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GUIDANCE

Adaptations to psychological practice: Interim guidance during Covid-19 pandemic

This interim guidance covers the work of psychologists during the UK Covid-19 pandemic. It is relevant to psychologists working across all sectors and areas of practice, and should be read alongside the [BPS Practice Guidelines \(2017\)](#) in conjunction with the [BPS Code of Ethics and Conduct \(2018\)](#) and the [BPS Code of Human Research Ethics 2nd edition \(2014\)](#). Psychologists should also refer to local organisational policy and guidance which may have been changed or updated due to the pandemic.

KEY MESSAGES

During the Covid-19 pandemic, psychologists may be expected by employers to work in alternative roles, perform activities outside their normal scope of practice, or operate with limited training and supervision.

We support psychologists in adapting their practice to meet the unique circumstances created by Covid-19. However, we must emphasise that this should not result in psychologists practising in ways that are not effective or professionally safe.

When a role is outside a psychologist's usual practice, they should consider performing it if they have the required knowledge, skills and experience.

If a role is beyond the psychologist's level of knowledge, skill or experience, they should signpost this, referring the work to a suitably qualified practitioner.

Psychologists must maintain their knowledge through continuing professional development and supervision as appropriate to their scope of practice.

PROFESSIONAL PRACTICE

The Health and Care Professions Council has indicated that the circumstances of the pandemic would be considered in any fitness to practice investigations. We agree that actions taken in the best interests of the client may, under such circumstances, divert from the ideal provided they are safe.

Psychologists are expected to make notes detailing their professional opinions and document any decisions made.

Psychologists should consider the evidence base, the need to maintain technical and practical skills and knowledge, and the limits of their competence as stipulated in the [BPS Code of Ethics and Conduct \(2018\)](#), and the [HCPC Standards of Proficiency](#).

DIGITAL APPROACHES

During the pandemic, many psychologists will be expected to use digital methods including telephone, online and videoconferencing to offer psychological support, e.g. consultation, assessment, psychological interventions and training. We support psychologists making adaptations by using digital means when practicable though we acknowledge that not all clients will have access to digital technologies and psychologists should limit any disadvantages this may create in access to services.

Most psychologists have experience of offering telephone consultations and there is evidence that psychological therapy can be delivered competently using different media¹. This is usually acceptable to clients and it is possible to develop therapeutic relationships.

The NHSX encourages use of videoconferencing for patient and service user consultations, which can reduce the spread of Covid-19. When considering videoconferencing, psychologists should evaluate the security, particularly data and data processing security, of the product and ensure that the client can access the platform. Psychologists should safeguard personal/confidential information as in any other consultation and assure GDPR compliance for data storage and processing. For further information see the [NHSX website](#).

Psychologists may need to amend their agreements and consent procedures with clients to include working digitally, this should include outlining the nature of the digital medium used.

For further information on conducting therapy online please see our [top tips](#) and [webinar](#).

WORKING REMOTELY / AT HOME

We support remote and home working by psychologists provided they have an appropriate, confidential space for their professional activities. Consideration should be given to the impact of listening to sensitive material in the home, maintaining appropriate boundaries, and separating home from work.

When using personal ICT equipment psychologists should check that their internet access is secure (e.g. use a virtual private network/avoid public wifi) and GDPR compliant.

Psychologists should ensure the security of any physical documents containing confidential information, while travelling and at home. For further information see the National Cyber Security Centre's [guidelines](#) for secure use of videoconferencing

RISK ASSESSMENT

When working remotely, psychologists should complete a risk assessment as they would in face-to-face situations, though the approach to this may be different during the pandemic. Psychologists should be mindful that the usual cues may be unavailable when different media are employed for assessment. Psychologists should use their professional judgement, make notes and document any decision making.

When GP, Community Mental Health, CAMHS or Early Help Social Care Team support are indicated but unavailable, the psychologist should determine if they ought to hold the risk independently and consider whether commencing work creates unjustifiable risk for themselves and their clients.

Psychologists may feel it more appropriate to refer clients to other colleagues or teams.

REMOTE OR ONLINE TESTING

Remote or online assessment may be routine for some psychologists and novel for others. Separate guidance will be produced by a BPS Covid-19 Task and Finish group about online testing. Some BPS member networks have either produced interim guidance relating to remote technology use or may be in the process of preparing guidance specifically for their scope of practice. Please check the BPS [Covid-19 resources](#) for further guidance as it is published.

Consideration on a case-by-case basis must be given when deciding whether online testing is necessary and meets client needs, also taking account of the validity and reliability of tools.

LEGAL DECISIONS

Psychologists responsible for significant decisions particularly those governed by legislation such as deprivation of liberty, release from conditions of security, child custody, mental capacity, and those relating to medical treatments should consider whether they are able to undertake a full and comprehensive assessment under the current conditions. When complex decisions are made which may be challenged, psychologists may choose to consult with colleagues. Decisions and professional opinion should be documented.

APPS

Apps can add value to the work of psychologists provided they are safe and secure, allow confidentiality to be maintained and data protected. A range of apps meeting these standards is available from the [NHS Apps library](#).

There are many other apps available which may not yet have been evaluated for this library and psychologists should not feel restricted from evaluating apps themselves. This should include consideration of the developer of the app and how any data from the app will be collected and stored and shared along with consensus opinion from colleagues and peers.

SOCIAL MEDIA

Social media use has increased significantly during the pandemic. Mental health benefits include providing a sense of belonging, decreasing loneliness, and increasing social connectedness. However, social media use can also increase feelings of inadequacy through social comparison, anxiety associated with fear of missing out (FOMO), and negatively affect personal relationships as well as pose risks of spending too much time online, promote physical inactivity, and have adverse impacts for sleep and productivity². Psychologists should consider how their clients use social media and advise accordingly on healthy and safe use.

At a time when psychologists may be more active on social media it is worth being aware that professional guidance in relation to service users also applies to any contact with service users via social media, and care should be taken around personal boundaries. For further information regarding social media use please see [our guidance](#) and guidance from [HCPC](#).

WORKING WITH DIFFERENT CLIENT GROUPS

Psychologists should consider variations in ways of working for all clients they come into contact with including those requiring interpreters, those with complex needs, learning disabilities, autistic spectrum disorders, children, older people and other groups. While every effort should be made to provide equality of access, social distancing requirements may affect when and how services are delivered.

The BPS has produced guidance for [working with interpreters](#) as well as specific advice for [psychologists working with children](#) and for [supporting people with dementia](#) during the Covid-19 pandemic.

Psychologists should be aware of the increased need for cultural competency in mental health services especially in responding to people from BAME backgrounds and take positive action to reduce experiences of racism and discrimination.

SAFEGUARDING

Families are at increased risk of domestic abuse and child abuse during the pandemic, and social deprivation magnifies the impact of confinement. When working with clients at home with families, psychologists should consider the wellbeing of all those in the setting.

Psychologists should make themselves aware of local initiatives and policies which may have changed, and continue to change, in light of Covid-19.

REDEPLOYMENT

Many psychologists provide services that can save lives. Prematurely closing client-facing services and redeploying psychologists should not occur wherever possible. Redeployment decisions should observe current legal context and government guidance alongside psychological benefit-cost considerations.

Where redeployment is unavoidable this should be managed to minimise disruption to psychological work already underway. When redeploying a psychologist, thought should be given to best use of the practitioner's skills and to maintaining support structures. Services should also think about how staff will be transitioned back into their usual role following redeployment.

For further information please see this joint [guidance](#) for psychological professionals during the Covid-19 pandemic. Unite the union can also help with advice and guidance with employment issues³.

LEADERSHIP ROLES

Psychologists leading teams or departments should consider the psychological wellbeing of staff, e.g. by being flexible about compassionate leave in line with government guidelines/local policies; encouraging adaptive/flexible working practices whenever possible; responding supportively to staff experiencing chronic stress symptoms, adapting policy as necessary if GP sign-off and occupational health services are unavailable due to Covid-19.

For further information see the [guidance](#) and [webinar](#) on the psychological needs of healthcare staff as a result of the pandemic.

RESILIENCE AND WELLBEING

Adaptations to work due to Covid-19, alongside the general anxiety and distress associated with a global pandemic may impact on psychologists' wellbeing and resilience. Psychologists are responsible for their self-care so that they can help others, and are advised to think about ways to optimise their wellbeing. Psychologists could practice flexibility in working, while also separating work from home life (especially when working from home) by, for example, having a designated workspace. Keeping in touch with peers virtually for emotional and professional support, taking regular breaks, exercising, spending time offline and using available resources to support their work are also valuable ways to support wellbeing.

SUPERVISION

Psychologists should continue to receive appropriate supervision. This should be adapted to suit the circumstances and can be done remotely with individuals or groups. Temporary delays, increased frequency of supervision and alternative arrangements may occur. It is acceptable for supervision to be provided by a professional in another relevant discipline, e.g. other psychological profession, medical doctor/ allied health professional, assuming this covers specific professional needs.

Psychologists may feel they need extra and/or different supervision during the pandemic to reflect on the different often distressing experiences both at work and at home. Those providing supervision could offer this to supervisees, colleagues and peers.

Factors that enhance face-to-face supervision quality also apply in remote supervision, e.g. regularity, scheduling; freedom from interruption; negotiation of supervision style and information sharing before and after; openness to feedback.

Guidance for remote working, as stated above, applies equally to supervision, hence supervisors should establish the context, agree expectations and ensure supervisee awareness of principles/policies of remote working.

REFLECTIVE PRACTICE

Reflective practice is particularly important during the circumstance of Covid-19. Psychologists are encouraged to reflect on and record the pandemic's impact – positive and negative – for their work. Psychologists can take advantage of local initiatives and opportunities for reflective practice which are being set up in light of the Covid-19 pandemic.

COMMUNITY PSYCHOLOGY

The pandemic is affecting everyone through social isolation, loss of employment and financial hardship. The effects of the pandemic will not be evenly distributed, however, with marginalised groups and the economically precarious at high risk. While there have been expressions of collaboration, solidarity and generosity, the inequalities in our society are being exaggerated.

The psychological needs it creates will likely be at a level which we have not seen previously. These needs are normal reactions to an extreme situation, but they will require psychologists to work above the level of the individual. The response will need to take a wider systems perspective: working with marginalised groups, public and third sector organisations outside of health and with a particular emphasis on reducing inequalities.

Where community psychology services exist many of these links may already be in place. However, in many areas there may be value in proactively building these networks to enable better reach of psychology to some of the most vulnerable in society and those who work directly with them.

Our [community psychology section](#) will be able to offer further information and advice.

RESEARCH

Psychologists are and should continue to contribute to Covid-19 related research. The reality of Covid-19 has promoted unique and specific psychological, social, economic, community and societal responses, not seen in recent history. Research during such unprecedented times is likely to help improve our understanding of the psychological impact of and the development of psychological informed responses to Covid-19 as well as the evaluation of those responses.

Some ongoing pre Covid-19 initiated research may be paused. The conduct of any ongoing or new research will need to take account of the specific Covid-19 related circumstances (e.g. social distancing guidance present at the time of undertaking the data gathering process) and to continue to take full account of the ethical and legal issues and processes arising. Researchers are advised to continually review and update their research frameworks in light of ongoing changes to Government policy and legislation.

There has been encouragement from the government and the profession for courses to support students to complete the research elements of their courses so that they can continue to develop in their profession in as timely fashion as possible.

TRAINEES

Trainees, supervisors and course directors should consider ways to enable training continuity/ completion, e.g. through flexibility around requirements for client contact hours, reductions for those nearing the end of training who have met competencies, and proactive offers of extensions by course leaders, removing the need for trainees to seek extensions.

For further information please consult your member network or see the HCPC [advice for students](#).

LONGER TERM ADAPTATIONS TO PRACTICE

As psychologists adapt their work in response to Covid-19, some changes may prove to be lasting where they deliver benefits to practice over the longer term. For example, virtual and remote working offer the potential to improve access to services and efficiency; awareness of staff wellbeing is increasing; the organisational ability to adapt rapidly has been demonstrated.

Involving service users in considering adaptations over the longer term is important to ensure changes to practice are co-produced, trauma informed and developed using a range of perspectives, including those from vulnerable and marginalised groups.

We will support work to examine the long-term impacts of Covid-19 across a range of settings.

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