section 4: Professional practice, a guide for psychologists in schools	13
4.1 Ethical obligations.....	13
4.2 Informed consent: student.....	13
4.3 Informed consent: parent or guardian	14
4.3.1 Who has parent responsibility to provide consent?	14
4.3.2 How long does informed consent last?.....	15
4.4 Self-referral.....	15
4.5 Information sharing.....	15
4.6 Blanket consent.....	16
Section 5: Ethical obligations	17
5.1 Limits to confidentiality.....	17
5.2 Access to school psychologist files.....	17
5.3 The two-part client record	18
5.4 Psychologist obligations versus school obligations	19
5.5 Who is the client?	20
5.6 Psychologists and multidisciplinary teams	20
5.7 Dual service provision by psychologists.....	21
5.8 Client access to information.....	21

Section 6: Practice issues for psychologists in schools	22
6.1 Psychologist session notes and record keeping.....	22
6.2 Ethical and legal obligations and record keeping.....	22
6.3 Guiding principles for report writing.....	23
6.4 Assessment of school age students.....	24
6.5 Classroom observations and group work.....	24
6.6 Schools and Medicare items for psychological services.....	24
6.7 Transfer of student confidential information.....	25
6.8 Subpoenas and legal requests for student files.....	26
6.9 Legal requests for disclosure of test data and test material.....	26
6.10 Mandatory reporting obligations.....	26
6.11 Online psychological services and therapy.....	27
6.12 Cultural competence.....	28
6.13 Working with interpreters.....	28
Section 7: Requirements for effective professional practice in schools	29
7.1 Definition of roles and responsibilities and the need for a school psychology policy.....	29
7.2 Clarity regarding referral processes.....	29
7.3 Adequate record keeping and file storage facilities.....	29
7.4 Access to peer consultation and professional supervision.....	29
7.5 Opportunities for professional development.....	30
7.6 Registration requirements.....	30
7.7 School psychologist-to-student ratio.....	30
7.8 Provision of resources.....	31
Section 8: Conclusion	32
Appendix 1: Frequently asked questions	33
Appendix 2: Complex dilemmas for psychologists providing service to schools	38
Appendix 3: Complex dilemmas for psychologists providing assessments in schools	40
Appendix 4: Continuing Professional Development for psychologists and school leaders	43
Useful links	45
References	45

Executive summary

This framework provides guidelines for the provision of effective psychological services in schools. It explains the basic principles and standards by which effective services can be delivered, and offers practical strategies for the delivery of psychological services to students in government and non-government education settings. It has been prepared by the Australian Psychological Society (APS) for use by psychologists, employers of psychologists and policy makers within government, Catholic and independent schools. The APS is the peak professional association for psychologists in Australia and a significant number of APS members are psychologists who work in school settings.

Section 1 of the framework informs those working in education about the skills of psychologists who work in schools to address the barriers to learning and educational success for young people. It also informs school leadership and administrators about the role of psychologists who work in schools in promoting mental health and social competence for children and young people. It provides information to both employers and practitioners about the effective delivery of school psychological service. Effective school psychology service can only occur when it is fully supported and valued by the whole school community. The APS advocates common practice standards that should be met by all psychologists who work in schools. Adoption of such standards will promote a national and unified approach to the practice of psychology in Australian schools.

Sections 1 to 7 of the framework present a model of psychological service delivery which is designed to encompass the many activities involved in the effective provision of psychological support to school populations. These sections offer a professional practice guide for psychologists regarding ethical obligations and common practice issues in schools. They are designed to be a model of best practice to guide and inform the development of school psychology documents in all school sectors in all states and territories.

It is recommended that this framework is read in conjunction with the APS *Code of Ethics* (2007) and other APS resources (referenced in this document) related to the provision of psychological services to children and young people. It is also recommended that each education system or sector develops its own set of guidelines related to the provision of school psychological services in order to better reflect the unique requirements and ethos of local school populations.

The APS encourages the use of this framework by its members as well as school leaders to both further the provision of psychological services in schools and enhance the already active psychology services in all school sectors.

Introduction

Psychologists who work in schools across Australia are identified by many different titles. These include educational psychologist, school psychologist, guidance officer and school counsellor. Sometimes, the latter two titles are also used to identify individuals from other disciplines. However, within the psychology profession, psychologists who provide psychological services to schools are typically known simply as psychologists in schools.

Psychologists in schools apply their psychological and educational expertise to support students to achieve academic success, psychological health, and social and emotional wellbeing. The primary purpose of the psychologist's work is to assist schools to address the barriers to learning for children and young people and to improve their educational achievement. Two significant barriers to educational achievement are mental health issues and learning difficulties.

First, mental health problems affect a significant proportion of school-aged Australian children and young people and the needs of students influenced by these problems are complex and varied. Current statistics about the mental health of young Australians highlight the importance of a well-resourced and highly trained psychology workforce in schools to provide prevention, early intervention and intervention support for students who experience, or are at risk of, mental health problems and disengagement from school. Disorders such as depression and anxiety (often associated with youth suicide), are the most prevalent mental health issues faced by young people in Australia today.

The Australian government report on the second *Australian Child and Adolescent Survey of Mental Health and Wellbeing, August 2015*, summarises the following information on the mental health of young Australians aged 4-17 years:

- Almost one in seven (13.9 per cent) 4-17 year-olds were assessed as having mental disorders in the previous 12 months. This is equivalent to 560,000 Australian children and adolescents.
- Males were more likely than females to have experienced mental disorders in the 12 months prior to the survey (16.3 per cent compared with 11.5 per cent).
- Attention Deficit Hyperactivity Disorder (ADHD) was the most common mental health disorder in children and adolescents (7.4 per cent), followed by anxiety disorders (6.9 per cent), major depressive disorder (2.8 per cent) and conduct disorder (2.1 per cent).
- Based on these prevalence rates it is estimated that in the previous 12 months:
 - 298,000 Australian children and adolescents aged 4-17 years had ADHD
 - 278,000 had anxiety disorders
 - 112,000 had major depressive disorder, and
 - 83,600 had conduct disorder.
- Almost one third (30.0 per cent or 4.2 per cent of all 4-17 year-olds) of children and adolescents with a mental health disorder had two or more mental health disorders at some time in the previous 12 months.
- Prevalence of mental health disorders did not differ significantly with age for males (16.5 per cent for 4-11 year-olds and 15.9 per cent for 12-17 year-olds), but was slightly higher in older females than younger females (10.6 per cent for 4-11 year-olds and 12.8 per cent for 12-17 year-olds).

One in six (17.0 per cent) children and adolescents aged 4-17 years had used services for emotional or behavioural problems in the previous 12 months. Of this group:

- One in seven (14.8 per cent) used health services
- One in nine (11.5 per cent) used school services
- Just over half (53.5 per cent) of 4-17 year-olds using services used both.

The *Australian Child and Adolescent Survey of Mental Health and Wellbeing* report showed that schools play a major role in supporting young people with emotional and behavioural problems and are often where symptoms of mental disorders are first identified.

Data for the 95.9 per cent of 4-17 year-olds attending school or another educational institution showed that:

- A school staff member was among those to suggest that some help for emotional or behavioural problems was needed in two fifths (40.5 per cent) of cases
- One in nine (11.5 per cent) students had used a school service for emotional or behavioural problems in the previous 12 months. Of this group:
 - 8.0 per cent received individual counselling, and
 - 2.7 per cent received group counselling or participated in a support program
- Just over one fifth (22.6 per cent) of young people who used health services had been referred by their school
- Teachers and other school staff provided 18.9 per cent of students with informal support for emotional and behavioural problems. This was higher (51.0 per cent) for students assessed as having a mental disorder
- Of the four disorders affecting children and young people major depressive disorder had the greatest impact on school attendance. Students with this disorder averaged 20 days absent from school in the previous 12 months due to their symptoms.

These mental health disorders adversely affect the emotional wellbeing, social functioning and academic achievement of children and young people. Consequently, there is a compelling need for specialised psychological intervention and support for children and adolescents in schools.

The second major barrier to educational success at school is learning difficulty. In Australia it is likely that two to three children in each classroom will experience problems with learning. Psychologists who work in schools have expertise in education theory, cognitive assessment, educational assessment, developmental delay, the identification of specific learning disorders and teaching and learning styles. Many psychologists are also teacher trained. They play a significant role in the assessment and identification of students with additional learning needs and they provide schools with recommendations and strategies to support students in both mainstream and specialist school settings.

The nature of the educational process and the context within which educational interactions occur reflect a complex interplay between genetic, motivational and socio-economic factors, prior learning and teaching strategies. Consequently, a broad range of interventions is required to facilitate and advance the educational process and psychological services are best provided as a broad continuum of services and support strategies. Psychologists who work in schools engage in a wide range of evidence-based activities which can include counselling, consultation, assessment, implementation of prevention and intervention programs, referral to other professionals, evaluation, and the management of critical incidents. They also provide information and psycho-education to student populations, school staff, departmental staff, parents and guardians and external stakeholders. Psychologists who work in schools endeavour to work in a consultative, resourceful and supportive manner with parents and guardians, teachers, school administrators and external health service providers. They always work with the primary purpose of achieving the best outcome for students.

The following sections of this document describe the major characteristics of, and expectations for, school psychology services. Some of the information is collated from a range of existing APS position papers and guidelines on educational and developmental issues for children and young people. The references are noted as available for APS members only or available to the general public. Professional and ethical obligations are discussed in detail along with the practicalities of psychologists working in diverse educational settings.

Section 1: School psychology, a guide for school leadership

1.1 School psychologist qualifications and registration

To use the title 'psychologist' and to practise as a psychologist anywhere in Australia, a person is legally required to be registered with the Psychology Board of Australia (PsyBA) which is the national registration board for psychologists. The PsyBA operates under the Australian Health Practitioners Regulation Agency (AHPRA) which implements the National Registration and Accreditation Scheme. This national scheme allows psychologists to work in any Australian state or territory. Registration as a psychologist involves a mandatory six years training prior to gaining full registration. As a minimum, psychologists must complete a four-year degree in psychology and undertake two years supervision as a provisional psychologist prior to becoming a fully registered psychologist. Many psychologists, however, complete a Masters or Doctoral degree following their initial degree to become a fully registered psychologist.

Psychologists seeking a career as a school psychologist would usually complete a post-graduate qualification in educational psychology, child and adolescent psychology, student counselling or school psychology

To have current registration with AHPRA a psychologist is required to:

- Have formal accredited qualifications assessed by AHPRA
- Adhere to the APS Code of Ethics
- Engage in regular continuing professional development (CPD)
- Be available for a formal audit process of their CPD and professional practice.

Once registered, psychologists are accountable to the PsyBA and can be subject to a formal external process for review of complaints.

Psychologists can apply for positions advertised by schools, regions/districts and central offices of education departments however some state and territory education departments may also require a teaching degree in addition to psychology qualifications. In most states and territories, a background check or a prescribed notice is needed before work can commence with children and young people. There is also provision for provisionally registered psychologists doing their internship to work in schools under the supervision of a fully registered and experienced school psychologist. The Psychology Board of Australia has a detailed supervision program and guidelines which describe the conditions under which interns can practice.

APS Colleges represent specific areas of practice in psychology and each College has specific endorsement criteria. Many psychologists working in schools are members of the College of Educational and Developmental Psychology. College members can use the title Educational and Developmental Psychologist. They must complete a minimum of six years full-time university training followed by supervised experience. The six years must cover four years of an Australian Psychology Accreditation Council (APAC) accredited study in psychology as well as a two year or more APAC-accredited Educational and Developmental Psychology postgraduate coursework degree. College members can use the title Educational and Developmental Psychologist but they may have one of many different titles, such as school psychologist, guidance officer, disability services officer or child and adolescent counsellor.

As an obligation of registration, practising psychologists must follow strict guidelines for professional conduct. These guidelines cover professional practice, ethical responsibilities and confidentiality. Ethical codes have been developed by the APS and the PsyBA has endorsed these codes to safeguard the welfare of recipients of psychological services and to protect the integrity of the psychology profession.

1.2 Professional indemnity insurance

The PsyBA sets minimum requirements in relation to professional indemnity insurance. It requires that all registered psychologists have adequate professional indemnity insurance, including at a minimum civil liability cover, unlimited retroactive cover, and run-off cover.

This registration standard states that cover provided by an employer or an education provider on behalf of a psychologist (employee) should also meet this requirement. However, there have been some instances where psychologists in the public sector have not been covered by their employer, or have been required to contribute a top up to their professional indemnity insurance. It is important for psychologists who work in schools to check with their employer whether or not the organisational policy meets these requirements.

Psychologists who work in schools are referred to the PsyBA website, Standards and Guidelines section, for further information: www.psychologyboard.gov.au

1.3 The skills of psychologists who work in schools

All psychologists are experts in human behaviour having studied the brain, memory, learning, human development and the processes that determine how people perceive, think, feel, behave and react. They apply their expertise using valid, reliable and evidence-based methods. Psychologists also have knowledge and skills in research design and statistical analysis which enables them to direct or be involved in the development of research projects and the evaluation of outcome data, such as the effectiveness of prevention programs and intervention strategies.

Psychologists who work in schools support children and young people to achieve academic success, psychological health, and social and emotional wellbeing. Their expertise includes:

- Knowledge and skills in the scientific approach to child and adolescent development including mental health assessment and interventions (for example, anxiety, depression)
- Knowledge and skills in learning and cognitive assessment and interventions (for example, intellectual disability, learning disability)
- Knowledge and skills in behavioural assessment and intervention (for example, Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder)
- Knowledge and skills in teaching and learning practices in schools
- The ability to provide expert evidence-based psychological interventions for personal issues (for example, bullying, trauma, grief, loss, relationship difficulties, sexuality issues, identity issues, drug and alcohol problems and transition difficulties)
- The ability to develop and deliver wellbeing interventions and programs and staff support and professional development in the educational and psycho-social development and mental health of children and young people
- The ability to deliver mental health literacy education and prevention programs for school communities (for example, resilience programs, self-care programs, study skills programs)
- A specialised understanding of the policies and procedures that guide the effective management of critical incidents in school communities
- The ability to provide expert advice about systemic procedures and practices in the school setting (for example, behaviour management, discipline, pastoral care and peer support programs)
- A careful regard for professional and ethical psychological practice, with a strong duty of care for children and young people, and a commitment to providing confidential and evidence-based service.

The psychological needs of primary school aged children and secondary school aged students are very different and psychological services must be tailored to meet the needs of these two unique developmental stages. Psychological services are most effective when they are embedded into a school as core business and provided in a normalised and easily accessible manner. The APS is of the belief that school psychological services can only meet their full potential when the service is considered to be an integral part of a school community.

Section 2: Professional obligations in the workplace

2.1 Competence

Psychologists who work in schools are required to have a sound knowledge base that includes theoretical background, empirical research, and effective psychological strategies and techniques that complement the educational achievement and social and emotional development of students. The *APS Code of Ethics (2007)* spells out that a psychologist can only provide psychological services within the limits of his or her level of competence. In order to achieve this, the psychologist is required to seek peer supervision on a regular basis, comply with continuing professional learning obligations and consult with other professionals where necessary. If a student in a school presents with issues that are beyond the capacity of a psychologist's expertise, as in all areas of psychology practice, a referral to an alternative and appropriate mental health service is recommended.

2.2 Dual professions

Sometimes, a psychologist is qualified as a member of two or more professions. For a psychologist, this can be in both psychology and education. If a psychologist working in a school attempts to work in both roles, that is as both the psychologist providing evidence-based psychological interventions, and classroom teacher, there is a strong risk of role confusion for both students and the psychologist. The roles of teacher and psychologist are intrinsically separate and ethical dilemmas involving dual professions and multiple relationships (that is, where the psychologist is in a different professional relationship with the same client) are likely to occur when combining the two. The APS recommends that such situations are avoided.

2.3 Conflict of interest

Psychologists working in schools who are also engaged in independent private practice need to be mindful of the conflict of interest that may result from such professional arrangements. Psychologists should not use their work at a school as a referral source for their independent work. State and territory education departments, Catholic and independent school employers may have policies regarding school employees engaging in private practice and it is important to refer to these policies before combining employment and independent practice. In some situations, psychologists who work in schools must formally apply to their employer before engaging in independent private practice. It is recommended that employers are informed of any private practice work that the psychologist is engaged in at the commencement of employment at a school. Steps should then be taken to ensure that no conflict of interest occurs.

Section 3: A model for effective practice

This document conceptualises psychological services in schools in three main focus areas – direct service, indirect service and whole school service. This three tiered approach to service delivery is derived from the World Health Organisation’s (WHO) Health Promoting Schools Strategy. A health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working. The service delivery strategy is known as the Response to Intervention and the model enables psychologists who work in schools to apply their psychological and educational expertise to the delivery of preventative and direct service to students, parents and teachers through to consultative processes and program delivery for whole school, network or district services. It also addresses some of the challenges inherent in the recent trend in the government sector to outsource school psychology services to external agencies or private providers. More information on the WHO Health Promoting Schools can be found at http://www.who.int/school_youth_health/gshi/hps/en/

Traditional roles for psychologists who work in schools (e.g., assessing students referred for behavioural, educational or mental health problems) while still in demand, are broadening to include more consultative and preventative services. This trend parallels the increasing devolution of autonomy to school principals and school districts. Psychologists who work in schools are increasingly involved in the systemic support of school communities. This demands a greater emphasis on providing assistance in relation to school-wide approaches to curriculum development, student welfare and discipline, and student wellbeing programs.

3.1 Direct service

This support tier addresses the needs of the approximately five per cent of students who are the most vulnerable in a school community. It is direct service which involves the psychologist directly providing an assessment of a student’s cognitive, academic, social-emotional or behavioural functioning followed by individual therapy and support. Direct service includes development, implementation and evaluation of individual and group interventions (e.g., therapeutic interventions, behaviour modification and whole-school programs) that address students’ cognitive, social-emotional and behavioural problems. Additionally, psychologists who work in schools can provide direct service developing procedures and providing support to school community members during and following a critical incident.

The components of direct service can include the following:

Psychological and behavioural assessment

Psychological assessment includes administration and interpretation of standardised tests that provide an objective assessment of an individual student. Testing includes, but is not restricted to, assessment of cognitive functioning, language functioning, visual and auditory perception, motor skills, and social and emotional skills. Behavioural assessment provides an assessment of a child or young person’s behaviour. This can be measured by observation of a student in a classroom environment, group setting, individual therapy session, psychological or educational assessment, or by consultation with teachers and/or parents. Data and information from psychological and behavioural assessments provides direction for diagnosis, reporting and any follow up intervention that may be required. There are a number of tests that are restricted to psychologists only. These tests are often required for funding applications for additional educational support for students with intellectual and learning disabilities.

Educational assessment

Educational assessment provides achievement measures that indicate what has been learned by a student in areas covered in the school curriculum and provides information that can assist with special programming for students. It is good practice for a school psychologist to look at a student’s psychological assessment and educational assessment results together in order to make recommendations for working with schools and families to assist the student.

Psychological treatment and counselling

Psychologists who work in schools are trained to provide evidence-based psychological treatment for mental health problems, behaviour problems, developmental issues and the impact of problematic life events that can affect children and young people. Treatment of referred students is aimed at helping them to better understand and manage their emotions and behaviour, apply more productive coping styles to daily events or stressors, and find achievement and satisfaction both at school and within their peer relationships and families. As part of the treatment approach, psychologists can assist teachers and parents to understand the difficulties a student may be experiencing and provide ways of assisting the student at home and in the classroom. At times it is necessary for the psychologist to discuss with a student, parent and possibly the teacher, the need for referral to a specialist agency if the student's needs are outside the resources or expertise of the psychologist in the school setting.

The high demand for direct service can limit the availability of psychologists to contribute to more proactive and preventative planning and intervention that is most effective at the whole school level.

3.2 Indirect service

A significant part of the work of psychologists in schools is to indirectly meet the needs of students by advising or consulting with teachers, parents or guardians and other stakeholders. This targeted intervention tier addresses the needs of ten to fifteen percent of students who are considered to be at risk of not meeting their full potential, or at risk of disengaging from school. Research shows that teachers and principals highly value the role of psychologists in schools because of this ability to work at a more systemic level. The indirect service approach includes:

- Consultation with teachers to provide advice and information about general mental health and other psychological issues that affect students
- Consultation with teachers to determine student programs, strategies and techniques including educational, psychological intervention and prevention approaches
- Parent information sessions that provide an understanding of child and adolescent development and issues that affect the mental health and wellbeing of students
- Consultation with parents about their child's needs and the psychological interventions to address those needs (with the consent of the student and subject to age and maturity)
- Consultation with relevant school staff to address individual student and class behaviour, learning styles and/or difficulties
- Advice about making appropriate changes to classroom management and the curriculum in order to meet the educational, developmental and or behavioural needs of a student.

3.3 Whole school service

As part of a larger school improvement team, psychologists are able to consider individual students, schools, and community environments and assess the need for schoolwide programs that are proactive and preventative and address the needs of the eighty per cent of the school community who do not require direct or indirect service. They can be change agents for wellbeing at a systems level. They can design and provide educational programs and activities that support student learning and teaching, including consultation with teachers and families, assessments linked to instruction, individual and group support, problem-solving instruction, and remedial intervention services.

Psychologists also participate as members of school teams in professional development opportunities to ensure maintenance and improvement of their own knowledge and skilled service delivery. They also contribute to high-quality staff development with their own unique knowledge and expertise.

By providing expertise and support to school populations, psychologists who work in schools can assist with planning, preparation, implementation and evaluation of psychological and educational strategies. Practices such as provision of parent information sessions; implementation of anti-bullying, anti-violence and personal safety programs and crisis intervention strategies; and referral to appropriate treatment programs are examples of whole school services offered by psychologists in schools. These proactive practices are designed to create and maintain effective and supportive learning environments. They support socialisation, learning and sound mental health and while the psychologist may only provide some of these services, (s)he can offer recommendations for external supports and programs that can assist a school to achieve optimal success for the greatest number of students.

Whole school service allows for a systemic approach to school psychology. Work at this 'universal tier' enables school psychologists to:

- Examine the system in which a student functions and identify factors in the family, school and wider community that can be addressed to help a student function more effectively
- Assist with the coordination of teachers, parents/carers, and external agencies, such as mental health services, or social service organisations, to address the psychological needs of both individual students and whole-school populations
- Assist with crisis management policy and practices that require developing relationships with emergency services personnel and mental health professionals
- Provide response and recovery strategies when working with school community members following a critical incident
- Provide psychological advice and information to government departments or education sectors about policies that affect student populations and school psychological practice.

KidsMatter Primary is an example of an evidence-based mental health and wellbeing initiative for Australian primary schools that psychologists can align with to support mental health and wellbeing at a system or universal level. KidsMatter Primary is a partnership between the APS, Principals Australia Institute and *beyondblue*. It provides proven methods, resources and support to identify and implement whole-school strategies to improve student mental health and wellbeing. Psychologists working in schools have an important role to play in such initiatives. They can advocate for, participate in or lead staff professional learning as well as collaborate with staff in relevant training in, for example, supporting children with additional needs, cultural diversity and children's wellbeing and helping children connect across cultures.

More information on KidsMatter Primary resources and programs can be found at <https://primary.portal.kidsmatter.edu.au/index.php>

Section 4: Professional practice, a guide for psychologists in schools

4.1 Ethical obligations

Psychologists' professional conduct is guided by the APS *Code of Ethics* (2007) which has been adopted by the Psychology Board of Australia and therefore applies to all psychologists. All psychologists have received extensive training in ethical practice and the professional standards required to practice. The *Code* sets clear parameters around psychologists' roles and activities. It promotes safe, ethical and professional psychological practice and is designed to protect both the integrity of the profession and the rights and safety of the public. Clear and comprehensive information on psychologists' ethical obligations in relation to confidentiality can be found in section A.5 of the *Code* as well as the *Ethical guidelines on confidentiality* (2016). Both describe a number of ethical obligations that are particularly relevant to psychologists working in educational settings.

There are ethical and professional considerations relating to informed consent and confidentiality that are critical to the professional practice of all psychologists. The details pertinent to psychologists working in schools are described in the following sections.

4.2 Informed consent: student

Prior to providing services, psychologists are required by law to inform clients about what to expect regarding the nature of the intervention or psychological service. This must include information about the limits to confidentiality, access to confidential information and with whom information will be shared. For psychologists who work in schools, this must also include:

- Clear and simple information for students about the role of the psychologist in a school setting
- Clear information about the relationship between the psychologist and other members of the school staff (such as the principal and teachers)
- The limits to confidentiality
- The storage of psychological files at the school
- The length of time that psychology files are kept
- Information about who can access files.

Psychologists may provide services to a young person without parent consent as long as the young person is deemed to have the capacity to give informed consent. A young person is considered capable of giving informed consent when they have sufficient understanding and intelligence to fully comprehend what is proposed. Sometimes the age at which a young person can provide consent independently is clarified in legislation. For example, under Medicare there are specific requirements regarding the management of information and the age at which a young person can make decisions. For a young person aged 14 or 15 years, Medicare information can only be disclosed to a parent or others with the young person's signed authority, although a parent or guardian can dispute this until their child is 16 years old.

It is the responsibility of the psychologist to determine whether a young person is capable of understanding the above issues and is capable of giving informed consent to receive psychological services. As part of the process of obtaining informed consent, psychologists should determine whether the young person can understand and make an informed choice about:

- The nature of the proposed psychological service
- The benefits and risks of the proposed psychological service
- The consequences of receiving or not receiving the proposed psychological service
- The limits to confidentiality.

Young people with a disability may be capable of giving informed consent if they are assessed as meeting the above criteria.

Psychologists can provide psychological services without prior consent in an emergency situation or exceptional circumstances where immediate support of the student is necessary to protect the student's wellbeing.

It is important that psychologists who work in schools understand that a part of their role is to educate or inform students about the voluntary nature of any therapeutic intervention and to inform them about their rights within the psychologist/student relationship. Students' experience of engagement with a psychologist within a school setting may inform their future decisions to independently seek psychological support for personal issues when they are older.

A school psychologist has an obligation to ensure that consent for a referral is informed, specific, freely given and current. Further information is available in the APS-member document, *Ethical guidelines for working with young people* (2016) at psychology.org.au/EG-young-people

4.3 Informed consent: parent or guardian

Parent or guardian consent is an important consideration when providing psychological services to young people in school settings. Young people may not be willing to seek psychological support at school if they need to have parent permission before seeing the psychologist. Young people highly value a confidential support service at school and place much importance on their autonomy in seeking support from a psychologist without the need for parent consent. Uncertainty and confusion about this issue can be exacerbated by uncertainty surrounding the rights of mature minors, the services that psychologists who work in schools can provide and the role of confidentiality in a school setting.

In the primary school setting, the psychologist must have the consent of the parent or guardian before engaging with or providing psychological support to a student. However, as described in subsection 4.2, if there is a concern for the immediate safety or wellbeing of a student, the psychologist must act in the student's best interest.

4.3.1 Who has parent responsibility to provide consent?

The current APS *Ethical guidelines for working with young people* (2016) state that it is always desirable to have either both parents or the child's legal guardian involved in any psychological service provided to a minor (i.e., a child under 18 years of age). The provision of psychological services to a child should proceed on the assumption that there is shared responsibility for the care and welfare of a child, unless there are Court orders or agreements in place that affect or alter this approach. The Family Law Act, 1975, states that arrangements which involve shared responsibilities and cooperation between the parents are in the best interests of the child. This is the preferred position regardless of whether parents are together, are currently separating or have separated. This means that both of the parents or the child's guardian(s) should preferably consent to and be involved in the decision for the provision of psychological services to the child.

An important issue when determining parent consent is to consider who has parental responsibility, not who has care of the child. 'Parental responsibility' means all of the duties, powers, responsibilities and authority, which, by law, parents have in relation to their children. Parents have parental responsibility regardless of their relationship status, and regardless of whether the parents actively spend time with the child. Parental responsibility is often divided into 'major long term issues' and matters that are not major long term issues. *Major long-term issues* refer to issues about the care, welfare and development of a child of a long-term nature and include issues about the child's education. In a school context this would include referral to a psychologist.

Only a person with parental responsibility, a legal guardian or a documented Informal Carer can give consent for a young person to see a psychologist. A new partner, de-facto parent or step parent cannot give consent.

Where parents are separated, it is good practice for the psychologist to enquire of the client-parent whether there are any court orders about the child and in particular, if there are any about the provision of psychological services to the child. Where possible, psychologists should seek to obtain a copy of any court orders from the client-parent that

relate to the child. The psychologist should comply with such orders (for example, Family Court orders or relevant state/territory Children's Court orders). The request to obtain copies of Court orders and/or what is contained in the Court orders should be included in the consent form that is signed by the client-parent.

Psychologists who work in schools should seek legal advice when they are uncertain how to interpret the orders. APS members can access free legal advice on such issues from the Society's professional indemnity insurance company. Members should contact the APS for more information.

4.3.2 How long does informed consent last?

There are currently no time restrictions on parent or guardian consent. However, consent for psychological intervention lasts only for the duration of the issue for which the young person was referred. Otherwise a case is open until it is formally closed, the parent or guardian withdraws consent or the student leaves the school.

4.4 Self-referral

For young people in secondary school settings, the requirement for informed consent varies between individual schools and state and territory education department guidelines. There is no specified age at which young people are deemed capable of giving informed consent. However, they acquire the right to consent to the disclosure of their personal or health information when they are sufficiently mature to understand the consequences of this disclosure. Unless students have a significant intellectual disability, or are particularly immature, it is likely that secondary school students would have the capacity to consent.

Generally, if a secondary school student self refers to the psychologist, the school is not obliged to disclose this to parents. However, the student's consent to disclose this to the parent should be sought when it is deemed to be in the best interest of the student.

4.5 Information sharing

When working with children and young people it is important to consider the extent of the information that 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 that is discussed. Resolving these conflicting needs is an important task for a psychologist in establishing positive rapport and building a trusting relationship with clients while also ensuring parents are satisfied with the service being provided. It is always important to address this issue at the outset with both the parent and the child or young person 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 are to be based on what is in the best interests of the child. At a minimum, all parties should be aware of the limits to confidentiality which apply when safety concerns are identified for the child and/or any other third party. APS-member psychologists can find further guidance in relation to this issue in the document, *Ethical guidelines for working with young people* (2016) available on the APS website.

It is recommended that schools develop a school psychological services policy which includes a section on informed consent. The policy should be developed in consultation with the psychologist working in the school, the principal and the school council. A helpful resource to consider when developing such a policy is the APS *Ethical guidelines for working with young people* (2016). This document considers the APS *Code of Ethics* (2007), relevant APS guidelines and legislation that is relevant to this issue. The *Guidelines* are available to members on the APS website. An additional resource is the APS document *Managing student confidentiality in the school setting: Guidance for Principals and School Psychologists* (2014). An APS member document *School Psychological Services Policy* (2015) is a companion policy template for the development of an agreement between psychologists and school principals for the management of confidential student information.

4.6 Blanket consent

It is important for psychologists to note that blanket consent provided in advance for a psychological service is not considered to be informed consent. Blanket consent, for example a generic permission form for parents to sign at the beginning of each school year, or a notice in the school diary which is provided in advance for a service that is not clearly defined, is not considered informed consent as it is unclear what services the student will require from the psychologist. Informed consent is obtained before undertaking any assessment or interventions, or whenever the purpose, nature or focus of the psychological service alters. It is also important to check and verify consent if a considerable period of time has elapsed since a previous referral. In a primary school setting, for example, it would be reasonable for consent to be verified at the beginning of each school year. Thus, the school psychologist has a continuing duty to obtain consent.

Section 5: Ethical obligations

Confidentiality of client information and respect for the privacy of individuals are the cornerstone of any psychologist/student relationship and what is often most valued in that relationship. However, in a school setting, privacy and confidentiality issues often precipitate some of the most vexed ethical dilemmas. A psychologist is obligated to protect the rights to confidentiality and privacy of the child or young person under privacy, health records and health professional registration legislation. However, not all information that a psychologist working in a school obtains from a student can remain confidential. This is particularly true for information that reveals a risk of harm to the student or to any other person. Legal requests for information from a student's file are often made when there is a family dispute over child custody, and there are other situations which can result in a school psychologist's file being subpoenaed. Further information about subpoenas is available in Section 6.8 and to APS members on the APS website: psychology.org.au/inpsych-respond-subpoena and psychology.org.au/PP-subpoena

5.1 Limits to confidentiality

Students should be informed of the limits to confidentiality prior to the beginning of a psychological service. The Australian Privacy Principles under the Privacy Act, 1988, require organisations, including schools, not to use or disclose personal information other than for the primary purpose for which it was collected. An exception to this requirement occurs where the disclosure is within the individual student's reasonable expectation or their consent has been given.

A psychologist is obliged to release information:

- Where it is unreasonable or impracticable to obtain a student's consent to use or disclose information and the psychologist reasonably believes that the use or disclosure is necessary to lessen or prevent a serious threat to the life, health or safety of an individual or to the school community
- When required by law, for example via mandatory reporting provisions, court subpoena or if the use or disclosure is required or authorised by, or under, an Australian statute or common law which includes the law which imposes a duty of care on schools
- When he or she suspects that unlawful activity or misconduct of a serious nature, that relates to the schools functions or activities, has been engaged in and the psychologist reasonably believes that the use or disclosure of the information is necessary for appropriate action to be taken
- When the student, parent or legal guardian consents to the release of information.

Psychologists working in schools who are unsure about the confidentiality of certain information, or about requests for information by parents, teachers, school administrators or others, should refer to the APS *Code of Ethics* (2007), seek peer supervision with an experienced or senior psychologist, and in some cases seek legal advice. The APS Professional Practice Project Officer for Schools can assist members who work in schools with ethical and other queries. Member psychologists and the general public can also contact the APS Professional Advisory Service for advice.

5.2 Access to school psychological files

In contrast to psychologists working in private practice, psychologists who work in schools should be aware that their employer, either the school principal or a government education department, owns all psychological files. This means that files, in either hard or soft copy form, cannot be removed or taken by psychologists when they leave employment, and are to be kept on school or departmental premises.

However, ownership of psychological files does not imply access to the files, and the psychologist, while not being the owner of the information, is responsible for managing access to it. Psychologists should be mindful that in some special situations information obtained from the client can be requested by their employer, whether that is the principal, education authority or a diocese (see subsection 4.1, Limits to Confidentiality).

It is considered a breach of the student's confidentiality and privacy for a psychologist to disclose confidential information to other school staff, including executive staff, unless the conditions for an exception are met. (See subsection 5.1). The management of the information collected and the privacy of the student remain the responsibility of the psychologist. For a principal or a delegated staff member to access or read a confidential file is a breach of the legislation. **It is important to note that the psychologist's obligation to share relevant client information refers to verbal communication or brief written reports and not to providing staff with access to the actual file.**

In all situations, however, the employer has a legal responsibility and duty of care to respect the confidential nature of the psychological relationship or therapeutic intervention and a request to be provided with information about a student should only be made within the confines of privacy, health records and health profession legislation.

It is very important that protocols around this issue are understood by all parties and are contained in a school psychological services` policy. **Ownership of a file and privacy of the information within that file are two distinct legal obligations.** As previously stated, ownership does not imply access. Access to personal and health information is regulated by the relevant legislation regardless of who owns the file. APS member psychologists are advised to read the document *School Psychological Services Policy: Managing Communication and Confidentiality between Psychologists, the Principal, other Professionals and Teaching Staff* (2015) at psychology.org.au/PP-school-supervisors

5.3 The two-part client record

Because psychologists who work in schools need to exercise specific respect for the confidentiality of the child or young person, the APS recommends that client records are maintained in two distinct parts:

1. *Confidential Client Record* (or 'practitioner notes')
2. *Client Service Record* (or 'client record')

The *Confidential Client Record* will contain confidential and sometimes very sensitive information about the student and may also include material which is private to the practitioner. This part of the file may also contain, treatment plans or formal medico-legal reports. Psychologists in schools complete a large number of formal assessments and it is important to note that test records and assessments are part of the *Confidential Client Record*. When practitioners use published assessment tools with copyrighted test forms they comply with publisher and copyright requirements. Practitioners do not disclose content and/or administration and scoring principles of a test to anyone who is not qualified to access the test as this can render the test invalid. However practitioners also need to be aware that under some State Acts a client may have qualified access to the confidential part of the record or file.

The second part of the file, the *Client Service Record*, is the less sensitive section and should contain largely administrative material, including basic client demographics and contact details, the record of service provision (dates and nature of each service), and standard administrative forms. This section of the record may also contain formal correspondence with third parties and reports or recommendations about learning needs, or behaviour management plans for teaching staff or for the treating team or referrer as such reports are often already shared with other professionals and ideally with client consent. The *Client Service Record* can be accessed by the principal and senior school administration.

As schools are the custodians of student files, it is important that senior school personnel take responsibility for distributing psychologists' recommendations about the learning and wellbeing needs of students to the appropriate teaching staff each year or at each timetable change. Permission to distribute recommendations to relevant teaching staff should be part of the original informed consent. Schools also need to ensure that psychologist recommendations are transferred to the receiving school when students transfer out of a school. Permission to transfer the information should be obtained from the family of the student, or the mature minor student where applicable.

The two-part file policy faces serious challenge in some schools and education sectors where all information is requested to be centralised in one client file. Most consultations with psychologists in schools deal with very private child, adolescent and family matters that deserve protection from school and other health professionals who don't necessarily need to know about them. School administrators are often reluctant to allow psychologists to have their own sub-files or quarantined password-protected psychology areas of an electronic records system. This two-part file system has been adopted in some schools and there are strong grounds for establishing it universally.

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. Psychologists who work in schools are faced with a serious dilemma in maintaining student files: either promise and deliver privacy to the student, or severely limit the openness, quality and effectiveness of the professional relationship. The problem is compounded by the requirement for psychologists to keep comprehensive notes in sufficient detail to inform appropriate assessments and interventions. Psychologists may decide to keep detailed records and fight to protect confidentiality, or opt to keep sketchy notes that protect student privacy but potentially invite charges of inadequate record keeping.

Psychologists who work in schools are required to maintain accurate, current, and complete records of psychological services. Student psychological records include information that identifies the student, and the family, and documents the nature, delivery, progress, results, or recommendations of psychological services. They include appointment diary entries, working notes, assessment material, relevant information stored in a computer, and 'post-it' notes. Complete and accurate record keeping and secure storage of these records benefit psychologists and students by guiding them to plan and implement an appropriate course of psychological treatment.

See subsection 6.2 for more detailed information on record keeping.

5.4 Psychologist obligations versus school obligations

There can be competing considerations between a psychologist's obligation to protect a student's privacy and confidentiality and the duty of care that a school owes to students. These are two potentially conflicting duties which schools and psychologists must balance – the duty to maintain student safety and wellbeing and the duty to keep students' information, and that of their families, private.

In order to meet both the health and wellbeing needs of students and their legal obligations, psychologists who work in schools are advised to:

1. Make it clear at the outset when working with students, that whilst discussions are confidential, where a student's or other's safety is involved, confidentiality might not be able to be maintained.
2. Regularly communicate with a principal and relevant staff about matters that are crucial to the management of individual students and whole-school-community wellbeing. This will include regular discussions with the principal, attendance at appropriate staff meetings and informal communications with teaching and other professional staff. The content of such discussions should not, unless appropriate, include confidential material, but should include wellbeing issues, social and or behavioural concerns, school policies and any other information that the psychologist can bring to such discussions.

If a principal requests access to a psychologist's files in the context of a school's duty of care to a student, the appropriate course of action is for the principal to discuss his or her concerns with the psychologist. The principal should seek the psychologist's opinion as to whether or not access to information within the file would be likely to support either a report in accordance with the mandatory reporting requirements, or other action necessary to address foreseeable harm to the student. In this way the school and the psychologist can comply with the relevant privacy legislation, mandatory reporting requirements and duty of care.

It is important that all parties understand their own and each other's legal and professional responsibilities. A school policy that encompasses these responsibilities, and that is developed in a consultative manner between all relevant stakeholders is recommended. This policy should cover all aspects of the delivery of psychological services within the school including:

- Referral processes
- The disclosure of client information
- The storage and access of files
- The management of risk issues.

The policy should be developed in consultation with the psychologist, principal and the school council or board, and should be made available to all staff, students and parents. Any such policy must operate in accordance with the legal and ethical frameworks which apply to the provision of psychology services.

APS-member psychologists who work in schools can play a valuable role in providing schools with considered and clearly worded privacy policies as per the guidelines in the APS documents, *Managing student confidentiality in the school setting* and *School Psychological Services Policy: managing communication and confidentiality between psychologists, the principal, other professionals and teaching staff* (2015).

5.5 Who is the client?

Psychologists who work in schools sometimes face complex organisational and system accountabilities to administrative line managers, senior school staff, parents, teachers and students. They may be administratively responsible to a senior psychologist, a group or network of principals or a professional practice leader for psychology. When complex ethical or legal issues arise, psychologists often wonder where their professional responsibility lies – is it with the school or is it with the child or young person?

These issues are made more complex because of the age of the recipients of services in schools and the staff (and ultimately, the principal's) duty of care to act *in loco parentis* – literally 'in the place of the parents' – while students are in the school's care. Psychologists providing services on behalf of the school often have to deal with the competing needs of their student clients, parents, the school principal and other staff.

As outlined above, the development of a school policy is an important process that will assist all involved to manage the challenges in providing psychological services in schools.

The *APS Ethical guidelines for working with young people* (2016) 3.1 (*Psychologists responsibilities*) describes that, "clients of agencies, businesses, schools, hospitals, or other organisations need to be informed at the outset about how their personal information will be used and disclosed to others. Where psychologists' conditions of employment require disclosure of client information, they clarify these matters with the young person....at the outset of the psychological service." Section 5.2.1 of the *Guidelines* reads "When making a judgement whether to disclose a young person's information, psychologists consider the young person's interests as paramount".

5.6 Psychologists and multidisciplinary teams

Psychologists who work in schools are increasingly being required to work in multidisciplinary or transdisciplinary teams such as the Team Around the Child model. This is an evidence based model of allied health service delivery that is being introduced into community health services and education settings. In this model a lead professional coordinates the delivery of integrated frontline services to children, young people and families and to schools. Best practice principles dictate that psychologists in schools work together with colleagues in such models to develop a shared view of the aims and objectives of the work at all levels. They respect the professional standing and views of other allied health professionals while making it clear to other professional colleagues what can be expected of them in collaborative work. When establishing arrangements for joint working, the conditions of the team work should be made clear. There should be explicit agreements about information sharing, and confidentiality and its limits. The implementation of a two-tier file system can overcome some of the ethical challenges for psychologists working in a multidisciplinary or transdisciplinary team.

If such teams are required to work with shared files then the psychologist in the team needs to be aware of their ethical responsibilities with regard to the following:

1. *Access to information.* When psychologists contribute to multidisciplinary team records it is advisable that their entries are brief, factual and focused on relevant information (e.g., presenting issue, diagnosis, risk issues, intervention plan, dates of service). Psychologists should refrain from recording sensitive personal information in a shared file (e.g., family confidences, third party details or matters not relevant to current treatment).
2. *Informing the client.* The child or young person 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.

3. *Two file system.* Psychologists are advised to record essential sensitive and personal 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 the child or young person's privacy and the therapeutic relationship.

Consent must be sought from parents or guardians and/or students (when able to give informed consent) to share information and is usually limited to information that is not highly sensitive in nature.

The judgement as to what to share with professionals from other health disciplines in the team or with school personnel involved with a child or young person needs to take into consideration the goals and purpose of the team engagement. Only information relevant to the goals needs to be shared. For example, copies of psycho-educational assessment reports, educational recommendations, learning support plans, behaviour support plans, and some referral letters may be included in the Student Administrative File for shared access. (See subsection 5.3)

5.7 Dual service provision by psychologists

Occasionally a situation will arise where students access psychology services from two psychologists at the same time. This can occur when a child accesses service from a school employed psychologist whilst also accessing service from a private provider, perhaps through the NDIS or through a referral to a Medicare provider. Psychologists in this situation need to co-work to provide a shared care arrangement for the child or young person. Each psychologist would have a focus on a different therapeutic intervention. It is possible for more than one psychologist to work with a client for therapeutic and strategic purposes and it is professional best practice for this to be spelt out in the case formulation or treatment plan that would be agreed to by the psychologists and with the informed consent of the child or their parents.

5.8 Client access to information

Students or their parents or guardians may ask a psychologist for access to their records. The complete record is not necessarily relevant to such requests. Privacy legislation requires that the psychologist provides access to those sections of the material as requested. Australian Privacy Principle 12, Access to personal information (amended 2014), requires psychologists to "give access in the manner requested by the individual, where reasonable and practicable".

Exceptions to client access are also governed by legislation. They include situations where, "Access would pose a serious threat to the life, health or safety of any individual, or to public health or public safety" and, "giving access would have an unreasonable impact on the privacy of other individuals". There are a number of options available to a school psychologist in providing access. For example, the psychologist may have a face-to-face meeting with the client while the client reads material from the file, and if necessary, the psychologist can discuss with the student what has been written. Alternatively, the psychologist may provide a summary or a copy of that material to the student or family. As discussed in section 2.4.7 above, psychologists who work in schools have ultimate responsibility for the content of their records. More information on record keeping is available to members on the APS website at: psychology.org.au/PP-management-ownership-access

Section 6: Practice issues for psychologists who work in schools

Psychologists who work in schools are ideally situated to impact practice in many areas of school life. It sometimes seems as if there are demands on psychologists to be everything from systems-level change agents to the experts in everything from reading, parenting, mental health, learning, interpretation of research, Response to Intervention, consultation, behavioural intervention, special education and counselling. There are, however, common practice issues that psychologists encounter in their daily work. Section 6 provides a brief discussion of the recurring professional practice issues for psychologists who work in schools and gives links to further reading in APS professional resources for APS-member psychologists.

6.1 Psychologist session notes and record keeping

Education authorities in all school sectors have guidelines for the management of psychologist files in schools. Generally, there is a requirement for files to include the following documentation:

- An informed consent and privacy statement
- A file action summary
- An Authority to Release Information form
- A case closure form.

Assessments, session notes, correspondence, reports and treatment plans form the bulk of the file.

6.2 Ethical and legal obligations and record keeping

Accurate and comprehensive record keeping is a central part of the responsibility of a clinician. The APS *Code of Ethics* (2007) requires that “psychologists make and keep adequate records” (B.2.1). The APS *Guidelines on record keeping* (2016) indicate that “psychologists maintain accurate, current and complete records of psychological services” (1.1) and that “there should be sufficient detail to permit planning for continuity in the delivery of psychological services in the event that another psychologist takes over that responsibility...” (8.3). When taking session notes psychologists should also keep in mind any employer or contractual arrangements that may impose requirements on the information that is recorded.

There is extensive legislation in Australia (Privacy Act 1988) governing the rights of clients to access their health records, which means that psychologists’ session notes should always be written with the assumption that they may be viewed by the client. Psychologists should therefore record notes in respectful and non-discriminatory language and be mindful of the client’s perspective and likely reactions to the notes being read.

Psychologists’ session notes are considered part of a client’s file and therefore can be subpoenaed as evidence and can be the subject of cross examination in court proceedings.

The APS does not recommend a specific format for session notes although there are some general principles that it notes as important. The Psychology Board of Australia (Psychology Board of Australia, *Connections* Issue 3, November, 2011) has outlined some of its findings regarding inadequate note taking, and these findings provide an indication of the minimum standards required for psychologists:

- a. Notes must be “dated and refer to treatment methodology and/or clinical formulation and/or client management” (2010 Case No 2)
- b. “Clinical notes ...(must)... refer to the dates and full set of psychological assessments undertaken, including where such assessment were repeated” (2010 case no 2)
- c. “Clinical notes... must... detail contact with(client)... outside of sessions such as telephone communications” (2010 Case No 2)
- d. “Sufficient information contained therein (referring to clinical notes)... so as to enable a third party to understand the nature and the extent of treatment provided. It is an important element of all professional note taking that they are capable of being understood by such persons who have lawful access to the notes” (2010 Case VPSRB 1).

Session notes need to be succinct, legible and comprehensible. As a general guideline, they should be no more than half a page for each session, however there may be circumstances where more detailed notes are warranted. The APS recommends that it is good practice for case notes to:

- Include a level of detail such that if the file needs to be revisited after a gap in service provision, it is easy to determine readily what the psychological service involved
- Include details of assessments and treatment methodology
- Be expressed as reports of contacts and clinical observations rather than opinions
- Include hypotheses about intervention
- Avoid values, judgments and prejudicial comments
- Clearly document the services provided and any plans for future intervention
- Be objective and record the facts, reports, student statements, and behavioural observations
- Identify verbatim comments by the student with quotation marks
- Include clinical judgements that are important in service delivery
- Include any consultation or supervision
- Include a summary and case formulation of continuing therapeutic work
- Be dated and signed.

The APS also recommends that case notes should not generally identify other students. However, in situations where a student's safety may be compromised, details (including names) should be included in the case notes. It may not be necessary to record some matters, for example, sensitive information about a third party or personal information unrelated to the provision of the psychological service. Session notes should be contemporaneous or completed within a reasonable time following service provision.

6.3 Guiding principles for report writing

The APS does not recommend a specific format for report writing. School psychology reports are written for a range of purposes and client groups, for example, making a diagnosis, reporting outcomes of treatment, in response to medico-legal requests and for disability funding. There are, however, some general principles that are important:

- a. It is important that reports are tailored for a specific purpose and specific audience, while being mindful that they are often distributed more broadly than the intended audience.
- b. Templates for learning and cognitive reports can be helpful. A template is a better base for a report than reworking an existing report, as this can be prone to error.
- c. Subheadings in the report can guide the reader. Key information needs to be clearly conveyed including the reason for the report, the referral, information, the dates of assessments including observations, and the details of tests used.
- d. Reports should not contain unnecessary technical or professional jargon as the information must be accessible to a broad audience of parents and teachers.
- e. Test results should be reported accurately and explained in a way that assists readers to fully understand the findings and their implications.
- f. If a report is diagnostic, it is important that the psychologist makes a direct statement of diagnosis. It is important that the psychologist is clear that in his or her professional opinion, the student does or does not meet diagnostic criteria. Language such as 'consistent with a diagnosis of' or 'is characteristic of' can be interpreted as not being a formal diagnosis.
- g. Findings, conclusions and recommendations should be supported by the factual information in the report including any assessment results, the outcomes of interviews and examples of client behaviour.

It is important for psychologists who work in schools to present information in a psychological report in a style that is both useful and understandable to the readers of the report. APS members can find more information on psychological report writing in the APS bulletin, *InPsych*, August 2013. For more detailed information on the key considerations for a psychologist where a court report has been requested, see *InPsych*, October, 2015.

6.4 Assessment of school age students

Assessment is a systematic process for gaining information about a student relevant to the referral question. Typically, it involves formal assessment using standardised tests and informal assessment procedures including observation, interview, and the use of screening instruments and questionnaires. Thus, assessment may typically involve a range of processes such as:

- Gaining a developmental and biopsychosocial history
- Interviews with the student and significant others
- Consultation with other professionals (for example, teachers, medical practitioners and other allied health professionals)
- Observations of the student at different times and in different settings as required
- Examination of school records, past evaluation or assessment reports
- Administration, scoring and interpretation of standardised test instruments.

As part of the assessment process, psychologists who work in schools must be qualified and have the required level of competence in the assessment of school age children. They must have well developed skills in the administration, scoring, interpretation and reporting of findings for standardised tests, and for the formulation of appropriate recommendations.

Traditionally, the work of psychologists in schools was in the field of special educational needs and it is still often the case that the emphasis of their work is on the assessment of children with disabilities or children with particular difficulties or vulnerabilities. There are ethical considerations that psychologists must be aware of when assessing such students including the ways in which psychological testing can support the participation and inclusion of students with disabilities, the shift to a strength-based orientation in testing, the complexity of informed consent issues when working with people with disabilities whose capacity to give informed consent may be impaired and issues of fairness in testing and reasonable accommodation. All of these issues are explored in the APS-member document, *Testing and Disability: Current themes* (2013), at: psychology.org.au/PP-testing-disability

APS-member psychologists can access further information about the best practice principles for the assessment of students in educational contexts at: psychology.org.au/PG-school

6.5 Classroom observations and group work

Psychologists working in schools must have informed consent from a parent or guardian to observe a specific child in a classroom or in the school grounds. However, if a psychologist is advising a teacher on classroom management strategies and is in a classroom observing the teacher's interactions with the class, the teacher is the client and there is no need for consent pertaining to the students.

Sometimes psychologists engage in small group work to support a target child with, for example, social skills development. Psychologists are also asked to participate in whole-grade or level interventions, for example, bullying prevention programs or mental health initiatives. All children and young people, whether the target student or not, need to have parent or guardian consent to participate in these types of activities with a school psychologist.

6.6 Schools and Medicare items for psychological services

Registered psychologists and other allied mental health professionals who are eligible for a Medicare provider number can provide an individual with up to ten sessions per year of Medicare-rebated treatment for certain mental health disorders. Over the last decade this initiative has enabled privately operated psychological service providers to offer Medicare-rebated service to schools. Schools can access the services of private psychologists when a general practitioner (GP), psychiatrist or paediatrician has assessed a child or young person's need for such a service and developed a Mental Health Care Plan. Schools are often encouraged by private providers to take up this opportunity on the advice that it is 'free' for students who have been diagnosed with a mental health disorder and have such a plan. It is technically incorrect to describe such a service as free. It is a government rebate-able service with limited out-of-pocket costs to families. There may, on occasion, be a gap fee for this service.

Under Medicare the external provider is required to submit a written report to the referring medical practitioner after six sessions with the student. The report must include information on the treatment provided and recommendations for the future management of the student's mental health disorder. Another report is submitted to the referrer at the completion of the second set of four sessions provided to the student.

While this approach provides additional opportunities for access to psychology services in schools, it is important to be aware of the limitations of these services, including:

- Medicare services are only available to students with a mental health diagnosis
- educational assessment is not allowable under this service
- there is no requirement for the private psychologist to interact with the school.

It is important to note that school-specific issues, such as the assessment of learning difficulty or intellectual disability, or the delivery of psychological strategies for managing relationships or study issues, while arguably the most common presenting issues in schools, are not mental disorders eligible for Medicare-funded service. These are school-specific issues affecting children and young people and they are best addressed by psychologists who work in schools. The unnecessary labelling of students as part of a Mental Health Treatment Plan when they do not meet diagnostic criteria is not in the best interests of students and has the potential to cause harm to the students by excluding them from future opportunities (e.g., some career roles such as defence or emergency services require disclosure of having had a mental health condition).

The APS acknowledges that engaging external mental health providers may sometimes be an advantageous means of supplementing available psychological services in schools. Such an arrangement may provide an individual student who has more complex needs access to a psychologist with specialist expertise.

However, the preferred model of psychological service delivery in schools is for services to be provided by psychologists who are employed by the local education authority, or directly by the school. There are clear benefits for a school in having a psychologist on staff:

- Children and young people are more likely to seek help from a familiar and trusted school staff member than from an unfamiliar practitioner
- The continuity of support received from a school-employed psychologist allows students with mental health issues to receive continuing care and management as well as more regular or intense support if needed
- Psychologists who work in schools can operate as the safety-net for certain students within schools
- Children and adolescents will seek out the support of their school psychologist for a diverse range of issues.

Teachers also highly value having the support of a psychologist on staff and feel that their teaching is supported as a result of this effective relationship. Psychologists who work in schools are well informed about current research in children and young peoples' mental health, learning, and teaching and are able to inform school policy, curriculum and decision making accordingly. The support, information and professional development psychologists provide to the whole school community enriches the health and wellbeing of the community, as does their knowledge of and relationship with, outside service providers.

Psychologists who are employed by schools and who are embedded in the life and culture of the school are able to provide a more effective psychological service. They can provide a biopsychosocial perspective on school policy, mental health literacy and student wellbeing that significantly extends the more traditional or medical model approach provided by external providers under Medicare.

6.7 Transfer of student confidential information

There is often confusion about the status of confidential psychology files when a student transfers from one school to another school. This can be challenging, particularly when a student moves from a primary to a secondary school setting. Psychologists need to be mindful of the privacy constraints on personal information management. The collection of personal and health information by psychologists employed in government schools is permitted by the Health Records Act and Australian Privacy Principles under that Act. Government school systems often argue that there is a legal necessity for such information to be used within government schools to discharge legal obligations.

These include obligations owed to government school students under duty of care and disability discrimination legislation, as well as obligations owed to employees under health and safety legislation. These arguments are used to justify the transfer of confidential psychology files between government schools.

The *APS Code of Ethics* (2007) allows for 'disclosure' of confidential information obtained in the course of providing psychological services with the consent of the client (or the client's authorised representative). If a child transfers to another government school while receiving psychological services, contemporaneous psychology information about the child should be transferred with parent consent, or where appropriate, the consent of the student. In all other instances the Client Services Record (or administrative psychology file) is the only information that should be transferred.

The *Code* also allows for disclosure where there is a legal obligation to do so. This refers to the requirements of mandatory reporting legislation or instances where a psychologist file is subject to subpoena.

It is recommended that in other school sectors student confidential files be transferred between schools only with the informed consent of the parent, and where appropriate, the student.

6.8 Subpoenas and legal requests for student files

A subpoena is a court order to attend court and/or produce documents for the court. There are two types of subpoena:

1. A subpoena to produce documents to the Court
2. A subpoena to give evidence at a Contested Hearing by cross examination by the parties.

It is important for a psychologist to clarify the specific information being requested by the Court. While there is no precedent for psychologist files to be considered privileged, the psychologist is still responsible for maintaining confidentiality for that information which may not be relevant to the Court's deliberations.

It is also important to note that a subpoena can be served to the principal of the school or the psychologist but it is the psychologist who is responsible for preparing a file for subpoena. A process for dealing with this situation is outlined in the APS member document: *When the subpoena comes* (2012): *Managing legal requests for client files* at: psychology.org.au/PP-subpoena

Police and lawyers sometimes request information from school psychology files. Neither members of the police force or lawyers are entitled to information without the informed consent of the parent, guardian or mature minor student. However, if a warrant for a psychology file is produced by the police, the psychologist is obliged to submit the student file. A warrant is a document issued by a court directing an officer to take certain action. For example, a warrant can order the police to arrest someone or seize property, such as confidential student files.

6.9 Legal requests for disclosure of test data and test material

Files produced for subpoena should not contain psychometric inventories (test booklets or records) as to do so would place the psychologist in breach the *APS Code of Ethics* (2007). Releasing such information can have a significant impact on the validity of tests. Psychologists need to approach the Court to seek an exemption to withhold test forms as the *Code* requires a psychologist to protect the security and integrity of psychological test instruments by not exposing their content. If an exemption is not provided, the psychologist can request that a test record form be released to a psychologist qualified in the administration and interpretation of the specific test and provide an explanation to the Court of the limitations of secondary interpretation.

More information can be found in the APS-member document, *Managing legal requests for disclosure of test data and test materials* (2014) at: psychology.org.au/PP-legal-test-data

6.10 Mandatory reporting obligations

All Australian states and territories have enacted mandatory reporting laws for selected people to report suspected abuse and neglect to government child protection services. However, the laws are not the same across all jurisdictions. The main differences concern who has to report and what types of abuse and neglect have to be reported. The Australian

Institute of Family Studies provides an overview of the key features of the legislation in each state and territory, including who must report and what must be reported. For the most up to date information the APS directs members and others to the government website: <https://www3.aifs.gov.au/cfa/publications/mandatory-reporting-child-abuse-and-neglect>.

Important variations for school psychologists to be aware of include the following:

1. As at August 2014, psychologists were not specifically listed as mandated to report child abuse and neglect in Western Australia.
2. An amendment to the Education (general provisions) Act 2006 (QLD) was enacted on July 9th, 2012, requiring all psychologists who work in schools in Queensland to report knowledge, or reasonably suspected knowledge, of sexual abuse of students under 18 years old, or face criminal charges.
3. Amendments to the Victorian Crimes Act in October 2014 describe that, "it is an offence for a person (over the age of 18 years) who forms a reasonable belief that a sexual offence has been committed in Victoria against a child under the age of 16 years of age by another person over the age of 18 years not to disclose that information to a police officer as soon as practicable to do so unless they have a reasonable excuse to do so". This is a new criminal offence that has been created in Victoria that imposes a clear legal duty upon all adults to report child sexual abuse to the police. Because the Victorian legislation is complex and because it provides a number of exceptions to the requirement to report which may be relevant to psychologists who work in schools, it is important that they are familiar with the legislation. For more information on the 'failure to disclose offence' under the Victorian *Crimes Act*, 1958, see the APS-member document, psychology.org.au/PP-disclose-sexual-offense

6.11 Online psychological services and therapy

Online psychological service is the provision of a therapeutic service directly between a psychologist and student via the internet. This type of therapy or intervention is increasingly being explored by psychologists working in rural and remote communities and servicing schools across great distances. The communication between psychologist and student can be arranged through a variety of modes including e-mail, synchronous (that is, real-time) 'chat' via Skype or Facetime, video and/or phone services such as those mediated by a secure online video chat/conference service and might be conducted between individuals or shared within a group.

Online therapy, can, but does not necessarily, include the administration of assessments, questionnaires, provision of information, collection of demographic or personal information and real-time or delayed therapeutic interventions.

The growth of computer based online psychological testing is discussed in the APS member document, *Online psychological testing* (2013) at: psychology.org.au/PP-online-testing

Online achievement and psychological testing in educational settings is rapidly growing in acceptance. Much of what pertains to good online testing practice mirrors what is regarded as good testing practice in using traditional paper and pencil tests, however psychologists working in schools should be familiar with the standards, guidelines and good practice described in the above document. The advantages and disadvantages of online testing are discussed in the document along with recommendations for psychologists to access advanced psychometric, testing and assessment skills for online psychological testing.

Psychologists considering, or providing, any psychological services via the internet are advised to read the APS *Ethical guidelines for providing psychological services and products using the internet and telecommunications technologies* (2016) at psychology.org.au/EG-internet. This resource provides specific information and guidance relating to issues such as informed consent, confidentiality, disclosure of information, high-risk situations, client suitability for online counselling, psychologist competence and limits of online psychological counselling, record keeping and many other important issues that should be considered.

¹ Department of Immigration and Citizenship, Factsheet 60: Refugee and humanitarian program. Australian Government. Accessed on 4 April 2010, <http://www.immi.gov.au/media/fact-sheets/60refugee.htm>

6.12 Cultural competence

Australia accepts approximately 13,000 refugees a year and up to 40 per cent of these refugees are children¹. Many other people who have also experienced similar situations to refugees immigrate to Australia on temporary or sponsored visas. This means that there are many students in our schools who are from culturally and linguistically diverse backgrounds. Many of these students have fled war torn countries and experienced trauma either in their home country, in transit, in refugee camps or in detention centres. Psychologists in schools have an obligation to provide culturally sensitive support to children and young people who are from culturally diverse backgrounds. It is important they:

- Understand the impact of trauma, dislocation and transition on refugees and migrant children and their families
- Understand the critical role that educators and other professionals have in providing the best possible outcomes for children from refugee and migrant backgrounds
- Support the development of culturally sensitive and inclusive programs
- Take into account ethnicity and culture when making professional judgements about, and dealing directly with migrant and refugee clients
- Adapt psychological service delivery to reflect an understanding of diversity between and within cultures.

Psychologists who work in schools are often expected to administer cognitive assessments to culturally diverse children as well as to indigenous children for the purposes of funding for specific support programs. Psychologists need to be equally sensitive to the cultural background and context of indigenous students, the context of any assessment and the cultural appropriateness of the assessment instruments being used with indigenous students. For more information on this issue APS-member psychologists are encouraged to read *Cognitive Assessment of Indigenous Australians: Towards a Multiaxial Model* by Graham Davidson in the APS journal, Australian Psychologist, Volume 30, Issue 1, pages 30–34, March 1995.

More information on assessment of indigenous children is available in 'Working Together' by Yolanda Adams (2014) at [http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-\(1\)/](http://aboriginal.telethonkids.org.au/kulunga-research-network/working-together-2nd-edition-(1)/)

For more detail on psychological engagement with culturally and linguistically diverse students, and with indigenous students, APS-member psychologists should refer to the APS Public Interest documents at: psychology.org.au/advocacy-refugees

6.13 Working with interpreters

It is likely that, at some stage, most psychologists who work in schools will work with a student or family from a culturally and linguistically diverse background. It is important to determine whether an interpreter is required, and if so, psychologists are advised to work with an accredited interpreter who is trained to be impartial and respect confidentiality. In selecting an interpreter it is important for psychologists to consider the student's ethnicity, religion, education, literacy, language or dialect, and preference for gender or country of the interpreter. Sometimes the clan is also important, particularly in countries where there is civil war.

Psychologists who work in schools need to be cautious in the use and interpretation of psychometric tests when they work with an interpreter. Assessment instruments and their normative scores are often developed in English speaking populations and they may not have been adapted for the population from which the student originates. Informal translation of an English instrument can change the meaning and difficulty of the items, possibly resulting in inaccurate scores.

For information on conducting client consultations or psychometric assessment with a professional interpreter, APS-member psychologists should refer to: *Working with Interpreters: A Practice Guide for Psychologists* (2013): psychology.org.au/PP-interpreters

Section 7: Requirements for effective professional practice in schools

There are a number of requirements for psychological service provision that need to be met to ensure effective professional practice in schools. These requirements assist psychologists to provide effective services that protect both the rights of the students and the expectations of the school.

7.1 Definition of roles and responsibilities and the need for a school psychology policy

It is imperative that there is clarity around the roles and responsibilities of psychologists who are providing services to school communities. A school policy for psychological services dealing with issues such as roles and relationships in the school, the way in which psychological services are accessed, and the level of confidentiality of student information will assist in providing this clarity. The types of services provided by a psychologist will depend on a number of factors including the needs of a particular school population and/or the school psychologist's role as established with the region/district and/or school(s) served by the psychologist. The policy should be easily accessible by all members of the school community. For more information see the APS member document: *School Psychological Services Policy: managing communication and confidentiality between psychologists, the principal and teaching staff* (2015) at psychology.org.au/PP-school-policy

7.2 Clarity regarding referral processes

Referral procedures may differ between schools, regions/districts and states and territories depending on resources and relevant education departments or school sector practices. Whether or not parent consent is required before referral to the school psychologist depends on the age of the young person and state and territory guidelines. For psychologists working in a number of schools, the nominated school contact should discuss a potential referral with the psychologist and a decision can then be made about when the referral will become active. If parent consent is required, the psychologist may set up a meeting with the parent or guardian to obtain any further information in relation to the referral and to provide an explanation of the process for working with the student. In all cases the reasons for the referral to the psychologist must be clearly recorded in the psychologist's notes. As described in section 2.4.2, for all communications regarding a student referral for psychology services, psychologists are ethically bound to maintain client confidentiality.

7.3 Adequate record keeping and file storage facilities

A psychologist is obliged to make and keep accurate case notes as a record of psychological services provided to students and to guide interventions with students. By law, client records must be retained for a minimum of seven years after a minor has reached maturity (i.e., 18 years plus seven) unless there is a legal requirement that directs otherwise. In the Northern Territory, files on indigenous children must be kept for the life of the child. As previously discussed, psychologists who work in schools must protect the privacy and maintain the confidentiality of the client in relation to access, storage and disposal of client files subject to the legal requirements of employment conditions.

As described in subsection 5.6 psychologist's files are required to be stored separately from all other school or multidisciplinary team files and must be kept in a secure, locked cabinet, in a locked room – usually the psychologist's office. Alternatively, password protected client files may be stored electronically with access available only to the psychologist. A particular psychologist's client files are accessible by another psychologist working in the school only when there is a professional need to know that information.

7.4 Access to peer consultation and professional supervision

Regular peer consultation is a mandated continuing professional development requirement for all registered psychologists and forms an important part of ensuring the competent delivery of school psychological services.

Peer consultation also contributes to the enhanced mental health of psychologists who work in schools themselves. Peer consultation provides the opportunity to confidentially discuss difficult ethical considerations with senior members of the psychology profession. It is an opportunity for consultation in a group or individual format which involves a critically reflective focus on the practitioner's own practice. Peer consultation provides an opportunity for psychologists who work in schools to build on skills and knowledge and helps in decision making regarding their work with psychologically vulnerable students who may have complex needs. It is an essential aspect of ensuring quality of service delivery.

Where the staffing structures within an educational organisation do not allow for in-house peer consultation to occur, provision should be made for psychologists who work in schools to seek the services of external colleagues for professional support and development. Peer consultation and supervision should be fully supported by the school principal or employer and recognised as an integral part of the psychologist's role. This means that peer consultation and supervision may occur during normal working hours. Where a cost is incurred for peer consultation or supervision it should be paid for by the employer. To support the professional development activity of psychologists working in schools a register of suitably qualified psychologists is available on the APS website: psychology.org.au/PP-school-supervisors. The primary aim of the register is to offer APS psychologists who work in schools an opportunity for networking, peer support and secondary consultation.

7.5 Opportunities for professional development

A further important aspect of ensuring quality of psychological services is to provide opportunities for psychologists who work in schools to engage in continuing professional development to maintain up-to-date knowledge and skills. Continuing professional development (CPD) is an obligation for all psychologists. Psychologists are required to participate and engage in activities that maintain their expertise and further develop their professional skills and knowledge. This ensures that psychologists who work in schools are kept up to date on new psychological research and any current legislation applicable to their professional role.

For more detailed information on peer consultation and continuing professional development see Appendix 4, *Continuing Professional Development for psychologists who work in schools: information for psychologists and school leaders*.

7.6 Registration requirements

All registered psychologists, including psychologists who work in schools, are required to:

- Complete a minimum 30 hours of CPD annually, including 10 hours of peer consultation, to maintain both registration with PsyBA, and membership of the APS
- Demonstrate at the time of renewal of registration that they have practised unconditionally as a psychologist within the previous five years, and
- Be covered by appropriate professional indemnity insurance arrangements.

All CPD requirements must be completed within an annual cycle, and must be met again for each subsequent annual cycle. The PsyBA and APS annual cycles begin on 1 December and end on 30 November of the following year.

7.7 School psychologist-to-student ratio

Psychologists who work in schools have knowledge and skills for evidence based practice in a broad range of areas as previously described:

- Assessing developmental, learning and behavioural difficulties throughout the school years
- Diagnosing disabilities and disorders, such as Autism Spectrum Disorders

² Malcom MacPherson, Coroner's Report into the death of Alex Wildman. Coroners Court of New South Wales (2010).

- Differential diagnosis
- Identifying and using evidence-based interventions
- Counselling
- Consulting with individuals and groups
- Designing training programs
- Evaluating programs and interventions
- Designing and implementing professional development programs
- Case management and liaising with other specialists
- Writing reports for multiple audiences (e.g., parents, teachers, and other professionals)
- Psychological consultancy and professional learning

Many psychologists report that they are unable to fulfil all the demands of their role in the time available in schools. They are engaged in direct service, indirect service and service at a whole school level and lack the capacity to adequately meet student need.

One effective means of assisting schools to manage these demands and address the prevalence of mood disorders and other mental health disorders in schools is to increase the psychologist to student ratio. Based on data from United Nations countries and best practice, the APS recommends that the ratio of psychologists to students should be one psychologist to 500 students. This ratio is based on the findings of the NSW Coroner in 2011 that high schools of more than 500 students should have a full time school counsellor.²

The APS is of the view that this more favourable ratio of school psychologists to students is critical to meeting the needs of all students and particularly the estimated one in seven students with mental health problems.

7.8 Provision of resources

In order to undertake their expected professional role, psychologists who work in schools need to be resourced appropriately with professional support and resources sufficient to undertake the responsibilities of their role. The educational organisation employing the school psychologist is responsible for providing appropriate resources, including the following:

1. A private location in which to provide confidential professional services to school populations, with a private waiting area.
2. A sound-proof consulting room which is accessible by those who have disabilities and which provides adequate privacy, is comfortable and is suitable for group and individual counselling, assessment and consultation. This room should be a permanent location within the school, which is used for the same client at each session.
3. A consulting room that is designed in such a way as to maximise the safety of the psychologist. In settings where aggressive, violent or emotionally disturbed students or families are to be treated, the office should be provided with two exits. An emergency alarm should also be available.
4. A telephone with a voicemail system, computer and printer, tape recorder, lockable filing cabinets, stationery and office furniture, table to undertake assessments, coffee table and whiteboard.
5. Access to all current psychological and educational testing materials required to fulfil the professional role as per the individual position description.
6. A budgetary allowance per annum for accessing CPD needs such as peer consultation, supervision, and professional resources (i.e., books, psychological intervention tools, journal subscriptions, and memberships).
7. Administrative processes to enable approval of requests for leave and appropriate professional development activities.
8. Adequate provision for travel to, and from, an external destination if required.

Section 8: Conclusion

Psychologists have expertise in a broad range of psychological interventions including child development, early intervention, teaching and learning theory, assessment, the management of mental health problems and emergency response services. They are the most appropriate professionals to support the mental health and learning of children and young people in school settings. Psychologists work directly with students and their families using evidence based assessment and intervention techniques. However the ability of psychologists to contribute to system level change in wellbeing policy and practices should not be overlooked. Service delivery models vary across Australian states, territories and education sectors and the effectiveness of psychologists in direct service, indirect service or systemic service depends very much on an adequate allocation of service time.

This document, together with the APS Code of Ethics and associated guidelines, offers a framework for consistency in service delivery and professional practice for psychologists who work in schools across Australia. It also offers a framework for the resolution of competing interests in professional practice in school settings.

The document has been developed as a ready reference for both school leaders and psychologists who work in schools. It provides guidelines around the professional practice of psychologists as well as the professional obligations and responsibilities of psychologists in schools. It promotes the need for enhanced psychological services and highlights the contribution of psychologists as change agents in schools.

Appendix 1

Frequently asked questions

This section provides a ready reference for psychologists working in schools and their employers. Brief answers are provided for the most frequently asked questions about consent, privacy and confidentiality. More detailed information on each question is available in the body of the document *The framework for the effective delivery of school psychology services: a practice guide for psychologists and school leaders*.

About consent

1 What is informed consent?

A psychologist is obliged to ensure that consent for service is informed, specific, freely given and current.

A psychologist working in schools must be satisfied that informed consent has been provided by the parent or guardian of a student before services are provided. When services are provided, under the Australian Psychological Society (APS) *Code of Ethics* (2007), psychologists must fully inform clients regarding the psychological services they intend to provide. This is the case unless an explicit exception has been agreed upon in advance, or it is not reasonably possible to obtain informed consent. Psychologists ensure consent is informed by:

- Explaining confidentiality and the limits to confidentiality
- Explaining the nature and purpose of the procedures they intend using
- Clarifying the reasonably foreseeable risks, adverse effects, and possible disadvantages of the procedures they intend using
- Explaining how information will be collected and recorded
- Clarifying the frequency, expected duration, financial and administrative basis of any psychological services that will be provided
- Explaining how, where, and for how long, information will be stored and who will have access to the stored information
- Advising clients that they may participate, decline to participate or withdraw from methods or procedures proposed to them
- Explaining to clients what the reasonably foreseeable consequences would be if they decline to participate or withdraw from the proposed procedures
- Making clear, where necessary, the conditions under which the psychological services may be terminated and
- Providing any other relevant information.

2 Special situations requiring consent

If a school has not gained parent permission to discuss a child with a psychologist, the psychologist needs to ensure that school personnel are aware that identifying information (full name of the child) should not be used.

Observation of any child in a classroom can only occur with the permission of the parent and that permission must be noted in the student's file.

Observation of the teaching and management of the classroom teacher may be undertaken with the permission of the teacher.

3 In separated families who has responsibility to provide consent?

The most important issue when determining parental consent is to consider who has parent responsibility, not who has care of the child.

Parent responsibility means all of the duties, powers, responsibilities and authority, which by law, parents have in relation to their children. Parents have parental responsibility regardless of their relationship status, for example, married or separated, and regardless of whether the parents actively spend time with the child. Parent responsibility is often divided into ‘*major long term issues*’ and things that are not major long term issues. ‘*Major long term*’ refers to issues about the care, welfare and development of a child of a long term nature and includes (but is not limited to) issues about the child’s education. In a school context, major long term issues would include decisions about enrolments, receipt of school reports, attendance at parent teacher interviews, engagement with school support services (for example, a psychologist) and attendance at school events.

In divorce or separated parenting situations there may be court orders in place under the Family Law Act. The usual wording is ‘both parents have equal shared parental responsibility’. Once a court order is made in these terms, it creates a legal requirement that all major long term decisions must be joint decisions. On a practical level, it means that if it is a long term decision about the child, both parents must consent.

Major long term decisions include medical treatment, school enrolment and referral to a school psychologist.

Parent responsibility under the Family Law Act provides for parents to provide consent as follows:

- *If there are no court orders*: each parent has parental responsibility. These powers can however, be exercised by each parent jointly or solely. On a practical level it means that the psychologist need not enquire whether the decision is joint, but can rely on the consent of one parent.
- *If there are court orders for equal shared parental responsibility*: any decision about long term issues must be joint.
- *If there is an order for sole parental responsibility*: the other parent has lost all legal powers relating to the child and the parent with the sole parental responsibility may provide consent without any involvement of the other parent.

If there is an order for shared parental responsibility, and the school does not obtain consent from both parents, the student cannot engage with the psychologist.

4 Is parent or guardian consent always required?

Yes. Informed consent for the provision of psychology services, such as consultation, observation, assessment and intervention, and the release of student information from the school to the psychologist must be obtained from parents or guardians. The parent, guardian or mature minor student should be asked to acknowledge their understanding that information will be provided on a strictly ‘need to know’ basis. The parent, guardian or student has the opportunity to refuse consent to a full or limited range of services.

5 How long does informed consent last?

There are currently no time frame restrictions on parent or guardian consent. However, consent for psychologist intervention lasts only for the duration of the issue for which the young person was referred. Otherwise, a case is open until one of the following occurs:

- The case is closed
- The parent or guardian withdraws his or her consent
- The student leaves the school system.

6 Do parents or guardians need to endorse each new referral to a school psychologist?

Yes. Parent or guardian consent is required before school psychologists are engaged. It is usually the responsibility of the school to obtain written consent. Parents or guardians provide consent to the school to engage the psychologist for the duration of the case being open. This includes new case referrals.

7 Can an informal relative carer sign an Informed Consent form for psychological service?

Yes, but only with a signed statutory declaration form confirming the temporary status in the absence of the parents.

8 What about extended family members in, for example, indigenous or refugee communities, where the parents might not always be available to give consent?

The APS recommends that the school psychologist seeks the advice of recognised community elders, recognised kinship carers or cultural consultants in these circumstances. It may also be the case that verbal rather than written consent is more appropriate.

9 When students access school psychology services, at what age do they have the right to provide or withhold consent for the disclosure of personal health information obtained from them?

An individual acquires the right to consent to the disclosure of their personal or health information on attaining sufficient maturity to understand the consequences of this disclosure. Unless a student has a significant intellectual disability, or is particularly immature, it is likely that a secondary school student would have the capacity to consent.

10 If a secondary school student self refers to the psychologist, does the school have to disclose this to the parent?

No. However, a secondary student's consent to disclose this information to the parent should be sought when the disclosure is in the best interest of the student.

11 Can a school psychologist observe a child in a classroom without parent consent?

No.

12 Does there have to be informed consent for all students participating in a small group intervention?

Yes.

13 What are the obligations of a psychologist when seeking consent for a referral?

The psychologist must ensure that the consent is informed, specific, freely given and current.

14 Are there legal impediments to electronic signatures on referral and consent forms?

If, by or under a state or territory law, the signature of a person is required, that requirement is taken to have been met in relation to an electronic communication if:

- The method is used to identify the person and to indicate the person's approval of the information communicated
- Having regard to all the relevant circumstances at the time the method was used, the method was as reliable as was appropriate for the purposes for which the information was communicated
- The person to whom the signature is required to be given consents to the requirement being met by way of the use of the method described in point 1 above.

15 When is a young person deemed to be a 'mature minor'?

Some students under the age of 18 years of age can be considered to have sufficient maturity to make decisions independently of their parents. Where a psychologist determines that a student has sufficient understanding and intelligence to enable them to understand what is proposed and can make decisions about their own health care and wellbeing, and is able to give instructions, the psychologist must respect the wishes of the student.

Whether a student is a mature minor can sometimes be difficult to determine and can be influenced by issues such as mental health and developmental and behavioural issues. Psychologists should consult with school personnel who know the young person well when determining mature minor status.

16 Can a school seek consent from parents for a range of services including psychological services when a child enrolls in a school, that is, can a school make a blanket request for consent?

No. Blanket consent provided in advance for a service that is not clearly defined is not considered 'informed consent' as it is unclear what service the student would require from the psychologist. Informed consent requires that the student or their parent or legal guardian provide consent prior to the commencement of any assessment or intervention and that they are clearly informed about the process and expectations in regard to the service.

About privacy and confidentiality

1 What happens if a school psychology file is lost?

Schools are obliged to comply with the relevant health privacy laws and this covers storage of information. If a psychology file is lost every reasonable effort to locate the file should be made. It is recommended that schools have policies in place that outline what should occur.

Strategies that could be part of such a policy include having a 'Return to Owner' message on the front of the file with relevant contact details and having files clearly marked 'private and confidential'.

It is recommended that the school policy also includes guidelines on:

- The process for informing the client and/or family of a missing file
- Directions as to whether the school psychologist is required to make notes from memory of the client interactions and any recommendations for the child
- Strategies for the school to ensure that its obligations to the child or young person are met without the relevant information.

2 What happens if parents want to refer their children directly to the school psychologist without the knowledge of the school?

Schools require relevant psychological information about children and young people to be available to enable the school to support the student's learning or support their social and emotional wellbeing at school. Schools are also obliged to fulfil their duty of care obligations to the child or young person. If schools do not know about a child's engagement with the school psychologist, then they will not be privy to relevant information and may not be able to fulfil those obligations.

Again, this should be outlined in the school's psychological services policy and parents should be made aware of the policy, that is, whether the psychologist in the school can meet with students without the knowledge of the school. A parent can be encouraged to access the school psychologist to talk about appropriate external referrals for their child. Two external referral possibilities are:

a. Referral to a local psychologist under Medicare arrangements. A young person can be seen by a psychologist without a referral from a medical practitioner in which case no Medicare rebate would apply, or a young person may be eligible for a mental health treatment plan provided by a medical practitioner and this may facilitate a Medicare rebate for a psychological service.

b. Referral to Family Mental Health Support Services (FMHSS). This is a national government service which provides early intervention for mental health risk for young people up to the age of 18 years. The service will accept referrals of children and young people from any source, including self-referrals, and conduct an initial brief screening process to ensure FMHSS is the appropriate service. A formal diagnosis of mental illness is not required to access FMHSS, so this can be useful for young people and families.

For more information go to: <https://www.dss.gov.au/our-responsibilities/mental-health/programmes-services/family-mental-health-support-service-fmhss>.

3 What uses of personal or health information can lead to a complaint about privacy?

A complaint about privacy can be made when a person believes that his or her personal or health information has been inappropriately used or disclosed and this causes embarrassment or harm.

4 What happens if a student discloses to a school psychologist circumstances that could put the student or others at immediate risk of harm?

In any situation where there is a real and immediate danger to the student or to another person, the principal may need to be informed. The principal carries a duty of care for all students and staff and is 'in loco parentis' whilst students are in school care. In such cases there may also be a duty of care to share some information with others, such as the child's parents, guardians or police.

When a disclosure is necessary to lessen or prevent a serious or imminent threat to life, health or safety, or a disclosure is required by law or for law enforcement purposes, the consent of the student is not required before this information or the identity of the student can be disclosed, and immediate action should be taken.

5 Do police have a right to information from a school psychologist file?

See above.

6. What happens if there is a Court subpoena for a school psychology file?

Psychologists must comply with a subpoena request. It is important for a psychologist to clarify the specific information being asked for by the Court. Whilst there is no precedent for psychologist files to be considered privileged, the psychologist is still responsible for maintaining confidentiality of information that may not be relevant to the Court's decision making. Refer to section 6.8 for more information.

7. What happens if a solicitor requests information from a school psychologist file?

A solicitor is not entitled to information from a student file without the informed consent of the parent, guardian or mature minor student.

8 Can information in a school psychology file be disclosed if there is a mandatory report?

Where there is a legislated mandatory reporting requirement for child abuse or criminal activity, this legislation usually overrides any other considerations and must be complied with.

9 What happens if a client requests information from a school psychology file?

Clients, and their parents or guardians, may request and give consent to information being provided to other agencies or persons; for example, in written reports, referral letters or discussions with medical professionals. See section 5.7 for more information.

10 When can information in a school psychology file be disclosed?

Common circumstances where a school psychologist may be permitted to disclose personal or health information from a file:

- With the consent of the individual or an authorised representative of the individual
- Requests by law enforcement agencies
- Serious and imminent threat to an individual's life, health, safety or welfare
- Serious and imminent threat to public health, public safety or public welfare, and
- Where required by law.

Appendix 2

Complex dilemmas for psychologists providing service to schools

The following professional and ethical dilemmas have been adapted from scenarios first published in the *APS InPsych* bulletin, August 2013, vol 35, Issue 4.

The principal requests a list of the names of all students a psychologist has seen in the year. Is the psychologist obliged to provide this?

No, the psychologist is not necessarily obliged to provide such a list. Many school principals trust that their psychologists will inform them of issues only if they need to know, while others seek regular information from the psychologist. Psychologists are responsible for the confidentiality of the information they provide to others and the disclosure of client information and exceptions to this should be documented in the school policy. If for example, the principal intends to publish the names of all students seeing the psychologist in a document that is distributed more broadly than to those who have a need to know the information, it would not be reasonable to provide a list. Confidentiality may also depend upon whether the information is already known. Students generally will see the psychologist during class time, and therefore their teachers and the 'school' must know where they are for duty of care reasons. The fact that the student is seeing the psychologist is therefore information that is within the knowledge of the school and it could be argued that the principal, as the responsible officer, has a right to know.

Confidentiality and boundary issues are typically covered in the first meeting with a new client. Where students are of an age where they are deemed to have the capacity to provide informed consent, they may ask for their name not to be provided to the principal, which must be respected. They could then become 'Year 10 student' on the list, and not be personally named. Without providing any personal client details, it may be entirely appropriate for the psychologist to provide the principal and senior staff with a list of actions taken – for example, ongoing counselling, meeting with parents, phone call to Mrs Smith, meeting with home group teacher – as these actions are not confidential (i.e., they are known to others). However, it should still be made clear to students at the outset if such information may be disclosed to others.

How do psychologists determine the threshold at which they should disclose to the principal that a student is at risk?

The school principal has ultimate duty of care for all students therefore there may be occasions when it is necessary for a school psychologist to disclose client information to the principal to avert the risk of harm to a student or other person. In this sort of situation psychologists need to assess whether there is real and immediate danger to the student or another person. Is the student likely to kill or injure him or herself or cause harm to others? Is the student at serious risk of harm from other persons or situational factors (homelessness, drug or alcohol abuse)? If so, it is important to identify who needs to know about the situation to avert the risk of harm to the student, which might involve contact with the student's parent or guardian, the principal or delegated senior staff, or any other appropriate personnel such as police, child protection and other agencies. Psychologists are responsible for taking the necessary steps to avert the risk of harm to clients.

The school principal requests that a psychology file is shared with a speech pathologist working with the same student client. Should the psychologist provide access to confidential student files?

This depends on the information that is being requested. Psychologists are responsible for maintaining the confidentiality of the client information they gather. Confidential information cannot be disclosed without the informed consent of the client, except where there is a risk to a person's safety or where there is a legal requirement such as a subpoena. Where clients are not capable of giving informed consent (for example, a young person who is an 'immature minor'), this would need to be sought from parents or a guardian.

Because schools often utilise a multidisciplinary team approach to student support and management, some psychological information is required to be shared with other disciplines through a general file, the Student Administrative File, which is separate from the confidential psychology file notes. Consent is sought from parents or guardians and/or students (when able to give informed consent) to share information and is usually limited to information that is not highly sensitive in nature. For example, copies of psycho-educational assessment reports, educational recommendations, learning support plans, behaviour support plans, and some referral letters may be included in the Student Administrative File for shared access.

In the case of separated parents, do both parents need to be informed when a student in the psychologist's care is found to be self-harming?

Generally, parents should be informed if a young person is self-harming, and informing at least one parent may be sufficient. However, this decision would need to be determined on a case-by-case basis, following a clinical and situational risk evaluation. In determining whether to disclose information about self-harming psychologists will need to consider a range of factors, including the age and maturity of the student, his or her ability to give informed consent, the type and severity of self-harm, any relevant school policies, and the dynamics of family relationships. Ultimately, the psychologist may disclose client information to avert the risk of harm to the student.

What should a psychologist do if a young client confides that s/he is using an illegal drug and asks the psychologist not to tell his or her parents?

Unless there is an immediate risk to the student or some other person because of his or her behaviour, psychologists are not obliged to disclose drug use. It is important to evaluate the level of risk to the student or others that is associated with his behaviour or with the particular drug. Another consideration is whether the school has a policy on drug-taking behaviour. For example, many schools have clear policies that require staff to inform the police when drugs are on school premises. Most school psychologists adopt a harm minimisation approach and work towards involving the parents in positive ways to achieve the best outcomes for students.

Is it appropriate for a psychologist providing service to a school to provide services to teachers and other staff as well as the students?

On some occasions school psychologists are required to provide psychological support and self-management strategies to members of school staff, for example, those involved in critical incidents, or other significant events that occur in the course of their duties. Early intervention in the form of psychological first aid in such instances is critical to reducing trauma and the risk of chronic stress responses or posttraumatic stress disorder. It is preferable that any intervention following a critical incident is provided by a psychologist or other mental health professional trained in responding to such situations.

Where school staff seek advice from school psychologists regarding their own personal or family issues, care needs to be taken to avoid multiple relationships which have the potential to impair the psychologist's judgment. In such circumstances, it is recommended that school psychologists provide initial advice, but refer staff members to another service provider for ongoing therapy or counselling.

Appendix 3

Complex dilemmas for psychologists providing assessments in schools

The following scenarios consider complex dilemmas for psychologists providing assessments in schools. They are adapted from the APS *InPsych* bulletin, December 2013, vol 35, Issue 6.

The school principal insists on having a copy of the test record form of a student who has been assessed, as well as having the assessment report. Is this appropriate?

People who are not psychologists should not have access to test record forms for two important reasons. The first is that psychologists have an obligation to protect psychological tests from public access, including the record forms. The release of psychological tests or test material into the public domain may lead to the integrity and validity of the psychometric tools being lost, compromising the effective use of tests to conduct psychological investigations. The second reason is that there is potential for misinterpretation of information on the record form by anyone not qualified and trained in interpreting the psychological assessment instrument and its underlying theory. The report provided to the relevant personnel in the school (e.g., the student's teacher or the principal) should always contain sufficient information to explain any reported test scores and an analysis of the assessment findings.

If a student with learning problems fails to meet the criteria for funding support but the child would really benefit from additional assistance, how long should the psychologist wait before undertaking another assessment?

Guidelines for retesting are not always clearly stated but, for example, the recommendations for tests of cognitive ability tend to vary from one to two years. In contrast, assessment instruments that rely on informants (e.g., teachers, parents) to gain information, such as those evaluating adaptive behaviour, can be administered more frequently. In some cases, where it is important to reassess a child within a short timeframe, an alternative test may be used. However, reassessment of the same abilities should occur only when there is reason to believe that the level of functioning that is being assessed will have changed or if there is concern about the original administration. If a decision is made to reassess the child before the time recommended by the test developer has lapsed, this course of action should be made clear in the assessment report. The implications for the new test score of the retesting process should be discussed in the report, along with consideration of any change in the test score over time.

A school is seeking funding for a student who is experiencing difficulties in the classroom and requests that the psychologist conduct an assessment. What tests should be used and what information should be provided in a report?

When selecting the tests to be administered, psychologists need to be aware of the applicable funding guidelines in the State or Territory in which they work as these provide information about appropriate tests, the key information to be documented in the report and any critical deadlines. As well as the provision of the relevant scores obtained as part of the testing process, some of which may be required by the funding authority, the report should contain supportive information to provide an overall picture of the student's level of functioning and need. The preparation of a report for funding purposes should be treated like any psychological report and should include information about the child's developmental history, relevant family and social factors, the child's presentation, and the current problems that the child is experiencing, including examples that demonstrate the child's current level of functioning.

A school wants to introduce intellectual testing of all students in one year level to identify high achieving students for the school's gifted and talented student program. Is it acceptable to use intelligence testing for this purpose?

Testing an entire group of students in this way is often referred to as 'blanket' testing. While testing of this sort does occur for various reasons in schools (e.g., NAPLAN), conducting intellectual assessment of an entire year level in order to identify possibly two per cent who may be potentially gifted students presents some concerns. The main goal of an assessment in the school setting should be to provide information to plan for a student's developmental and educational needs. Mass intellectual screening, although well intentioned, is unlikely to be in the best interests of most students. The majority of children will gain no benefit from being assessed and there is the potential

for harm should some students unexpectedly receive negative feedback. Research suggests that providing teachers with adequate training in the identification of students who may benefit from an advanced educational program is an effective approach, especially if then followed up with more formal psychological testing for those identified students.

What are the likely implications if a school decides to outsource psychological testing so that the psychologist working in the school can focus more on treatment for students?

A number of private psychology organisations promote their services to schools, including the provision of psychological testing. The use of external organisations can present some challenges to the provision of effective school psychology services because the psychologist conducting the testing is not part of the school community. Assessment, including any psychological testing, is an integral part of collecting the necessary information to inform treatment and intervention and therefore should be carried out whenever possible by the treating psychologist. Outsourcing of assessment can therefore make it more difficult to develop effective treatment programs. In addition, outsourcing can lead to a range of other issues associated with confidentiality, continuity of care, and the transmission and 'ownership' of information. Ideally, school psychology services should be embedded into a school as core business and provided in an easily accessible manner. The presence of school psychologists familiar to students and staff allows them to become a recognised part of the school community. Where circumstances require external psychological service providers to be engaged, schools should have a formal agreement in place to minimise or address the complex professional, ethical and legal issues that can arise.

If a school psychologist assesses a child at school with parent consent and subsequently the parent requests that the psychologist does not provide any information on the outcomes of the assessment to the school, what is the appropriate course of action?

If the child is of an age that he or she cannot provide informed consent then a parent or guardian is required to take on the responsibility. In a school setting this is the case even if the parents have not initiated the assessment or paid for the assessment. If the parents withdraw consent subsequent to the assessment, then it is important to ensure that they are fully informed of the implications of doing so, particularly that their child may miss out on any educational interventions provided by the school to address identified problems. It is also important to clarify why the parents are withdrawing consent. For example, they may have concerns about a particular section of the report which presents a diagnosis, and the removal of this information may resolve the issue and still provide the school with an important understanding of the student's difficulties and needs. However, if no negotiation is possible and the parents do withdraw their consent, this must be accepted and the report withheld, even if the assessment has been paid for by the school or conducted by a school psychologist employed by the school or education authority.

Psychologists provide psychological assessment services in some schools where there is no office or empty classroom available. Assessments are sometimes conducted in the library surrounded by general student activity. Is this acceptable?

The results of an assessment are only valid if the conditions under which a student is assessed are appropriate. It is the responsibility of the psychologist conducting the testing to ensure that the setting is suitable for testing. Factors such as heat, light, noise and other distractions during testing can affect a student's responses, and hence have an impact on the assessment outcomes. It is also not acceptable for other students, who may need to be assessed at some future point, to have access to the contents of the test, even if it is just through hearing instructions or questions. Thus, the school library is unlikely to be an appropriate testing setting unless a time can be found when no other students are present and the test can be given in a section of the library that is free of likely distractions. It is important to insist on an appropriate place to test even if this may require a staff member to vacate an office for the period of testing.

What if a parent requests to be present when a child is being assessed?

An individual's behaviour will often change when there is a third party present and most test manuals discourage the presence of a third party, including a parent, from the testing environment. There may be some instances when there is a need to have a parent in the room, for example, to settle a highly anxious child. This is likely to be dependent on the child's age and temperament. However, where possible this should be avoided and a clear explanation given to the parents.

If a third party, such as a parent, is going to be present in the testing session it is important to set clear conditions under which this can occur to limit any impact on the validity of the test. This might include seating the parent behind the child and requiring them to agree not to speak or in any other way influence the testing process. It is important to explain that the testing process follows a standardised procedure so even if the parent believes that the child should be able to complete a task and may be able to do so if the task is presented differently, this is not possible under testing conditions. Further, if a third party has been in the room this should be documented in any report along with the psychologist's view about whether it had any impact on the assessment.

Can a cognitive assessment with a newly arrived refugee child who speaks very little English be completed with standard assessment tests?

Tests that are normed with an Australian population are of limited use to assess children from another cultural group and can lead to students being placed in an inappropriate school program or missing out on required interventions. In such situations it is often more useful to source information through observation, interview and discussion with family members and school staff to gain an understanding about what the student can do rather than how he or she performs on a particular test. If the use of a test is a requirement, for example for funding purposes, a non-verbal assessment instrument should be considered. There are instruments available that include pictorial instructions and allow for a more culturally neutral assessment of a student's abilities. The assessment report should provide information about why standard assessment instruments were deemed inappropriate and detail the alternative procedures undertaken to determine the student's level of functioning, including evaluating the likely accuracy of any test scores with respect to observations of the child's functioning and any adaptive behaviour assessment undertaken.

Psychologists in schools play a critical role in assessing students for eligibility for funding to assist with learning problems. Sometimes psychologists are under pressure to consider altering scores because it will have positive outcomes for the student. When is it acceptable to adjust the score for the best possible outcome for the student?

Unfortunately, some education funding systems inappropriately use 'scores' as a cut-off point for funding provision, which means that other professionals may make comments, or exert pressure on psychologists in relation to test results. Often these responses are based on a lack of understanding of how such assessment instruments work.

Altering a test score under pressure, even by just one point, would undermine the integrity of the psychological testing. The accepted process is that IQ scores are reported as a range, not a single score. Intellectual assessments provide a great deal of information, but an IQ score alone does not provide a diagnosis, nor is it a full assessment of an individual's level of functioning. The test score should always be considered alongside other measures, and in the context of the student's resources and environment. Psychologists are obliged to provide a comprehensive professional opinion, based upon the evidence collected, particularly from standardised tests. This often includes a recommendation for appropriate resources to be obtained, based upon the functional needs of the students.

It would also be inappropriate to minimise the needs of a client at the request of management, or because the system doesn't provide what the client truly needs. Ultimate judgements about whether a student receives or does not receive funding are usually made by others and it is important that psychologists comply with standards of best practice when providing information to inform these decisions.

Appendix 4

Continuing Professional Development: information for psychologists and school leaders

Psychologists and their obligations under national registration

The following information is a summary of the details contained in the APS booklet, *Guidelines on continuing professional development (CPD) requirements: Information on mandatory CPD requirements for maintenance of membership of the Australian Psychological Society, general registration with the Psychology Board of Australia, and Medicare provider status* (2015) which is available to members at psychology.org.au/members-cpd-logging

The Psychology Board of Australia (PsyBA) has mandated that all registered psychologists must complete 30 hours of Continuing Professional Development (CPD) per annual cycle. The PsyBA states that “psychologists have a responsibility to ensure that they maintain, enhance and extend their knowledge and skills throughout their working lives”. CPD forms an important part of ensuring the competent delivery of school psychological services. Each year, all psychologists must develop an individual learning plan based on a self-assessment of their skills and knowledge. The learning plan should identify areas for development and improvement, the types of activities proposed to meet these needs, proposed dates for activities and the anticipated outcomes. CPD must then reflect the identified areas of learning in the individual learning plan.

Requirements of CPD hours per annual cycle

All psychologists must engage in certain categories of CPD activities within the annual requirement of 30 CPD hours. These include the requirement that a minimum of 10 CPD hours in each annual cycle must involve **peer consultation**, as well as the recommendation that 10 CPD hours in each annual cycle are ‘**active CPD**’ hours (more information about these two types of CPD activities is provided below).

What is CPD?

CPD consists of two important components: peer consultation and professional development. Peer consultation occurs when psychologists meet with other psychologists to critically reflect on their own psychological practice (sometimes known as, or may also include, professional or clinical supervision). The PsyBA requires all psychologists to complete a minimum of 10 hours per annual cycle of peer consultation. As for all psychologists, psychologists who work in schools are required to spend a minimum of 10 hours per annual CPD cycle meeting with other psychologists to discuss issues associated with their own practice in a school setting. One-to-one workplace supervision or mentoring, where a psychologist has the opportunity to discuss his or her own practice, may be counted towards this requirement. It is important to note, however, that when participating in group peer consultation, only the time taken discussing the individual psychologist’s own practice can be counted towards the 10 hour requirement.

Professional development involves attendance at workshops, seminars, forums, courses and other training programs designed to increase a psychologist’s knowledge and skills. The PsyBA requires all psychologists to complete a minimum of 20 hours per annual cycle of professional development, of which 10 of these hours are recommended to be ‘active’ CPD.

‘Active’ CPD activities draw on the adult learning model where education and training are combined with required reading, written and/or oral tasks designed to enhance and test learning (more detailed and specific information is available through PBA and APS websites).

Mandatory peer consultation

Most professionals are familiar with the practice of professional development and the benefits that this brings to the recipient and to the organisation as a whole. Peer consultation is a less familiar term but it is a practice that applies to both graduate psychologists and very experienced psychologists. Peer consultation is an activity that is considered vital to a psychologist’s practice throughout their working lives.

Benefits of peer consultation for the school psychologist

Within an evidence-based framework, peer consultation allows the school psychologist to critically reflect on their practice and decision making. It allows school psychologists to openly discuss the way that they are dealing with student issues in a confidential manner with another psychologist who understands the provision of psychological services in school settings. Furthermore, it provides a safe forum for the psychologist to debrief after particularly stressful or complex interventions.

Benefits of peer consultation for the school

Supporting a school psychologist's access to CPD is an exercise in risk management, as well as a quality assurance process. As CPD promotes good decision making, employers of psychologists in school settings can be assured that their psychologist is engaging in discussions and activities designed to promote professional and ethical behaviour. Seeking a second opinion or regularly evaluating one's own professional practice is an established professional activity, particularly within those professions that deal with complex social, emotional and educational issues.

What is discussed in peer consultation sessions?

During peer consultation sessions (as for one-to-one supervision) the psychologist explores and clarifies decision making processes especially in relation to the provision of psychological assessments and interventions for complex student issues. The school psychologist is guided to consider various evidence-based approaches to their work and is assisted in establishing ethical and professional practices. Peer consultation also serves as an important opportunity for school psychologists to debrief after supporting students who have presented with particularly traumatic issues.

The privacy of students and the school is maintained during peer consultation sessions. Prior to beginning a peer consultation arrangement, it is good practice for both the psychologist and peer consultant to develop an agreement outlining issues around privacy and confidentiality.

How can a school support a school psychologist to fulfil their CPD requirements?

Employers (such as a government department of education, Catholic Education Office or an individual school) can support psychologists to fulfil CPD requirements by formally recognising that CPD is an essential part of school psychologists' role. CPD not only benefits the psychologist, but also improves outcomes for students and the school. A financial commitment to the psychologist's participation in CPD, and time allocated during working hours, ensures that psychologists who work in schools feel supported in meeting their professional obligations.

How can psychologists who work in schools access peer consultation?

Psychologists can access peer consultation by contacting other school psychologists in their local area, department or school diocese and meeting with them on a regular basis to discuss their psychological practice. Ideally, peer consultation should be conducted face-to-face. However, a proportion of telephone or web-based peer consultation is also acceptable.

If a school psychologist would like to engage in supervision or mentoring with a more experienced psychologist the APS has developed a register for this purpose. Supervision is an important activity for those who are newly registered or who are working with student issues with which they are unfamiliar (e.g., certain types of trauma, crisis intervention, response and recovery). The APS Register of School Psychologist Supervisors can be accessed via the APS website. Although school psychologists on the Register are members of the APS, non-APS members are able to access the Register. School psychologists on the Register are able to offer face-to-face, telephone-based or web-based supervision and are listed by location.

Many psychologists who work in schools are members of the Australian Psychological Society (APS). This allows them to be part of a professional body that represents their needs, have access to resources relevant to their area of practice, and keeps them informed on current issues in psychology. The APS maintains a register of peer consultation networks operating throughout Australia. Information about these networks can be found on the APS website and is also advertised in the APS bulletin, *InPsych*.

More information about CPD is available on the PsyBA and APS websites and psychologists and their employers are encouraged to seek further information in order to understand the full details of this obligation.

Useful links

- 1 Australian Psychological Society: www.psychology.org.au
- 2 APS Register of School Psychologist Supervisors: psychology.org.au/PP-school-supervisors
- 3 Psychology Board of Australia: <http://www.psychologyboard.gov.au/>

References

- Australian Child and Adolescent Survey of Mental Health and Wellbeing*, August 2015
Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-m-child2>
- Australian Psychological Society (2007). *Code of Ethics*. Author: Melbourne.
- Australian Psychological Society (2013). APS Bulletin, *InPsych*, August. Author: Melbourne.
- Australian Psychological Society (2015). APS Bulletin, *InPsych*, Author: Melbourne.
- Australian Psychological Society (2012). APS Bulletin, *InPsych*, October. Author: Melbourne.
- Australian Psychological Society (2016). *Ethical guidelines on confidentiality*. Author: Melbourne.
- Australian Psychological Society (2016). *Ethical guidelines for working with young people*. Author: Melbourne.
- Australian Psychological Society (2016). *Ethical guidelines for providing psychological services and products using the internet and telecommunications technologies*. Author: Melbourne.
- Australian Psychological Society (2016). *Ethical guidelines on record keeping*. Author: Melbourne.
- Australian Psychological Society (2015). *Guidelines on continuing professional development (CPD) requirements: Information on mandatory CPD requirements for maintenance of membership of the Australian Psychological Society, general registration with the Psychology Board of Australia, and Medicare provider status*. Author: Melbourne
- Australian Psychological Society (2013). *Internet supported psychological interventions: A guide to navigating the online world of psychological programs*. Author: Melbourne.
- Australian Psychological Society (2014). *Managing Legal Requests for Disclosure of Test Data and Test Materials*
- Australian Psychological Society (2015). *Managing student confidentiality in the school setting and School Psychological Services Policy: managing communication and confidentiality between psychologists, the principal, other professionals and teaching staff*. Author: Melbourne.
- Australian Psychological Society (2014). *Managing student confidentiality in the school setting: Guidance for Principals and School Psychologists*
- Australian Psychological Society (2013). *Online psychological testing*
- Australian Psychological Society (2015). *School Psychological Services Policy*
- Australian Psychological Society (2013). *Testing and Disability: Current themes*. Author: Melbourne.
- Australian Psychological Society (2012). *When the subpoena comes: Managing legal requests for client files*. Author: Melbourne.
- Australian Psychological Society (2013). *Working with Interpreters: A Practice Guide for Psychologists*. Author: Melbourne.

Crimes Act, 1958. Parliament of Victoria (1958).

Crimes Act, 2014. Parliament of Victoria (2014).

Davidson, G. (1995). Cognitive assessment of indigenous Australians: Towards a multi-axial model. *Australian Psychologist*, 30(1), 30-34.

Department of Immigration and Citizenship, *Factsheet 60: Refugee and humanitarian program*. Australian Government. Accessed on 4 April 2010, <http://www.immi.gov.au/media/fact-sheets/60refugee.htm>

Education (general provisions) Act, 2006. Parliament of Queensland (2006).

Family Law Act, 1975. Parliament of the Commonwealth of Australia (1975).

Privacy Act, 1988. Parliament of the Commonwealth of Australia (1988).

Psychology Board of Australia (2011). *Connections* Issue 3, November. Author: Melbourne.

Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark, J. J., Graetz, B. W., Kosky, R. J., & Rey, J. M. (2001). The mental health of young people in Australia: key findings from the child and adolescent component of the national survey of mental health and well-being. *Australian and New Zealand Journal of Psychiatry*, 35(6), 806-814.

Disclaimer and copyright

This document was produced by the Australian Psychological Society Limited (APS) to provide best practice guidelines for psychologists who work in schools. While every reasonable effort has been made to ensure the accuracy of the information, no guarantee can be given that the information is free from error or omission. The APS, its employees and agents shall accept no liability for any act or omission occurring from reliance on the information provided, or for the consequences of any such act or omission. The APS does not accept any liability for any injury, loss or damage incurred by use of or reliance on the information. Such damages include, without limitation, direct, indirect, special, incidental or consequential.

The information provided in this document is general and does not replace the need to obtain independent legal advice in specific situations.

Any reproduction of this information must acknowledge the APS as the source of any selected passage, extract or other information or material reproduced. For reproduction or publication beyond that permitted by the Copyright ACT 1968, permission should be sought in writing.

© 2016 The Australian Psychological Society Limited

For more information about the APS please visit
psychology.org.au or contact:

The Australian Psychological Society Limited
PO Box 38, Flinders Lane, VIC, 8009

Telephone: (03) 8662 3300 or 1800 333 497

Fax: (03) 9663 6177

Email: contactus@psychology.org.au

ABN 23 000 543 788

18APS-PP-B-SPS-P1

© 2016 The Australian Psychological Society Limited