Ethical guidelines on providing psychological services in response to disasters

1. Introduction

1.1. There are several ways in which *psychologists* may become involved in providing *psychological services* in response to a disaster, such as consultation, mentoring other health professionals, direct service provision to emergency service staff or *clients*, or consulting with disaster response agencies.

1.2. At times, such involvement can include providing pro bono services and being part of coordinated responses by the APS and its Member Groups for the purpose of assisting victims of natural disasters or those involved in disaster relief.

Refer to *Ethical guidelines on providing pro bono or voluntary psychological services* (2014).

1.3. Although this type of work is not necessarily part of *psychologists*' regular professional employment, *psychologists* who are engaged in disaster response and working as a registered psychologist undertake such work in accordance with the APS *Code of Ethics* (2007) and accompanying *Ethical Guidelines*.

2. Disaster context

2.1. *Psychologists* who offer their *psychological services* in response to a disaster preferably do so through an established organisation which is already working in the region as part of a coordinated response.

2.2. *Psychologists* understand the importance of working with an organisation that is likely to maintain a sustained community presence in the emergency area. They focus their work on providing support to programs on a general level, including the transfer of skills to local staff, so that interventions and support may be implemented by local staff.

3. Role clarity

3.1. As *psychologists* are likely to perform different roles at different phases of a response to a disaster, it is important they communicate clearly with *clients* about the role they are performing, and any implications about the *psychological service* they are providing for their *clients*. *Psychologists* who work in voluntary roles with disaster response agencies clarify whether they are engaged as a registered psychologist, or as a volunteer who is providing general assistance to the agency.

Refer to *Ethical guidelines for managing professional boundaries and multiple relationships* (2008).

3.2. There may be occasions when *psychologists* assist in a response to a disaster but are not providing a *psychological service*, and are not involved as a registered psychologist. In such instances, *psychologists* understand the limits of that role and seek clarity from the overseeing organisation about the extent and expectations of their role, and comply with the requirements of that organisation.

4. Confidentiality and informed consent

Refer to the *Code,* standard A.5. Confidentiality.

A.5.2. *Psychologists* disclose confidential information obtained in the course of their provision of *psychological services* only under any one or more of the following circumstances:

(a) with the consent of the relevant *client* or a person with legal authority to act on behalf of the *client*;
(b) where there is a legal obligation to do so;
(c) if there is an immediate and specified risk of harm to an identifiable person or persons that can be averted only by disclosing information; or
(d) when consulting colleagues, or in the course of supervision or professional training, provided the *psychologist*:
    (i) conceals the identity of *clients* and *associated parties* involved; or
    (ii) obtains the *client's* consent, and gives prior notice to the recipients of the information that they are required to preserve the *client's* privacy, and obtains an undertaking from the recipients of the information that they will preserve the *client's* privacy.

Refer to the *Code*, standard A.5. Privacy.

> A.4. *Psychologists* avoid undue invasion of privacy in the collection of information. This includes, but is not limited to:
> (a) collecting only information relevant to the service being provided; and
> ...

4.1. *Psychologists* exercise the same level of caution and comply with the *Code* regarding disclosing information about *clients* with whom they work when providing a *psychological service* in response to disasters as they exercise over information about a *client* in any other context. In all settings *psychologists* are mindful of their *clients*' confidentiality. Disclosure of *clients*' information is made with the *client's* consent unless the *client* is at risk, or disclosure is required by law.

4.2. When providing *psychological services* in response to disasters, it is not always possible in an emergency situation to gain the *client's* informed consent. In such situations, *psychologists* make a considered judgement about whether or not they should proceed without informed consent.

4.3. If *psychologists* are members of a coordinated team providing a *psychological service* in response to a particular event in the community, they only reveal *client* information to other team members when they have the *client's* permission unless the *client* is at risk, or disclosure is required by law.

4.4. If *psychologists* are members of a coordinated team providing a non-*psychological service* in a disaster context, they clarify with the agency with which they are working the appropriate protocols for sharing information about users of the service.

4.5. *Psychologists* who liaise with the media in disaster settings understand the importance of maintaining *client* confidentiality when faced with media pressure to divulge *client* details.

Refer to *Ethical guidelines on confidentiality* (2007); and
Ethical guidelines on record keeping (2011).

5. Competence

Refer to the *Code*, standard B.1. Competence.

> B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:
> (a) working within the limits of their education, training, supervised experience and appropriate professional experience;
> (b) basing their service on the established knowledge of the discipline and profession of psychology;
> (c) adhering to the *Code* and the *Guidelines*;
> (d) complying with the law of the *jurisdiction* in which they provide *psychological services*; and
> (e) ensuring that their emotional, mental, and physical state does not impair their ability to provide a competent *psychological service*.

5.1. When providing *psychological services* in response to disasters, *psychologists* have a clear understanding of their own areas and levels of competence.

5.2. *Psychologists* are aware of best practice approaches to initial psychological support for people affected by an emergency, such as the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007) and Psychological First Aid (APS/ARC, 2013).

5.3. Throughout their involvement as a registered psychologist in disaster response and recovery processes, *psychologists* use approaches that are grounded in evidence-supported principles that have been shown to promote psychological resilience during both the response (emergency) phase and the recovery phase.

5.4. *Psychologists* understand common human responses after a disaster, and recognise that most of the people affected are likely to recover without the need for continuing *psychological services*.

5.5. Where possible and relevant, *psychologists* provide *psychological services* that facilitate community self-help as part of a coordinated mental health and psychosocial support response.

5.6. *Psychologists* aim to provide *psychological services* that are contextually and culturally appropriate to the range of groups affected by a particular disaster.

5.7. *Psychologists* limit their collection of personal information to the matters being addressed as part of the *psychological service* being provided in the disaster context.

5.8. *Psychologists* understand that a response to a disaster in a particular geographic location or cultural context may require them to have particular skill sets.

5.9. *Psychologists* understand that their role in disaster response services is to meet a community need rather than a personal need, and that *clients*' best interests take precedence.

Refer to *Ethical guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander people of Australia* (2003);
Ethical guidelines for working with older adults (2014); and
Ethical guidelines for psychological practice in rural and remote settings (2004).

6. Professional boundaries

Refer to the *Code*, standard B.3. Professional responsibility.

> B.3. *Psychologists* provide psychological services in a responsible manner. Having regard to the nature of the psychological services they are providing, *psychologists*:
> ...
> (g) are aware of, and take steps to establish and maintain proper professional boundaries with clients and colleagues.
> ...

With the greater intensity and informality surrounding *psychologists*' engagement in disaster response work, *psychologists* are watchful for signs of the development of an inappropriate, non-professional relationship between the *client* and *psychologist*. If such signs emerge, *psychologists* seek professional support from a senior colleague.

Refer to *Ethical guidelines for managing professional boundaries and multiple relationships* (2008).

7. Research

7.1. *Psychologists* recognise that many complex ethical issues emerge when conducting research (including single case studies, naturalistic designs, and controlled trials) in disaster settings. When involved in any such research, psychologists comply with the National Health and Medical Research Council (NHMRC) *Australian Code for the Responsible Conduct of Research* (2007) and other relevant guidelines.

7.2. *Psychologists* carefully assess the objectives of research in disaster settings for its potential contribution, its potential value in future disaster situations, and its impact on local infrastructure.

7.3. *Psychologists* ensure that all phases of the research are sensitive to the affected community's cultural beliefs and practices.

7.4. Following a disaster, *psychologists* do not conduct research under the guise of providing treatment, relief or humanitarian aid.

7.5. As part of the informed consent process, *psychologists* explain to participants the difference between participating in research and receiving either treatment, relief, or humanitarian aid.

7.6. *Psychologists* explain to research participants the different roles that are performed by researchers, service providers and volunteers, and declare any potential conflicts of interest.

8. Record keeping

8.1. Despite the sometimes difficult circumstances present when providing a *psychological service* in a disaster context, *psychologists* endeavour to keep and maintain accurate *client* records.

8.2. When *psychologists* provide *psychological services* in a disaster context, they clarify who owns and has responsibility for the *client* records. Ideally, this clarification is made before the arrangement commences. Particular care is taken to clarify issues such as who is responsible for the long-term storage or future transfer of *client* information.

Refer to *Ethical guidelines on record keeping* (2011).

9. Self-care

Refer to the Code, standard B.1. Competence.

> B.1.2. *Psychologists* only provide *psychological services* within the boundaries of their professional competence. This includes, but is not restricted to:
> .....
> (e) ensuring that their emotional, mental, and physical state does not impair their ability to provide a competent *psychological service*.

9.1. *Psychologists* working in disaster contexts are aware of the need for adequate supervision and support, regardless of their level of experience. Where appropriate, *psychologists* seek professional support from a senior colleague.

9.2. Due to the often highly stressful circumstances surrounding *psychologists*' engagement in disaster response work, *psychologists* recognise the importance of self-care to manage the stress of working in disasters. They are aware that the process of self-care can assist them to reflect on their own emotional and physical state and motivation for helping, and to make effective decisions about what type of psychological assistance is most appropriate.

9.3. *Psychologists* are aware of the importance of their ability to manage their emotional responses while demonstrating and modelling professional behaviour for others with whom they will be working directly, or collaborating with professionally.

10. Referral and termination

10.1 *Psychologists* who are part of a coordinated professional response to a disaster are aware of other relevant services available for *clients*. Where possible they make referrals to appropriate local organisations and services that can provide long-term follow up.

10.2. When co-ordinated *psychological services* offered in response to a disaster are being phased out or scaled down, *psychologists* make suitable referrals for *clients*' ongoing needs.

Refer to *Ethical guidelines on providing pro bono or voluntary psychological services* (2014).

11. Summary

At the outset, *psychologists* who are involved in the delivery of *psychological services* in response to disasters clarify with *clients* and agencies the nature of their role. *Psychologists* provide contextually and culturally appropriate *psychological services* and seek adequate supervision and support. Where possible, *psychologists* liaise with local organisations so that interventions and support may be implemented by local staff. As the need for an emergency response diminishes, *psychologists* make suitable referrals for *clients*' ongoing needs.

12. References

Australian Psychological Society. (2003). *Ethical guidelines for the provision of psychological services for, and the conduct of research with, Aboriginal and Torres Strait Islander people of Australia.* Melbourne: Author

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Previous version entitled, "*Guidelines on co-ordinated disaster response, pro bono, or voluntary psychological services"*.