APS Australian Psychological Society

PROFESSIONAL RESOURCE

Disaster Response Network Psychologist General Practice Guide

Version 2.0

Acknowledgements

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1. Introduction

Welcome

Welcome and thank you for joining the Australian Psychological Society's (APS) Disaster Response Network (DRN).

This practice guide has been developed to support you as a DRN psychologist and for you to use alongside your professional knowledge and clinical judgement. It outlines the background, aims, and service offerings of the DRN, as well as some important professional, ethical, and legal considerations.

How was the DRN established?

The DRN was first established in 2009 following the Victorian Black Saturday bushfires. In the days following the bushfires, the APS received hundreds of calls from members offering their support and services to those affected. The APS also received several calls from emergency response agencies, such as the Australian Red Cross, enquiring about additional support to assist with the recovery effort.

The APS responded by establishing the DRN, which allowed members to register their interest in disaster recovery. Since then, the DRN has grown into a national network of APS member psychologists who have undertaken the Responding to Disasters training to join the DRN and volunteer their time to assist frontline, emergency, and community-facing workers and volunteers.

In 2024, with the support of funding from the Department of Health, Disability, and Ageing, the DRN was able to expand and develop further ways of supporting workers and volunteers across the preparation, response, and recovery phases of disasters, emergencies, and collective trauma events.

How does the DRN operate?

The APS National Office maintains a dedicated DRN team that manages the project and coordinates the delivery of all DRN wellbeing services. To receive DRN wellbeing services, organisations must meet with the DRN team and sign a Memorandum of Cooperation (MoC) with the APS.

In alignment with the Australian Disaster Recovery Framework (National Emergency Management Agency Community Outcomes and Recovery Subcommittee, 2022), the DRN is only activated upon the request of a local and/or impacted organisation. This approach aims to ensure that all DRN wellbeing services are effectively coordinated and informed by the needs of those affected.

How the DRN operates

Figure 1: Overview of the DRN service delivery process

2. Who is the client?

As a DRN psychologist, you will be providing psychological services facilitated by the APS on a volunteer basis. The client will be the organisation's staff member or volunteer. They may operate in a frontline, emergency, or community-facing role, or in an administrative, support, or other ancillary role within the organisation.

Throughout this practice guide, clients are referred to as the "worker" or "workers", which includes both paid staff and volunteers who work for the organisations with whom the APS has a current MoC.

Please note that the DRN has been designed to provide services to workers aged 18 years and above. If you receive a request to support a young person under 18 years of age, please advise the APS DRN team and we will liaise directly with the organisation.

While determining the scope and nature of each organisation's request for DRN support, the APS DRN team aims to ensure:

- The organisation type is appropriate to receive volunteer support (e.g., government, community, charity, volunteer, not-for-profit, etc.).
- The organisation is in genuine need of DRN volunteer support.
- The role is appropriate for a DRN psychologist to deliver in a volunteering capacity.
- The role aligns with the characteristics of a genuine volunteering arrangement, as per the Fair Work Ombudsman.

If you have any concerns about the nature or scope of any DRN volunteering arrangement, please contact the APS DRN team at drn@psychology.org.au.

3. What do you need to be eligible to become a DRN psychologist?

To be eligible to become a DRN psychologist you are required to:

- Hold full and current general (not provisional) registration as a psychologist with the Psychology Board of Australia at the Australian Health Practitioners Regulation Agency (Ahpra)
- Be a current APS member
- Have successfully completed the APS Responding to Disasters online training course (5 CPD hours)

4. What do you need to do to volunteer as a DRN psychologist?

In addition to the eligibility criteria above, to provide any DRN related wellbeing services, you are required to:

- Have professional indemnity insurance which would adequately and appropriately cover you to provide psychological services as a volunteer.
- Ensure you have read the current version of the DRN Psychologist General Practice Guide, available on the DRN PsyCommunity page.

Please do not undertake any DRN wellbeing services while you are located outside of Australia.

In addition to the above, we encourage all DRN psychologists to undertake the *Responding to Disasters* refresher training or other relevant disaster-related CPD each year.

5. Your registration

If at any time, you have restrictions placed on your registration, you no longer have registration as a psychologist, or cease your APS membership, please advise the APS DRN team via email at drn@psychology.org.au and do not engage in any DRN related work.

6. Will you be paid for services provided under the DRN?

DRN wellbeing services are provided pro bono and therefore no payment is provided. If travel and/or accommodation are required for any DRN wellbeing service delivery, the APS DRN team will advise if this is organised by the host organisation and/or reimbursed.

7. What if you don't want to volunteer for the DRN anymore?

Joining the DRN does not obligate you to provide any set amount of volunteer services per year. We understand that your capacity to volunteer for the DRN will fluctuate over time.

As a volunteer, you can decline any DRN related requests for any reason; however, if you no longer wish to be contacted for requests to volunteer for the DRN (e.g., receive text messages), please email drn@psychology.org.au to request this.

8. Connecting with your DRN community

To provide DRN psychologists with an online space to connect, collaborate, and discuss ideas, a DRN PsyCommunity channel has been created. All DRN psychologists are automatically added to the channel upon joining the DRN. You can remove yourself from the channel or reduce the frequency of notifications at any time. This channel is also one of the ways in which the APS DRN team communicates with the network about important updates, upcoming meetings, and other opportunities.

9. What are the wellbeing services provided by the DRN?

The three current DRN wellbeing services are outlined below. DRN wellbeing services are designed to be a standalone service. Although the DRN does not provide ongoing psychological intervention, the services you provide as a DRN volunteer are delivered within your capacity as a registered psychologist. As such, you must adhere to the same professional standards, the Psychology Board of Australia (Psychology Board) Code of conduct, and legislative requirements as you would in any other role as a psychologist.

Please be aware that DRN wellbeing services are requested throughout the preparation, response, and longer-term recovery phases of disasters, emergencies, and collective trauma events. A brief description of each DRN wellbeing service below further details at which phase(s) of an event these services are most commonly utilised.

The disaster lifecycle

Figure 2: Visual representation of the disaster lifecycle: preparation, response, and recovery

Independent wellbeing checks

An independent wellbeing check (IWC) uses the professional knowledge and skills of psychologists to assist frontline, emergency, and community-facing workers to monitor and manage their wellbeing with a trauma-informed lens. The 'independent' component of an IWC refers to the DRN psychologist operating as an independent professional (i.e., being external to the worker's organisation), whereby the worker can expect a level of confidentiality and objectivity regarding their work and personal matters, in accordance with ethical standards and relevant legislation.

During an IWC, the worker is prompted by the DRN psychologist to reflect on a range of factors that are relevant to their wellbeing. You may identify individuals who require ongoing psychological assessment and/or intervention or other supports. In these instances, your clinical judgement will be required to identify and action the most appropriate referral/handover pathway(s), as per the Psychology Board Code of conduct.

IWCs are the most frequently requested DRN service and are utilised across the preparation, response, and recovery phases of events. Some organisations request IWCs to be completed in response to a particular event (e.g., a disaster, emergency, or collective trauma event) or circumstance (e.g., a highly demanding or stressful period of work). Other organisations request IWCs to be conducted on a regular basis (e.g., quarterly) as a proactive or preventative wellbeing initiative. Therefore, please keep in mind that there will not always be a triggering event to prompt the request for an IWC.

Further details about the IWC request will be provided to you via email, which outlines some information about the organisation, the support they provide, and the reason for the IWC request.

Group-based information sessions

Group-based information sessions span for one-hour and provide workers with an interactive presentation facilitated by a DRN psychologist. The sessions are targeted, evidence-based, and trauma-informed, utilising psychoeducation, information, and practical activities. They are typically provided in the preparation or longer-term recovery phases of an event.

The reason for the organisation requesting an information session will be outlined in the organisational brief, which will be provided via email. Depending on the needs and request from the organisation, an information session may be provided in addition to, or as an alternative to, IWCs.

Please note, the DRN does not recommend group-based defusing, debriefing, critical incident stress management (CISM), or other group interventions that involve discussion of traumatic material between work colleagues. There is limited evidence that these types of interventions are helpful, and some evidence suggests that this type of debriefing can be harmful. Group-based information sessions are designed to be informational, offering psychoeducation, information, and brief practical activities, which assist workers to monitor and maintain their own wellbeing.

If you have skills and experience facilitating or co-facilitating group-based sessions or are interested in learning more, please email us at drn@psychology.org.au.

On-site deployments

Some organisations request DRN psychologists to physically attend a location in the community to support frontline, emergency, and community-facing workers, typically in the short-term aftermath of a disaster, emergency, or other event. On-site deployments are typically requested during the short-term response phase (i.e., days or a few weeks following an event). Support may be requested where the event occurred or in another location in the community where services are being offered.

Providing psychological services in this environment and context can present several challenges and ethical considerations that are less prevalent in other clinical settings. To help you consider whether you can assist the DRN in this capacity, further information is provided in subsequent sections of this practice guide.

Resource development

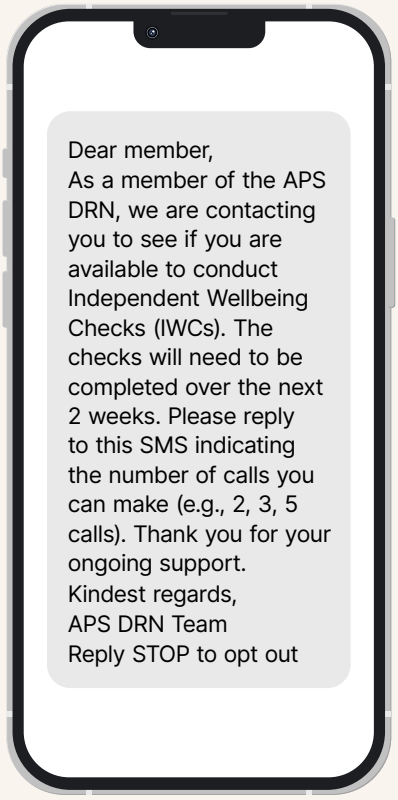
A range of resources, both professional (e.g., guidance for psychologists to consider in their practice) and community facing (e.g., information sheets) have been developed to provide trauma-informed and evidence-based materials related to the psychological impacts of disasters, emergencies, and collective trauma events. The APS DRN webpage has a dedicated resource hub where you can access a range of helpful CPD and resources. If you would like to contribute to the development of disaster-related resources, please email us at drn@psychology.org.au.

10. How will you be asked to volunteer for the DRN?

The APS DRN team will contact you directly to request assistance. In most instances, you will receive these requests via mobile text message (APS DRN: 0447 446 479), as pictured on the right. For more specific requests, we may contact you via email or phone call.

Please note that the APS DRN team will only use text messaging to send out an initial request for support. For data security reasons, we will not send any personal or identifiable details (e.g., worker names, phone numbers) via text message.

You can respond to DRN text messages to accept the volunteer opportunity and communicate briefly with the APS DRN team; however, **please do not use text message to share any personal, identifiable, or confidential information.** E-mail and the supplied online feedback forms must be used to communicate about the outcomes or other details of any DRN wellbeing service.



11. Governance and ethical issues

Sections 11 and 12 of this practice guide provide general considerations around clinical governance, ethics, and trauma-informed care, which are relevant to all DRN wellbeing services. Subsequent sections of this practice guide provide more detailed and specific considerations for each type of DRN wellbeing service.

Clinical governance

Professional indemnity insurance

You are obligated to have professional indemnity insurance (PII), which would adequately and appropriately cover you to provide psychology services as a volunteer. It is important to telephone your insurer to let them know when you are working outside of your usual role to ensure that your cover can extend to this different setting and type of practice. If your employer typically covers your PII, ensure that your employer agrees for you to undertake the DRN work as part of your employed role and therefore you remain covered under your employer's PII. You should confirm this with your employer. Otherwise, you will need your own separate PII to cover the volunteer work you undertake for the DRN.

Clinical risk issues

If while providing DRN wellbeing services, you identify any safety or clinical risk concerns, please utilise your professional knowledge and clinical judgement to consider your ethical, professional, and legal responsibilities as a psychologist to

respond appropriately, actioning any required referral/handover pathway(s), as per the Psychology Board Code of conduct, as you would during any other psychology service.

Please be aware that if you have chosen to provide any DRN wellbeing services in a state or territory in which you do not typically work, you will need to familiarise yourself with any relevant legislation that may be applicable (e.g., mandatory reporting requirements) and identify appropriate referral/handover pathways that are accessible to the worker(s). The APS Professional practice guidelines on reporting abuse, neglect, and criminal activity including mandatory reporting and mandatory notifications may assist your preparation.

As outlined in subsequent sections of this guide, if conducting telephone IWCs, we recommend asking for the worker's current location/address at the beginning of the call to allow for a prompt response in the event that any acute or emergency supports are required. Please consider the address or location of the worker receiving the call and familiarise yourself with local acute mental health supports (e.g., local hospital psychiatric triage) or use emergency services (000), as required.

When commencing on-site deployments or group-based information sessions, it is important to obtain the necessary details of the workers involved to support appropriate and safe management aligned with the service you are providing should an emergency arise. Workers should be informed about how these details are recorded and safeguarded, and the purpose of collecting this information.

Ongoing treatment needs

DRN wellbeing services are designed to be delivered as a standalone service. When organisations request quarterly IWCs, the APS DRN team does not attempt to have the same DRN psychologist conduct the IWC for the same worker more than once.

In instances where a worker requests or requires a referral/handover to another service, your clinical judgement will be required to identify and action the most appropriate referral/handover pathway(s), as per the Psychology Board Code of conduct. Please familiarise yourself with the details of the mental health services that are relevant and accessible to the worker, both within their organisation (e.g., EAP) and in their community or via telehealth.

The details of mental health services that are available within the organisation will be provided to you by the APS DRN team via email, prior to service delivery. To assist your preparedness to action any referrals or handovers, please review the below sections of this practice guide and consider how you would obtain informed consent.

Ethics and professional conduct

The APS DRN team aims to ensure that all DRN wellbeing services and the role of the DRN psychologist is clearly defined. If any issues arise, we ask you to use your professional knowledge and clinical judgement to ensure you act ethically. Please inform the APS DRN team of these issues or challenges so we can take steps to address them in future.

As previously outlined, any DRN wellbeing service should be carried out to the same professional, ethical, and legislative standards you would hold in any other role as a psychologist. The Psychology Board Code of conduct is a foundational document for ethical decision making. The APS member website has several Professional practice guidelines which may be helpful to familiarise yourself with or revise in preparation for providing DRN wellbeing services, such as (but not limited to):

- APS Professional practice guidelines for providing services in response to disasters
- APS Professional practice guidelines regarding financial and commercial dealings
- APS Professional practice guidelines on the provision of services using telehealth and other digital communication
- APS Professional practice guidelines on reporting abuse, neglect and criminal activity including mandatory reporting and mandatory notifications

- APS Professional practice guidelines on boundaries and multiple relationships
- APS Professional practice guidelines on privacy and confidentiality
- APS Professional practice guidelines on informed consent

Informed consent

To help you plan your informed consent process with workers, please familiarise yourself with the Psychology Board Code of conduct, particularly sections 4.2 (Informed Consent) and 4.8 (Boundaries). It is particularly important to be cognisant of the requirement for written consent to share or discuss information about clients (including for supervision and to engage in any assessment or intervention that involves physical contact). As with any other psychology service, to support your ethical and practical preparation for delivering a DRN service, please consider:

- At which points you would require verbal and/or written consent to operate.
- How you would obtain informed consent from the worker to engage in the service.
- How you would obtain informed consent to share information about the worker and arrange referrals/handovers.
- How you would document your informed consent process and outcomes in your own clinical records.

Example forms for obtaining informed consent to engage in the service and to share information are available on PsyCommunity and are displayed in Appendix B. If you choose to use these examples, please review and adjust the information according to your requirements, ensuring that you obtain the appropriate consent required for the type of service provided.

Competence

As a reminder, in accordance with the Psychology Board Code of conduct, DRN psychologists should not act outside of the scope of their professional competence when providing DRN wellbeing services. DRN psychologists are required to consider their professional competence when determining whether to provide a DRN wellbeing service, and to identify and seek appropriate supervision where required. If you require further information about the scope of any DRN wellbeing service, please contact us at drn@psychology.org.au.

12. Trauma-informed care

In the immediate aftermath of a potentially traumatic event, it is not clinically indicated to talk in depth about the details of the event and it is important to consider the key principles of Psychological First Aid (PFA). While most people will experience natural resilience trajectories and start to feel a gradual improvement over time, please also be aware of the symptoms of Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD). There are resources and CPD available on the APS website, such as the 'Assessment, Formulation, and Treatment Planning in PTSD', which provide further information related to this area. Please use your clinical judgement to consider how you would navigate instances where workers begin discussing details of a potentially traumatic event and assist those who experience signs of acute or post-traumatic stress.

13. Conducting an independent wellbeing check

Preparing for an IWC

- Schedule yourself one-hour to complete each IWC, consisting of up to 45-minutes for the call and 15-minutes to manage any immediate referrals or handovers required, note-taking, and completing the online feedback form.
- Ensure you are in a quiet and confidential space to conduct the IWC as per any usual 1:1 clinical work.
- To demonstrate preparedness and care, please ensure you have read the organisational brief for background information on the organisation and the reason for the IWC request.
- Ensure you have access to the example forms for obtaining informed consent to engage in the service and to share information, which will be emailed to you with the IWC request and are also available on PsyCommunity. If you choose to use these examples, prior to commencing, please review and adjust the information according to your requirements, ensuring that you obtain the appropriate consent required for the type of service provided.
- Consider any professional, ethical, or legal issues that may arise. If you identify any issues (e.g., a conflict of interest) and are unable to complete the IWC, please let us know via email so we can re-assign the IWC to another psychologist.
- Check you have the essential details of the mental health services that are accessible and relevant to the worker, both within their organisation (e.g., EAP) and in their community or via telehealth and consider how you will obtain informed consent to refer or provide handover to other services or practitioners, if required. The details of mental health services that are available within the organisation will be provided to you by the APS DRN team via email, prior to service delivery.
- If you have chosen to conduct an IWC in a state or territory in which you do not typically work, please familiarise yourself with any relevant legislation that may be applicable (e.g., mandatory reporting requirements) and the local organisations that may need to be contacted in the event of a crisis.

Scheduling an IWC

If you are conducting an IWC via telephone, please contact the worker to arrange a suitable time. Please ensure that you confirm the correct time zone where they are located. If leaving a voicemail or text message, please consider the essential details that are required without compromising the worker's privacy or confidentiality e.g., "This is [your first name] from the APS Disaster Response Network, I just tried to give you a call to arrange a time to speak with you. Could you please contact me on XXX to organise a suitable time? Thank you."

Please ensure that a minimum of three attempts is made to contact the worker at various times of the day. The worker will be considered uncontactable after three unsuccessful attempts. If you are unable to contact the worker, please inform the APS DRN team using the supplied online feedback form.

Conducting an IWC

Introductions and informed consent

As per the Psychology Board Code of conduct, please ensure you undertake an appropriate informed consent process before providing the IWC. Informed consent should be recorded along with any relevant documentation in your clinical records.

Additionally, please consider the points below.

- As a part of your introduction, explain that you are a registered psychologist, member of the APS, and a volunteer with the APS Disaster Response Network.
- Confirm if it is a good time to be speaking to the worker receiving the call.
- Explain the reason for the IWC, which you can find by referring to the organisational brief.
- Explain that the independent wellbeing check can take up to 45-minutes, is a standalone service, and that participation is voluntary. **It is important to clearly explain to the worker that this IWC will be a standalone/one-off service.**
- During the informed consent process, clearly outline confidentiality and the limits thereof in accordance with the Psychology Board Code of conduct, including any relevant legislation in the state or territory where the worker receiving the call is located.
- Outline the purpose of the call is to assist the worker to check in on their wellbeing, how they have been coping, and identify any areas where additional support may be helpful.
- Advise the worker that if they have any feedback regarding their workplace (e.g., operational or management issues) relevant to their wellbeing, that they may wish to provide informed consent to feed this back to their organisation via the APS DRN in a de-identified manner.
- Ask for the worker's current address (i.e., where they are currently located during the call), clarifying that this is only to be able to respond safely if an emergency arises, and that these details will not be shared with anyone for any other reason. The worker's address should not be shared with the APS and only recorded safely in your clinical notes.
- Utilise the guidance below as suggested areas to cover in a holistic IWC, using a trauma-informed lens and person-centred approach (e.g., using rapport building, identifying strengths).
- It is not clinically indicated to talk in depth about the details of a disaster or critical incident in an IWC. The focus should be on the individual's current mental health status.

Symptom assessment

- Build rapport.
- Incorporate individual screening questions into your conversation to check for common mental health disorders, including suicidality where appropriate.
- Ask questions related to posttraumatic mental health conditions, such as Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD), considering the duration of symptoms. If you require some guidance, the Primary Care PTSD Screen (PC-PTSD; Prins et al., 2015) may be useful to ensure you have covered the key indicators of PTSD (see Appendix A).

- Address any mental health crisis issues and take action to put in place any required referrals or handover as per your clinical judgment.

Occupational functioning

- If the worker has recently been involved in unusual tasks (e.g., disaster response tasks) cover any adjustment back into a normal routine at work and home.
- Explore the worker's occupational setting, such as their experiences of leadership, their team, the workload, hours, and signs of burnout.
- If the worker is concerned about an operational or organisational process issue, remind the worker that they can raise it formally with their manager, human resources department, or other wellbeing contact. Alternatively, you may offer to provide this information to their organisation in a de-identified manner using the supplied online feedback form, provided you have obtained the requisite informed consent to do so.

Psychosocial health

- Explore social, family, leisure, and any other functional domains to ensure the wellbeing check is holistic.

Lifestyle factors

- Assess current sleep quality.
- Assess any increases in substance use or other maladaptive coping behaviours.

Referral, handover, and feedback

After completing the IWC, you will be required to fill out and submit the supplied online feedback form and provide the information listed below.

- How many IWCs were you allocated (e.g., 5)
- How many IWCs were completed? (e.g., 3)
- How many IWCs were declined by the worker? (e.g., 1)
- How many IWCs were unable to be completed due to the worker being uncontactable? (e.g., 1)
- Optional: Please provide any de-identified organisational feedback that the worker has provided written informed consent to share with their organisation.

Please ensure that your own clinical records (that are not shared with the APS DRN team), include the details of which workers completed the IWC, declined the service, or were non-contactable.

As previously stated, in instances where a worker requests or requires a referral/handover to another service, your clinical judgement will be required to identify and action the most appropriate referral/handover pathway(s), as per the Psychology Board Code of conduct. Please familiarise yourself with the details of the mental health services that are relevant and accessible to the worker, both within their organisation (e.g., EAP) and in their community or via telehealth. The details of mental health services that are available within the organisation will be provided to you by the APS DRN team via email, prior to the service delivery.

If no referral or handover are required, ensure the worker is aware of the mental health supports that are available within their organisation, their community, or via telehealth, should they require this support in the future.

14. Conducting a group-based information session

Purpose and scope of a group-based information session

The DRN currently offers two types of group-based information sessions:

- **Wellbeing information session:** The content of this information session focuses on supporting workers to monitor and maintain their wellbeing, understand the stressors and potential mental health impacts of their work, reduce barriers to help-seeking, and practise self-care. This information session has been designed for any worker who operates in a community-facing or frontline organisation.
- **Mental health leadership information session:** The content of this information session focuses on workplace wellbeing, psychosocial hazards, characteristics and behaviours of effective leaders, and how to facilitate supportive conversations around mental health. This information session has been specifically designed for workers who hold leadership roles and responsibilities in a community-facing or frontline organisation.

DRN psychologists who facilitate or co-facilitate group-based information sessions will be provided with all the required materials, which have been co-designed between the APS DRN team and DRN psychologists. Typically, group-based information sessions are most appropriate and helpful in the preparation and longer-term recovery phases of events.

Preparation

During the preparation phase, group-based information sessions may assist workers to prepare themselves and/or their workforce for the psychosocial impacts of their role. This allows workers to monitor and maintain their own wellbeing and recognise the psychosocial impacts their work may have. Additionally, integrating helpful practices such as self-care and boundary setting in the preparation phase can assist workers to build helpful and established practices ahead of more intensive or demanding periods in their work.

Recovery

Providing information about maintaining wellbeing in the longer-term recovery phase allows workers to reflect on the impact of the event at a time that is appropriate, when more practical issues have been addressed. This includes reinforcing that the most usual trajectory is for people to be distressed in the immediate aftermath of the event and then gradually recover. It is also important to share information about how to identify the warning signs that the work has had a longer-term impact and how to access help. The psychosocial impacts of these events are most commonly experienced 18-24 months afterwards, which is an important timeline for workers to be aware of.

Managing discussions around traumatic material

In group-based settings outside of a therapy group, it is not clinically indicated to talk in depth about details of potentially traumatic material. Please consider how you may introduce and frame the parameters of the session to inform attendees of the purpose and scope of the session. If group attendees begin discussing the details of a traumatic event or experience, it is important to use your clinical judgment and professional skillset to navigate and limit this.

All group-based information sessions should include information about natural resilience trajectories, highlighting that it is not inevitable that workers will develop mental health problems because of their work and that most people recover well over time without the need for formal mental health interventions. Good resilience processes at all levels (e.g., individual, organisational, and community) support people to maintain wellbeing.

Roles and responsibilities

How will the APS DRN team support you to deliver a group-based information session?

Scoping the role

The APS DRN team meets with each organisation to outline the scope and purpose of the session. This aims to ensure that the content is suitable for the needs of the organisation and appropriate for a DRN psychologist to facilitate.

Providing essential information

- Relevant background information about the organisation, workers, and the need for the information session will be provided to you via email.
- You will receive the details of a primary contact person from the organisation; however, please ensure that any communication includes the APS DRN team. In most cases, it is advisable that a person from the organisation attends the information session as there may be questions from the workers that are best answered by internal staff (e.g., human resources, internal wellbeing team).
- The date, time, location (physical or virtual), duration, and if applicable, details of another DRN psychologist who will be co-facilitating the information session will be provided to you via email.

Providing presentation materials

- The APS DRN team will provide you with learning objectives, PowerPoint slides, facilitator notes, and a participant handout via email. These resources are provided for the purpose of volunteering for the DRN and should not be used for any other purpose.

- As a DRN psychologist you will use your skills in presenting and facilitating to deliver the information in a way that suits your strengths and approach. You may modify the facilitator notes to suit your approach; however, please do not modify the learning objectives, core content, or slides.
- If generic mental health information is required to supplement the session (e.g., to address additional questions from workers during the session), please use your professional knowledge and clinical judgement to include the required information.

Providing technical assistance

- When facilitated online, the APS DRN team can offer technical assistance both before (e.g., running an online practice session) and during the information session (e.g., sharing PowerPoint slides on your behalf, troubleshooting technical issues).

Coordinating the session

- The APS DRN team should remain the central point of contact for any communication with the organisation and is responsible for coordinating the information session. Please include the APS DRN team in any correspondence with the organisation to ensure we are aware of any changes or needs that may arise.

Preparing for a group-based information session

We recommend scheduling in some preparation time before the delivery of the information session. Some points for your consideration are:

- Please familiarise yourself with the content in this practice guide for essential information about the DRN.
- Consider any ethical, legal, or professional issues that are associated with you conducting this work in the location where the information session will be delivered. For example, is it being delivered in a different state or territory to the one you normally practice in, and if so, are there different requirements (e.g., mandatory reporting requirements) and services available?
- Ensure you have appropriate professional indemnity insurance coverage.
- If you are facilitating the information session online, ensure you have the relevant programs installed and sufficiently updated (e.g., Zoom, Microsoft Teams), the necessary IT equipment, and a stable Internet connection.
- Tailor the facilitator notes (not slides) according to your approach and presentation style.
- Review the organisational brief that will be sent to you via email to be aware of any issues or pressures the workforce has recently experienced.
- While the delivery of a group-based information session is not a formal therapeutic intervention, please ensure your note taking arrangements for delivering group-based services capture all the essential details.
- Plan for how you would manage any crisis situation that occurs in the session (e.g., a participant becoming overwhelmed, conflict between participants, or risk issues).
- If relevant, keep receipts for any out-of-pocket expenses (e.g., travel, accommodation, meals) that the organisation has acknowledged it will reimburse.

15. Conducting an on-site deployment

The role of a DRN psychologist in an on-site deployment

As a DRN psychologist in an on-site deployment, you will be providing in-person support to workers who are directly assisting the community. You may be assigned to support workers in one specific team or be available as floating support to more than one team within an organisation. The organisation receiving DRN wellbeing services should have a primary contact person who should be approached if you have any questions or concerns about local conditions or risks.

Overarching principles for on-site deployments

Psychological first aid (PFA)

Practising as a psychologist during an on-site deployment differs from many other clinical environments. PFA is founded on basic and effective principles that are well suited to provide single-session support to those in highly stressful situations. It is therefore important that key PFA principles guide the support that is provided to workers in this setting, where appropriate.

Trauma-informed care

During an on-site deployment, many workers may have experienced or been exposed to highly stressful and potentially traumatic events. It is important that all support offered to workers is trauma-informed and focuses on psychological safety.

Strengths-based approach

In addition to an awareness of the difficulties that workers may face, it is also important to support individuals and organisations to recognise their strengths and how these are protective. A strengths-based approach should be implemented when conducting all DRN wellbeing services.

Will you be operating as a psychologist during an on-site deployment?

You will be operating as a DRN psychologist to provide psychological services on a volunteer basis. Although the DRN does not provide ongoing psychological intervention, the services you provide as a DRN volunteer are in your capacity as a registered psychologist. As such, you must adhere to the same professional standards, the Psychology Board Code of conduct, and legislative requirements as you would in any other role as a psychologist.

During an on-site deployment, you will be using your professional knowledge and skills such as rapport building, psychological crisis management, PFA, and post-disaster psychosocial support.

Transferable skills

There are a range of transferable skills that you may have developed in other roles that could assist during an on-site deployment. Experience working in dynamic, unpredictable, or fast-paced environments, such as in acute or crisis services, outreach, residential services, and other settings may provide key skills that can be implemented during an on-site deployment. If you are interested in shadowing another DRN psychologist on an on-site deployment, please contact the APS DRN team at drn@psychology.org.au.

How long will you volunteer for?

Each on-site deployment varies in length depending on the scope and nature of the event and support required. DRN psychologists may assist for a few hours or a few days, depending on availability, capacity, and the needs of the organisation.

Preparing for an on-site deployment

We recommend scheduling in some preparation time before an on-site deployment. Some points for your consideration are:

- Please familiarise yourself with the content in this practice guide for essential information about the DRN.
- You may wish to revisit components of the *Responding to disasters* training or other relevant CPD to refresh your understanding of:
  - PFA principles
  - Trauma-informed care principles
  - Strengths-based approaches to psychological interventions
- Consider any ethical, legal, or professional issues that are associated with conducting this work in the location where you will be situated. For example, is it being delivered in a different state or territory to the one you normally practice in, and if so, are there different requirements (e.g., mandatory reporting requirements) and services available?
- Ensure you have appropriate professional indemnity insurance coverage.
- Prepare for how you will record and store notes while on-site, considering what details will be recorded. Please ensure you capture the details of how many workers you assisted during the on-site deployment so you can record this on the online feedback form.
- How will you ensure you receive informed consent when required from workers to discuss psychological matters, share information, and provide support?
- How will you manage any dual roles or boundary issues, especially if the on-site deployment is in a location where you live or work?
- Plan for how you would manage any crisis situation that occurs. What do you know about the local crisis services to facilitate any crisis care required?

- Consider your ethical decision-making process to plan for how you would you navigate a scenario where a member of the community (i.e., not a worker) is in acute need of support. A hypothetical example of this scenario is outlined in a subsequent section of this practice guide titled *'A day in the life on an on-site deployment'*.
- If relevant, keep receipts for any out-of-pocket expenses (e.g., travel, accommodation, meals) that the organisation has acknowledged it will reimburse.

How does the APS DRN team support your role?

Defining the scope of the role

The APS DRN team liaise with the organisation to determine the scope of support required and how the DRN psychologist may be able to assist. This includes a discussion to ensure that the request is suitable for a DRN psychologist volunteer role and can be undertaken in an appropriate and ethical manner, with a clear definition.

Further information about the scope of the on-site deployment and the organisation you will be assisting will be outlined in the organisational brief you will receive via email. If you require any further information to assist you in deciding if an on-site deployment is a suitable role for you, please contact the APS DRN team at drn@psychology.org.au.

Coordinating the role

The APS DRN team ensures you will receive the following information and support:

- The details of a primary contact person or wellbeing team who you can approach if you have any questions or concerns about local conditions or risks.
- The details of the location where you will be stationed or floating.
- If applicable, details of logistical/travel requirements, meals, and accommodation.
- If applicable, how to claim any out-of-pocket expenses.

Conducting an on-site deployment

Your arrival and briefing

When you arrive on-site, you should ask to receive a briefing that covers the specifics of the location, incident, and any other information that would assist you, such as:

- Further details of the emergency, disaster, or community event you are responding to.
- The organisation's role in the incident.
- Whether the organisation has other wellbeing support personnel in your location (including PFA workers) and whether the person who is briefing you understands your role.
- Whether you are 'taking over' from another psychologist or other wellbeing support worker, so you can receive a briefing from them.
- Administration & logistics
  - Confirmation of your shift timings.
  - Information about any sign-in and sign-off procedures.
  - Access to any required passes, name badges, or stickers to write your name on.
  - Availability of specific equipment, such as wi-fi, seating, a private area, paperwork.
- Communications
  - How the person who coordinates wellbeing supports will contact you (e.g., mobile phone).
  - Confirm the reporting procedures for incidents.
  - Confirm any guidelines for dealing with the media.
- Safety
  - Confirm the workplace health and safety arrangements that are relevant to you and the workers you will be supporting.
  - Be aware of any procedures in place at this location that cover personal security, evacuation, and where to go for help.
  - Confirm any physical first aid supports and procedures.

Shift routine

- Ask if the organisation holds a briefing for the team at the commencement and/or end of shifts and if you can attend.
- We encourage you to role model good self-care by taking allocated meal breaks and moments of time out to catch up on tasks such as paperwork, as well as time to stretch and move if you are in a role that requires being stationary for long periods of time.
- If there is a sign-out process, ensure that you record the time you leave and note this for your own records and to report back to the APS DRN team.

What are some of the services you may provide on-site?

The role of a DRN psychologist volunteering on-site will vary depending on the organisation's needs. The scope of the support required by the organisation is negotiated between the organisation and the APS DRN team. As outlined in previous sections of this practice guide, although the DRN does not provide ongoing psychological intervention, the services you provide as a DRN volunteer are in your capacity as a registered psychologist. As such, you must adhere to the same professional standards, the Psychology Board Code of conduct, and legislative requirements as you would in any other role as a psychologist.

Your role as a DRN psychologist on-site may include tasks such as:

Providing wellbeing support to workers

- You may be required to conduct PFA with workers who return from difficult or distressing tasks. You will be required to use your clinical judgment to consider when the worker would benefit from a more formal psychological intervention outside of your support role.
- You may be asked to provide face-to-face IWCs to workers, as outlined in previous sections of this guide.

Handover and mentoring

- If the on-site deployment is taken over by another DRN psychologist, you will need to brief them on the environment, any outstanding tasks, advice, or workers to monitor.
- You may be asked to complete a shift together so you can mentor the psychologist taking over from your role. Alternatively, this could also involve being available by telephone to provide peer support, share your experiences on the deployment, and brainstorm issues if appropriate.

A day in the life on an on-site deployment

This hypothetical day in the life of a DRN psychologist is combined from a series of events that have occurred while DRN psychologists have been on previous on-site deployments.

It is not an exact replica of what you will experience, rather, it is intended to give a sense of the variety of tasks and demands that you may experience within the role. This information is provided to assist you to consider whether this volunteering opportunity is suitable for you.

TIME	TASKS
8:00am	You prepare for your arrival on-site, ensuring you are adequately rested, prepared, and have implemented your own self-care practices. You have read the organisational brief for a basic understanding of the organisation, the event that has occurred, and the workforce you will be assisting. You ensure you have all the materials required for informed consent and record keeping and are ready to ask any questions you require before you commence your role.
9:00am	You arrive on-site, meet with the organisation's primary contact person (e.g., the wellbeing officer) and introduce yourself as a psychologist volunteering on behalf of the APS DRN. You ask for any important information you should know ahead of the morning group briefing. You sign in and make note of the time for your own record keeping. If required, you arrange a pass to access support areas for workers and request a name badge for identification. While familiarising yourself with the location, you take note of any available quiet spaces that you could use for confidential discussions that may be required later in the day. When appropriate, you introduce yourself and your role to the workers you are supporting and try to build rapport with the team.
9:30am	You attend the morning group briefing session to learn more about the key contacts at the organisation, the event that has occurred and the impacts it has caused, important safety information, and how you will be assisting the workers. After the group briefing, you speak with the wellbeing officer about any priorities they have to maintain the wellbeing of the workers and how you may be able to assist.
10:00am	At first, you act as floating support for workers, blending into the team while allowing them space to undertake their essential work to support the community. As required, you undertake appropriate informed consent processes and gather essential information from each worker you provide support to. You provide PFA and other psychosocial support to workers requesting support or directly offer support to those who have been involved in highly stressful tasks or appear visibly distressed. You use a strengths-based approach and key PFA principles when supporting workers. Some workers raise issues or concerns that are well addressed with PFA (e.g., Look, Listen, Link), while others raise issues (e.g., mental health concerns) that require your clinical judgement to identify and action the most appropriate referral/handover pathway(s). Throughout the day, you record the essential details for note taking and keep track of the number of workers you have assisted.
12:00pm	Take a break for lunch

TIME	TASKS
12:45pm	A worker who is concluding their shift has approached you requesting support. They are not acutely distressed and express that they just need to speak to someone before they go home. You initially offer PFA and determine it is appropriate to offer an IWC to further discuss their support needs. The worker provides informed consent to engage in an IWC and you find a quieter space to conduct the check. After the IWC, you use your clinical judgement to discuss further support options with the worker and gain consent to identify and action the most appropriate referral/handover pathway(s). You record sufficient notes before you return to the other workers.
1:00pm	A worker approaches you with a community member or young person who is presenting acute signs of distress and asks if you can assist. You gather essential information to inform your ethical decision making and use your clinical judgement to decide who will be best situated to provide support to the community member.
1:30pm	The community member receives support; however, due to the crisis, some workers have put off taking a break and appear distressed and fatigued. Simultaneously, there has been a sudden influx of community members seeking practical assistance from workers. The wellbeing officer coordinates a plan to ensure better shift rotation for workers and adequate opportunities for breaks to be taken to reduce psychosocial risks.
2:15pm	You return to being floating support for the team, trying to build rapport with any new workers and offering PFA where appropriate. You continue to take notes on how many workers you support throughout the day.
3:00pm	Another DRN psychologist arrives on-site for the evening shift. You provide a handover of the day, noting any psychosocial risks you have identified and share any other information that is appropriate and helpful for the DRN psychologist taking over.
3:30pm	The volunteer manager approaches you and asks for details of an IWC you completed at 12.45pm. You use your clinical judgement and ethical decision making to provide an appropriate response that respects the worker's privacy and confidentiality requirements.
4:00pm	You attend the afternoon group briefing, sharing appropriate and relevant information, if required, while being mindful of confidentiality and privacy obligations. You sign off and take note of the time.
Later in the day	You take time to ensure your record keeping for the day is up-to-date and submit the online feedback form provided to you via email by the APS DRN team. At the end of the day, you take some time to implement your own self-care strategies.

Raising issues or concerns

Please raise any general issues and concerns as early as possible. You can communicate your concerns:

- With the APS DRN team before, during, or after your on-site deployment.
- During any shift brief or debrief session with an appropriate contact person from the organisation's wellbeing team.
- In a private conversation with an appropriate contact person from the organisation's wellbeing team.

Record keeping

In addition to your own clinical notes (not shared with the APS DRN team), please ensure you keep records of:

- All hours you spend at the on-site deployment.
- Any receipts for out-of-pocket expenses (e.g., travel, accommodation, meals) that the organisation has acknowledged it will reimburse.
- Your professional activities on the on-site deployment. Please ensure you can keep these records secure and portable (e.g., on an electronic device). While the workers you support during an on-site deployment will not be receiving ongoing psychological intervention, it is still important to keep adequate notes of all support you provided including the organisation details, time, and place, as you would in any other role as a psychologist. Please ensure that your records are sufficiently detailed, including information about how any crises situations were managed.

16. What do I need to do after I have provided the DRN wellbeing service?

Maintaining clinical notes

It is your responsibility to record and store your own clinical notes and ensure you have a current system of record keeping for psychological services, as per the Psychology Board Code of conduct. To protect the privacy and confidentiality of those receiving DRN wellbeing services, please do not share your clinical notes or a summary of your notes with the APS DRN team. The APS DRN team only requires you to provide responses to the mandatory fields in the online feedback form, which will be provided to you via email.

Reporting back to the APS DRN team

The online feedback form provided to you via email is tailored to the type of service you will be providing (e.g., an IWC, on-site deployment, or group-based information session). Once you have completed the DRN wellbeing service, please submit the online feedback form as soon as possible. This notifies the APS DRN team that the task is complete and allows us to provide timely feedback to the organisation. If you have any difficulty providing the service (e.g., being unable to contact the worker after three contact attempts), please submit the online feedback form as soon as possible to notify the APS DRN team of the outcome.

17. What feedback does the APS DRN team provide back to the organisation?

The APS DRN team does not share any identifiable details or information with the worker's organisation about which workers received services, declined services, or were uncontactable. The APS only reports how many workers received services, declined services, or were uncontactable. With appropriate informed consent from the worker, you may wish to include de-identified organisational themes in the online feedback form, that the APS DRN team can provide to the organisation. Examples of these themes may include sentiments such as 'High levels of burnout amongst workers due to lack of scheduled breaks' or 'EAP not accessible during hours where workers are available'.

18. Incident management, feedback, and complaints

Feedback and complaints from DRN psychologists are managed in accordance with the APS Complaints and Grievances Policy.

You may wish to discuss concerns with us directly at drn@psychology.org.au.

19. Get in touch

If you identify any general issues or concerns, please raise them as early as possible by contacting the APS DRN team at drn@psychology.org.au.

References

McNally, R. J., Bryant, R. A., & Ehlers, A. (2003). Does early psychological intervention promote recovery from posttraumatic stress? Psychological Science in the Public Interest, 4(2), 45-79. https://doi.org/10.1111/1529-1006.01421

National Emergency Management Agency Community Outcomes and Recovery Subcommittee. (2022). Australian Disaster Recovery Framework. ADRF Framework Final October 2022.pdf

Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). [Measurement instrument].

APPENDIX A

Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Reference: Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G, Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) [Measurement instrument].

Description

The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5) includes 5 items to screen for potential PTSD and identify individuals requiring further assessment.

The screen includes 5 yes/no questions. To view the complete measure and read the scoring instructions, please visit the VA's National Center for PTSD website, which includes a link to the PDF version of the PC-PTSD-5.

Scored Questions

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic.

For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?
YES / NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. Had nightmares about the event(s) or thought about the event(s) when you did not want to?
   YES / NO

2. Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?
   YES / NO

3. Been constantly on guard, watchful, or easily startled?
   YES / NO

4. Felt numb or detached from people, activities, or your surroundings?
   YES / NO

5. Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?
   YES / NO

APPENDIX B: PRACTICE RESOURCE

Disaster Response Network (DRN): Example Informed consent forms

Introduction

The APS has updated this resource to reflect the requirements of the Psychology Board of Australia's *Code of conduct for psychologists* (the Code, 2025). For general guidance on your obligations under the Code, refer to the APS Professional practice guidelines.

This resource is designed to help members to comply with the Australian Privacy Principles of the Commonwealth Privacy Act (1988).

It includes the following resources:

- Informed consent form
- Consent to share information form

The consent form has been prepared for use with members' prospective clients, primarily in the private sector (including not-for-profit and non-government organisations).

There are also related State and Territory Acts such as the Victorian Health Records Act (2001), the NSW Health Records and Information Privacy Act (2002), and the ACT Health Records (Privacy and Access) Act (1997), which apply to providers of health services in both private and public jurisdictions.

The Consent Form example is designed to be easily tailored to suit each member's individual practice. If you choose to use these example forms, please review and adjust the information according to your requirements, ensuring that you obtain the appropriate consent required for the type of service provided.

Members are reminded to include their own letterhead and to ensure the final document complies with the relevant legislation in their state or territory or refer to federal legislation where required.

Australian Psychological Society's **Disaster Response Network**

Example informed consent form

Consent for Service

Your consent is required for a volunteer psychologist to provide a one-off wellbeing service as a part of the Australian Psychological Society's (APS) Disaster Response Network (DRN). The DRN psychologist will explain to you the benefits and any potential risks of accessing this service. Please ensure that you fully understand the service information provided and ask for clarification if you are unclear about anything outlined in this consent form.

Personal Information

As part of providing a psychological service, such as a one-off DRN wellbeing service, the DRN psychologist will need to collect and record personal information that is relevant to your current situation. This information is a necessary part of the service provided and guides the support provided to you. You do not have to give all of your personal information, but choosing not to share relevant information may mean that the psychological service is affected.

Purpose of collecting and holding information

Your personal information is gathered as part of the DRN wellbeing service. Your information will be confidentially retained to document what happens during the service and enable the DRN psychologist to provide relevant and informed support to you.

If required and with your consent, the DRN psychologist may also gather information from others to help to inform their psychological service. That information is treated in the same way as your personal information.

Information storage

The DRN psychologist will outline how your information is stored securely. If you have concerns that the information recorded is not correct, please discuss your concerns with the DRN psychologist.

Consequences of not providing personal information

Psychologists are required to keep clear and accurate client records as part of their professional obligations. If you do not wish for your personal information to be collected, we may not be able to provide the psychological service to you. Please discuss any concerns you have with the DRN psychologist.

Accessing your personal information

At any stage, you are entitled to access your personal information kept on file. There may be some exceptions to this, which are outlined in relevant legislation and/or policies. If you would like to access your information, please discuss it with the DRN psychologist or you can request it in writing.

Confidentiality of information

Personal information gathered by the DRN psychologist will remain confidential except for certain circumstances. In most cases, any sharing of information will only occur with your consent. The DRN psychologist will ask for consent to share information when:

- Sharing information with a family member, guardian or carer.
- Discussing with others, such as your GP, employer, or any agencies.
- Providing a written referral or handover to another professional, service, or agency, such as your GP.
- Providing de-identified feedback to your employer about your experience in the workplace.
- For disclosing the information in any other way not referenced in this document.

Psychologists are required to consult and receive supervision from colleagues from time to time. If your information is shared in this context, all care is taken to deidentify your information in such a way that you remain anonymous.

Exceptions to confidentiality

There are times when the DRN psychologist may release your information without obtaining your consent such as:

- When a court requires information by issuing a subpoena, or providing information is otherwise required or authorised by law.
- When it is required because the psychologist must make a mandatory report on a concern.
- When the psychologist discloses information because they believe you or someone else is at risk of serious harm.

Fees

There are no fees for receiving DRN wellbeing services.

How to make a complaint

If you have any concerns about the DRN wellbeing service, please discuss these with the DRN psychologist, if you are able. If you would like to make a complaint, you are able to do so by informing your organisation's contact person, who can raise it with the APS DRN team.

APS Charter for Clients of Psychologists

The attached Charter explains your rights as someone receiving a service from a psychologist.

Period of consent

This consent is provided for the following time period. Consent will also be reviewed as required should the terms of the service change.

Consent is valid until this set date:

You have a right to withdraw this consent at any time by telling the DRN psychologist or putting your request in writing. You cannot withdraw consent for a service that has already occurred. The DRN psychologist can discuss with you any implications of withdrawing consent.

Signature

I have read and understand the contents of this consent form and the information provided to me during the consent process. I agree and consent to the above conditions for the psychological service provided.

Name:

Signature: Date:

Or Parent/ Guardian/ Authorised representative of above-named person

Relationship:

Printed Name:

Signature: Date:

Please note: If, after reading this form you are unclear at all about any of the information provided, please contact the psychologist to discuss.

Australian Psychological Society's **Disaster Response Network**

Example consent to share information form

Name: Date of Birth:

It has been discussed with me how and why certain information about me may be shared with other service providers, as listed below. I understand this and give my consent for the information to be shared.

This consent remains current for the period of _____ and will be revisited as required.

CONSENT TO SHARE INFORMATION		
Personal information to be shared (including exceptions)	Name of agency or person who information will be shared with	Purpose of information sharing

☐ Written consent obtained

Printed Name:

Signature: Date:

☐ Authorised decision maker

I am the authorised decision-maker for the above-mentioned client. It has been discussed with me how and why certain information about the client may be shared with other service providers, as listed. I understand this and give my consent for the information to be shared.

I understand that this consent remains current for the period of _____ and will be revisited as required.

Printed Name:

Signature: Date:

Consent obtained by (psychologist)

Printed Name:

Signature: Date

Charter for clients of APS psychologists

All psychologists are legally required to be registered in Australia, which means your psychologist is a health practitioner registered with the Psychology Board of Australia.

Only people with this registration are allowed to call themselves psychologists. Your psychologist is also a member of the Australian Psychological Society, the largest professional organisation for psychologists in Australia. These safeguards mean that your psychologist is properly trained and ensures that you receive high quality, ethical care.

This charter sets out what you can expect from your APS psychologist. It also sets out how you can provide any feedback about their service.

As a client of an APS psychologist, you have the right to:

- Be treated with respect at all times
- Feel safe that your cultural identity, beliefs and diversity are respected
- Receive a clear explanation of any services provided and the options available to you
- Agree to the terms of the service before it is provided and withdraw your consent at any time
- Work with your psychologist to set goals for the service which may include a discussion about the number of sessions that may be required
- Ask any questions about services provided
- Receive a quality, evidence-based service from a highly skilled psychologist, who is ethical and trustworthy
- Have family or other support people involved in your care if you choose
- Have your personal information held securely and kept confidential
- Be informed of when information might be shared without your consent
- Have all costs, including cancellation fees, clearly explained

You can help your psychologist provide the best care by:

- Providing accurate information about your situation
- Treating your psychologist and other staff with respect
- Providing your psychologist with any feedback you have about their service

You can provide feedback:

Your psychologist values your feedback, whether your experience has been positive or there are things which could be improved. If you have any concerns about your treatment, please discuss them with your psychologist first. If you are unable to do so, you may be able to contact the clinic, agency or organisation where they work.

If you have concerns about the conduct of your psychologist, and wish to make a formal complaint, you can contact the Australian Health Practitioner Regulation Agency (Ahpra) on 1300 419 495 or visit ahpra.gov.au

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APS Australian Psychological Society

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