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GUIDANCE

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

This guidance covers the work of psychologists during the UK Covid-19 pandemic and follows on from the interim guidance issued in May 2020. 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.

Psychologists should follow government guidance and use their own professional judgement when making decisions about safe practice.

PROFESSIONAL PRACTICE

The Health and Care Professions Council has indicated that the circumstances of the pandemic would be considered in any fitness to practise 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](#).

REDEPLOYMENT

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 issues¹.

WORKING REMOTELY OR FACE-TO-FACE

When deciding whether to work remotely or face-to-face as the pandemic continues and government advice changes, psychologists should complete a risk assessment. Psychologists should weigh up the relative risks of no therapy, online therapy or face-to-face therapy; to themselves, their clients and the public. Psychologists should use their professional judgement following government guidance, make notes and document any decision making.

A psychological services appointment would be classed as a medical appointment and therefore would permit essential travel by clients under current government guidance.

Those psychologists who undertake group interventions will need different considerations. For further information see our guidance on [digital group interventions](#).

DIGITAL APPROACHES

During the pandemic, many psychologists will be expected to use digital methods including telephone, online and videoconferencing to offer psychological support, including, 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.

For further information on remote assessment and therapy considerations please see separate [guidance](#). There is also client group specific guidance available on the [BPS Covid resources page](#) and guidance on 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.

WORKING 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.

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. 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](#) and remote assessments with [adults with learning or intellectual disabilities](#) 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.

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.

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.

LEADERSHIP ROLES

Many psychologists managing teams or departments have been leading on the provision of psychological wellbeing support for staff during the pandemic.

Consideration of staff wellbeing across the health and social care is important as the pandemic continues and beyond. Psychologists can help by making this clear to commissioners and directors, and giving practical advice 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.

The Kings Fund has produced very useful resources [Leading Through Covid 19: supporting health and Social care staff in unprecedented times](#).

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.

Psychologists should consider the benefits of having the Covid vaccine themselves. Those psychologists working face-to-face with service users, including those in independent practice, form part of the front line workforce and should not be turned away from vaccination centres. Further information is available on our [website](#).

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.

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.

The DCP Digital Health care sub-committee has produced helpful [guidance](#) on digital adaptations to supervision.

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.

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.

Further guidance can be found on our [research hub](#), including ways of doing research safely during Covid-19 times.

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 see our [guidance](#) for aspiring psychologists and their supervisors and the HCPC [advice for students](#).

RETURNING TO PRACTICE

There are opportunities for retired psychologists to return to practice during the pandemic to supplement the over stretched workforce.

We support those who wish to take part in this initiative reminding psychologists that they are expected to work within their own skills, knowledge and competence to ensure safe practice.

Psychologists may also need to re-register with the HCPC, there is information on their website about [returning to practice](#).

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.

For expert witnesses undertaking assessments as part of their work, please see our [guidance](#).

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.

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REFERENCES

¹ Unite the Union (2020). Applied psychologists Organising Professional Committee Position statement re Covid-19. London: author



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