



ANDERIDA ADOLESCENT CARE

CLINICAL PSYCHOLOGY INPUT POLICY AND PROCEDURE

Registration

- Our clinical psychologist is chartered with the British Psychological Society (BPS), and the Health Professions Council (HPC).
- In order to maintain his chartership, he must maintain a specified level of continued professional development to ensure he is up to date with relevant psychological research and practice.

Code of Ethics

- Our psychologist is bound by his professional body's code of ethics. He must adhere to the following principles, failure to do so could result in his chartered status being withdrawn:
 - All actions must be in the best interests of clients.
 - All client information must be treated confidentially, and data protection laws must be followed.
 - High standards of personal conduct must be adhered to.
 - Professional knowledge and skills must be kept up to date.
 - All work undertaken should be within the limits of that psychologist's knowledge, skills and experience.
 - The psychologist must effectively supervise tasks that they have asked other people to carry out.
 - Informed consent must be sought before commencing treatment.
 - The psychologist must keep accurate records.
 - The psychologist must behave with honesty and integrity and ensure that his / her behaviour does not damage the public's confidence in the profession.
 - All advertising must be accurate.

Supervision

The psychologist receives his own clinical supervision monthly from a consultant clinical psychologist.

DBS

The psychologist has a full enhanced DBS which is renewed every three years, a copy of which is held by Anderida.

PROCEDURES

Recording and Confidentiality

- The psychologist records all interactions with young people, staff and other professionals and holds clinical files on his own premises. Files are kept within a locked cabinet which only the psychologist can access. The requirements of the Data Protection Act and Code of Ethics regarding accurate recording are met in this way.
- Any information is shared on a need-to-know basis and consent is obtained from the young person, where appropriate.

Referrals

- Any direct contact between the psychologist and the young person will be requested by the completion of a referral form by the home manager.

Written Communication

- After the first four sessions with a new referral, the psychologist will, if requested, produce an assessment report made available to the home manager and social worker. The young person will receive either the same assessment report or one written specifically for them. As a minimum, the assessment report contains information about the initial psychological formulation, risk assessment and a preliminary treatment plan.
- Progress reports can be produced every 6-12 sessions.
- A discharge report can be requested when the work comes to an end.