GUIDELINES FOR DIRECT CLIENT ACTIVITIES:

PRINCIPLES AND CONSIDERATIONS

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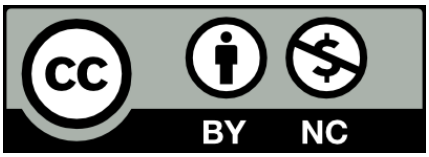

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Background

The role of the Australian Psychology Accreditation Council (APAC) is to set the accreditation standards for psychology training in tertiary education institutions within Australia (APAC, 2019). These standards include competency requirements across undergraduate and postgraduate psychology programs. To be eligible for registration as Psychologists within Australia, candidates must complete APAC-approved sequences of study (or equivalent).

APAC also provides guidelines (APAC, 2023) for Australian education institutions to evidence their capacity to initially attain, and later retain, the accreditation status of their psychology training programs. Of note and relevance, here are APAC's guidelines around postgraduate level psychology training. Different standards and criteria apply to different postgraduate programs, including programs which lead to general registration as a Psychologist (e.g., Master of Professional Psychology programs) and programs which lead to registration as a Psychologist with different Area(s) of Practice Endorsement (AoPE), such as endorsement in Clinical, Neuropsychology or Health Psychology.

APAC sets the minimum number of hours of placement, direct client activities (DCA) and supervision for postgraduate training. For programs that lead to registration with AoPE, APAC specifies that Master-level programs should require trainees to undertake a minimum of 1000 placements hour (including at least 400 hours of DCA) while Doctoral-level programs should require a minimum of 1500 placement hours (including at least 600 hours of DCA). Trainees in these programs have to record their placement, DCA and supervision hours in professional logbooks, which are reviewed and signed regularly by their practicum supervisor as formal records of their placement experience.

APAC provides a definition of DCA, which includes "…phone-calls with clients, face-to-face contact with clients (including e-health), meetings where the student reports to the team or organisation, and work with clients and others relevant to their care, including families, employers, supervisors, teachers, health providers or legal guardians" (APAC, 2019, p.28). Despite operating from the same professional and accreditation standards, discrepancies in what and how placement activities are recorded in psychology trainee logbooks have been reported across fieldwork settings, training providers, and AoPE.

In a recent study, Quinlan et al. (2022) found that trainees and academic staff from a range of Australian postgraduate programs noted a lack of understanding of what constituted DCA for the purpose of logbook recording, despite the definition provided by APAC. This finding is consistent with anecdotal

reports of variability across academic programs in interpreting the DCA definition within an AoPE. Whilst some courses applied strict interpretations of DCA, others used broader definitions. This is also consistent with anecdotal reports of differences across AoPE programs, whereby some activities deemed suitable to be recorded as DCA in one AoPE, were deemed unsuitable in another. For example, conducting a service evaluation may be deemed acceptable to be recorded as DCA for an Organisational Psychology placement, but not for a Clinical Neuropsychology placement. Such discrepancies may see a placement organisation hosting two trainees from the same education institution but different AoPE, or from the same AoPE but different education institutions, provide conflicting instructions regarding how to categorise and thus log DCA. This is not only confusing but may create anxiety for education providers, trainees and their supervisors in ensuring that sufficient DCA is undertaken.

The reason for these discrepancies, especially across AoPE, might be due to the historical context of these requirements. Prior to the 2019 APAC Standards, the Australian Psychological Society (APS) Colleges were jointly involved with APAC in the assessment/accreditation of the AoPE programs. The minimum 400- and 600-hour DCA requirement was set by the APS College of Clinical Psychology specifically for Clinical Psychology programs. However, not all APS Colleges had explicit requirements around DCA hours for their AoPE. Since the revision of APAC Standards in 2019, APAC became solely responsible for the accreditation process and had set the minimum 400- and 600-hour DCA requirements for all AoPE program types. Some programs which traditionally had less focus on DCA hours experienced difficulties in reaching the minimum DCA requirements, necessitating the adaptation of a broader definition to achieve these requirements.

The issue of confusion or inconsistencies around logging of placement activities is also apparent in the United States, which does not share the same historical context. For example, in a survey of 195 doctoral psychology programs in the United States, Hatcher et al. (2011) found varying levels of agreement concerning the recording of particular activities. They noted that 98% of programs agreed that direct service to individual clients, couples, groups, and organisations could be recorded as DCA. However, only 37% agreed with recording consultation with professionals and systems external to the practicum site, including schools, courts, physicians, and other providers as DCA. Further, in the United States, Kaslow et al. (2005) found that nearly all of the 393 psychology training directors surveyed recognised clinical intervention and assessment hours as legitimate practicum activities, whereas only approximately half viewed community consultation as an acceptable activity. As such, it may be that the confusion around the definition and categorisation of DCA is a result of the multifaceted nature of psychological practice and training.

Direct Client Activities Working Group

As postgraduate psychology programs have progressively moved towards competency-based approaches to clinical training and assessment in Australian postgraduate psychology education (Stevens et al., 2017), an ongoing focus for educational tertiary providers has been to improve consistency of standards. The need for consistent standards between different educational institutions offering the same postgraduate psychology programs as well as between different postgraduate psychology program types (e.g., Neuro, Clinical, Organisational, Health and Professional Psychology) has been flagged repeatedly by various stakeholders involved in postgraduate psychology training.

Australian Placement Coordinators who meet regularly across postgraduate psychology types and from different tertiary institutions, have identified a need for a standardised agreement of what does and does not count as DCA at a national level. Specifically, there has been growing consensus amongst Placement Coordinators nationally that the APAC definition of DCA is not sufficiently clear and that the definition needs to be further clarified and broken down into discrete activities in order to provide clearer guidance about what constitutes DCA in a given postgraduate psychology program.

The Australian Psychology Placement Alliance (APPA) formed the Direct Client Activities Working Group (DCAWG) in April 2022 with the intention to provide guidance around the practical definitions of Direct Client Activities (DCA) for postgraduate psychology trainees (Provisional or Registered Psychologists) at a national level across all Australian tertiary institutions offering postgraduate psychology programs. The DCAWG started with eight members of APPA from different Australian tertiary education institutions and program types. One member subsequently stepped down from their role in the DCAWG which resulted in a group of seven working group members (all of whom are co-authors of this paper). All members were Psychology Board of Australia approved supervisors and held formal roles in education institutions and postgraduate training programs, including Placement Coordinator, Clinic Director, Program Director and/or Clinical Supervisor. These members represented programs in Clinical Psychology, Clinical Neuropsychology and Professional Psychology. The working group conferred over 13 months to develop recommendations around the definition of DCA in the context of postgraduate psychology training in Australia.

Information and Data Gathered

To arrive at the final recommendations, the DCAWG first sought data concerning DCA definitions and lists across AoPE to compare and contrast DCA recording practices in the profession. AoPE-specific guidance documents for Organisational, Forensic and Health Psychology were supplied to the DCAWG. It was, however, noted that there were no generally adopted DCA definition guidelines for Clinical Psychology and Clinical Neuropsychology. Given that Clinical Psychology and Clinical Neuropsychology respectively represent the largest and fourth largest number of practice endorsements in Australia (Australian Health Practitioner Regulation Agency, 2022), a decision was made to collate further input around DCA definitions from stakeholders in these two AoPE.

Guidance Documents from AoPE

The DCAWG invited submissions of DCA definitions from colleagues in Organisational, Forensic and Health psychology. Three sets of guidance documents around DCA for the three AoPE were received.

The Health Psychology document related specifically to health promotion-based placements that Health Psychology trainees undertake as part of their practicum training. The Organisational and Forensic Psychology documents covered client activities on placements more broadly. Both the Organisational and Health Psychology documents were developed through consensus and have been adopted by the relevant AoPE programs nationally. The Forensic Psychology document was developed and used by one out of the two forensic programs in Australia. All three AoPE-specific guidance documents were reviewed and referred to throughout the work of the DCAWG.

Delphi Studies for Clinical Psychology and Clinical Neuropsychology

A modified Delphi study approach was used to gather data from the areas of Clinical Psychology and Clinical Neuropsychology (Anderson et al., in press). Two expert panels were formed, consisting of Placement Coordinators, Program Directors, and AoPE supervisors from Clinical Psychology (*N*=24) and Clinical Neuropsychology (*N*=15). These two expert panels rated the degree to which they agreed or disagreed with a range of activities being recorded as DCA in trainee logbooks. The lists were generated by collating DCA definitions and lists supplied, on invitation, by individual training programs Australia-wide, and by drawing from lists of DCA from the other three AoPE-specific documents supplied to the DCAWG. There were initially 56 items, which were rated by both panels across three rounds. Activities with over 80% agreement or disagreement during any round were accepted or rejected from the final list, respectively. Sixteen activities for clinical psychology and 30 activities for clinical neuropsychology

were endorsed by the expert panels, thus providing the first set of consensus-based DCA within these two AoPE. Only nine activities across the two panels did not reach consensus over the three rounds, leaving some uncertainty for training programs, supervisors and trainees regarding their inclusion as DCA in trainee logbooks.

Differences were noted across Clinical Psychology and Clinical Neuropsychology, with Clinical Neuropsychology endorsing nearly twice as many items, and a greater range of both active and passive observational activities as DCA, so long as there was debrief and/or reflection of these activities with an appropriate practitioner or supervisor. Plausible explanations for these differences included historical discrepancies in accreditation requirements for the different AoPE, and fundamental differences in what is valued in developing core competencies and niche skill set across AoPE.

Consensus of Accepted and Rejected Definitions

The DCA definitions contained within each of the AoPE guidance documents and the Delphi study findings were collated and compared with each other. Following this process, the DCAWG conferred and confirmed the placement activities which should be accepted or rejected as DCA. That is, based on the review of peer input and group consensus the DCAWG was confident in proposing two categories of placement activities which should and should not be considered as DCA across all AoPE program types.

The following example activities were <u>accepted</u> as DCA's for postgraduate psychology trainees, across all AoPE:

- Conducting assessment or therapy sessions with individuals, couples or families.
- Co-facilitating assessment or treatment sessions with another therapist (co-therapy).
- Facilitating group treatment sessions, either solo or co-facilitating.
- Conducting psychometric testing with a client.
- Providing psychometric assessment feedback to clients.
- Liaising with client's family members or other relevant stakeholders (e.g., to collect information or give feedback about an assessment).
- Consulting with other professionals (e.g., acute care team, psychiatrist, case worker, teacher, multidisciplinary team) about the management of a client.
- Communicating outcomes of assessment or treatment with referrer by verbal means.

- Observational client assessments (e.g., school observations; observation of parent-child interactions; observation of sports client in competition settings).
- Communicating with clients via telephone or teleconference that is NOT for administrative purposes (e.g., triage, intake interview, phone review, phone counselling),
- Communicating with clients via digital means (e.g., email, text message, chatroom) that is NOT for administrative purposes (e.g., providing chatroom-based therapy).
- Actively participating in a case conference where the client is in attendance.
- Provision of psychoeducation regarding a client to other stakeholders involved in client care.
- Sections of ward rounds, clinical meetings, case allocation meetings, or handover sessions where the trainee's clients are discussed.

The following example activities were rejected as DCA's for postgraduate psychology trainees, across all AoPE and should be considered "client related activities" instead:

- Learning about professional roles with other staff in a multidisciplinary team (e.g., social worker, OT), where it does not relate to intervention, assessment, or service provision for a specific client.
- General reading about disorders/treatments/approaches.
- Communicating with client for administration purposes only (e.g., booking appointment).
- Passive observation of a recorded previous sessions (not live) of a health professional conducting an assessment or treatment session with a client where there is no debrief and reflection with the health professional and/or a supervisor after the event.
- Attending general team meetings, general work planning meetings.
- Travelling to and from placement site from the trainee's educational institution.
- Travelling to and from placement site from trainee's home.
- Time spent travelling to and from out-of-office client assessment and treatment sessions (e.g., time spent travelling to a client's home to conduct a hoarding disorder assessment, time spent driving to visit homeless youth client for a session).
- Standard induction/on-boarding activities for trainee's placement.
- Networking catch ups for trainee's own personal development.
- Attending accreditation meetings, external advisory meetings, or focus groups for the purpose of accreditation of the host agency.
- Meetings with trainee's Placement Coordinator.
- Attending training for trainee's development needs/personal interest/placement needs.
- Attending work functions with no client linkages (e.g., shared morning tea).
- Completing placement paperwork (e.g., placement contract).

- Completing trainee's logbook.
- Supervision sessions with trainee's supervisor that are either client (case discussions) or non-client focused (general discussion of techniques, theory/frameworks, professional practice).
- Group supervision sessions that are client focused.
- Group supervision sessions that are not client focused (general discussion of techniques, theory/frameworks, professional practice).

Principles for Acceptance or Rejection of Placement Activities as Direct Client Activities

In arriving at the two consensus lists above, the DCAWG identified a list of five criteria in determining whether a placement activity should or should not be considered DCA. In order to qualify as a DCA, the placement activity needs to satisfy **ALL** five criteria below:

1. Activity must be psychological in focus or involve the delivery of a psychological service.
2. Activity must involve the active participation of the trainee.
3. The client of the trainee must be present or the activity must directly relate to a client.
4. Activity must lead directly to the development of identified placement and professional competencies.
5. Activity should only be counted once as DCA, client-related activity or supervision activity; there should be no counting of one placement activity in multiple categories (i.e., no "double dipping").

Grey Areas for Consideration

Whilst consensus was reached for the accepted and rejected lists above, there were a number of placement activities which fell within the “grey area”. These were placement activities which were not fully accepted or rejected based on the varying AoPE definitions. It is these types of placement activities that have historically resulted in the most diverse opinions within the varying programs nationally.

In dealing with placement activities in the grey area, the DCAWG opted to present these activities in Table 1 and sorted into categories based on the level of agreement across the different AoPE. The term “agreement” is used here to differentiate these categories from the “consensus” (confirmed) lists above. By definition, all placement activities listed in Table 1 have not reached consensus in terms of whether these should be accepted or rejected as DCA. The level of agreement indicates the level of which these activities are considered DCA in various AoPE. That is, the higher the level of agreement the more AoPE programs tend to consider these activities as DCA. The DCAWG has also outlined in the following section the key principles for program authorities to consider in determining if activities within the grey area should be counted as DCA.

Table 1

Grey Area Placement Activities Listed by Levels of Agreement

HIGH LEVEL AGREEMENT
Active observation of a live or recorded session of a health professional with a client where there is a task set by the supervisor (e.g., reviewing a recorded session using a therapy rating scale or scoring psychometric tests).
Passive observation of a qualified Psychologist conducting an assessment or treatment session where there is debrief and reflection with the Psychologist or a supervisor post-session.
MODERATE – HIGH LEVEL AGREEMENT
Report or letter writing that is communicating assessment findings to the client (i.e., the client will receive the report); does NOT include scoring or reviewing research to assist in the writing of the report.
Report or letter writing that is communicating assessment findings to the referrer (i.e., the referrer will receive the report); does NOT include scoring or reviewing research to assist in the writing of the report.
Active observation of a live or recorded session of a fellow student with a client where there is a task set by the supervisor (e.g., reviewing a recorded session using a therapy rating scale or scoring psychometric tests).
MODERATE LEVEL AGREEMENT
Conducting an initial comprehensive client file review, with information sourced from other stakeholders (e.g., psychological, medical and legal records), to inform assessment or treatment of a client.
Scoring and interpretation of psychological/psychometric test results.
Developing clinical materials specific to the trainee's client (e.g., developing a handout for a specific client to pass to family member on how best to support their needs).
Preparation of therapeutic client letter (e.g., preparing a summary of formulation or treatment, encouraging clients to take certain actions consistent with the treatment plan) that is NOT for administrative purposes.
Delivering a training, workshop, or presentation to placement entity's clients or other stakeholders regarding psychologically-related material (e.g., conducting a presentation on managing anxiety to a local school, running a parent information evening on eating disorders).
Actively participating in ward rounds, clinical meetings, case allocation meetings, or handover sessions where the trainee's clients are not discussed (e.g., providing consultation regarding another professional's client).

LOW LEVEL AGREEMENT
Developing service promotion and marketing materials (i.e., brochures, websites) to appeal to the organisation's target population.
Reviewing the literature on specific client problems or needs that support the development of a specific client output/deliverable (e.g., reviewing the literature on panic disorder to facilitate the writing of a client report, reviewing the literature on eating disorders to inform the content of a parent information evening presentation).
Passive observation of a qualified Psychologist conducting an assessment or treatment session where there is no debrief or reflection with the Psychologist or a supervisor post-session.
Passive observation of a recorded previous sessions (not live) of a health professional conducting an assessment or treatment session with a client where there is debrief and reflection with the health professional and/or a supervisor after the event.
Preparing materials for a training, workshop, or presentation for placement entity's non-client stakeholders regarding psychologically-related material (e.g., writing PowerPoint presentation for an allied health in-service session).
Preparing materials for a training, workshop, or presentation for placement entity's clients regarding psychologically-related material (e.g., writing PowerPoint presentation for a parent information evening).
Writing case notes.
Passive observation of wards rounds, clinical meetings, case allocation meetings, or handover sessions where there is post-activity debrief and/or reflection with a supervisor.
Observing a case conference where the client is in attendance.
Passive observation of a qualified practitioner from any other multi-discipline conducting an assessment or treatment session, relevant to AOPE, where there is debrief and reflection with the practitioner or a supervisor post-session.
Simulated learning tasks (e.g., role play practice of assessment technique for review by supervisor prior to real world use).
Service evaluation activities (i.e., being asked to review a clinical service issue and make recommendations back to the service in written and/or verbal form).
Developing clinical materials as a general resource for the placement setting (e.g., writing a treatment manual for a new group program, creating a handout for families on how best to support clients).

VERY LOW LEVEL AGREEMENT
Passive observation of a qualified practitioner from any other multi-discipline conducting an assessment or treatment session where there is no debrief or reflection with the practitioner or a supervisor post-session.
Passive observation of wards rounds, clinical meetings, case allocation meetings, or handover sessions where there is no post-activity debrief and/or reflection with a supervisor.

Principles for Inclusion of Grey Area Placement Activities as Direct Client Activities

Clear and Documented Rationale

Given the lack of consensus around these items, the DCAWG's recommendation is for programs that allow any of these activities to be counted as DCA to stipulate a rationale for the inclusion which is documented in the program documentation and/or individual trainee logbooks. This allows for these non-typical definitions of DCA to be reviewed by accreditation assessors (during accreditation visits) and peers (during benchmarking processes) in the context of the program's overall practicum training approach. The placement activities are set out in Table 1 based on the level of agreement. As such, activities with lower levels of agreement would require stronger rationale and justification for these to be included as DCA. Indeed, how the activities contribute to the achievement of key competencies and placement specific goals should be considered in evaluating the appropriateness of counting activities in the grey area as DCA, and their alignment to the trainee's level of development. In addition, programs should also ensure that their trainees have the breadth of practice or balance spread of placement activities in order to develop and demonstrate their training competencies.

Capping of Hours

Programs electing to incorporate any placement activities in Table 1 as DCA, are also encouraged to include a cap on the number of hours the trainees are permitted across these activity categories. The cap on number of hours can be determined through a variety of methods, including caps on the maximum permitted hours within a placement or across placements, and/or imposing caps based on the developmental stage of the trainee (e.g., trainees given progressively lower allowances for counting particular types of grey area activities as they progress in their training). Programs can consider one or more of these caps as a way to ensure that the bulk of placement activities are indeed "direct client" focused. It is further recognised that different AoPE would have different caps based on their individual

AoPE-based requirements. As such, it will be important for each program to benchmark their caps for these grey area placement activities with other programs within the same AoPE.

Activities Associated with Assessment-Based Psychological Services

The DCAWG recognises that AoPE such as Clinical Neuropsychology, Forensic and Educational and Development Psychology, inherently have a higher proportion of placement activities that derive foundationally from assessment-based psychological services which lead to various outcomes (e.g., diagnostic purposes, National Disability Insurance Scheme applications, legal proceedings). Although the opportunity for concrete face-to-face client interaction is restricted compared to other AoPE (e.g., Clinical Psychology), assessment-based services involve many associated activities that either contribute to or are by-products of the assessment process (e.g., reviewing client health records, scoring of assessment tools, writing of report, medical progress notes or feedback letters). These activities form an essential part of the assessment process albeit the client might not be present during these activities.

It is the DCAWG's recommendation to consider including assessment associated activities listed below as DCA – with the appropriate documentation of rationale and capping of hours as outlined in the previous sub-sections:

- Conducting an initial comprehensive client file review, with information sourced from other stakeholders (e.g., reviewing psychological, medical and legal records), to inform assessment of a client.
- Scoring, writing up datasheet, and interpretation of psychological test results.
- Report or letter writing to communicate findings to a client or a referrer.
- Developing clinical materials specific to the trainee's client (e.g., developing a handout for a specific client to pass to family member on how best to support their needs).
- Writing case/progress notes specific to assessment (e.g., writing the findings of assessment in client's medical file).

Aside from the assessment-heavy AoPE, other AoPE programs could also elect to include the abovementioned activities associated with assessments as DCA when their trainees undertake assessment-based activities (e.g., counting report writing as DCA for psychometric assessments in a Clinical Psychology program).

As noted in the previous sub-section, it is important for caps on hours to be applied for these activities (e.g., caps on hours per placement and/or based on trainee's development trajectory). For instance, taking six hours to write a report on early placements may be warranted, although this number may be reviewed and capped to three hours per report for later placements.

Placements with Non-Individual or Specified Clients

The DCAWG recognises the unique placement conditions inherent in some placement contexts where clients are typically not individual persons but rather communities and organisations as a whole. These relate to Health Promotion, Community and Organisational Psychology, where the definition of "client" is not straightforward. That is, in these placements, the work conducted by trainees is not heavily client-facing as it involves large amounts of preparatory work (e.g., research, collation and drafting of resources) associated with each interaction with clients (e.g., presentation to stakeholders or submission of final health promotion material).

As such, the DCAWG recognises the need for some activities which are typically not considered DCA in other individual-focused placement contexts (e.g., preparation and development of resources) to be considered DCA only for these specific AoPE or settings – with the appropriate documentation of rationale and capping of hours as outlined in the previous sub-sections. Some examples of these activities include:

- Developing service promotion and marketing materials (i.e., brochures, websites) to appeal to the organisation's target population.
- Preparing materials for a training, workshop, or presentation for placement entity's non-client stakeholders regarding psychologically-related material (e.g., writing PowerPoint presentation for an allied health in-service session).
- Preparing materials for a training, workshop, or presentation for placement entity's clients regarding psychologically-related material (e.g., writing PowerPoint presentation for a parent information evening).
- Service evaluation activities (i.e., being asked to review a community or clinical service issue and make recommendations back to the stakeholders or service in written and/or verbal form).
- Developing psychologically-related materials as a general resource for the placement setting (e.g., writing a treatment manual for a new group program, creating a handout for families on how best to support clients).

Further Recommendations

Activities Not Listed

While every effort was made to generate lists of placement activities that were specific and would encompass the large range of activities that trainees may undertake on placement, trainees are likely to encounter activities that do not exactly match any of the lists here. In this instance, the recommendation of the DCAWG is to use the category deemed to be the closest item on the existing lists and document the rationale for deeming the category a match and the activity to contribute to DCA.

Logging of Direct Client Activities

In its discussions, the DCAWG also reviewed the logging practices of DCA across different program types. Although it was not within the initial scope of the DCAWG to review the DCA logging practices, it was considered helpful to provide some guidance around typical logging practices as follows.

- DCA should be logged in quarter-hour increments (i.e., 15-minute blocks).
- Each activity should be rounded up or down to its closest quarter-hour point based on conventions below:
    - Between 8 minutes and 22 minutes: round to 15 minutes
    - Between 23 minutes and 37 minutes: round to 30 minutes
- Brief activities (less than 8 minutes duration) should not be logged as DCA given that it is unlikely that such brief encounter would constitute a meaningful DCA. However, these activities can be logged as "client related" or placement hours.

Conclusions and Future Directions

The recommendations here represent the first attempt in Australia to provide a standardised approach in the definition of Direct Client Activities in the context of Areas of Practice Endorsement-based postgraduate psychology training. It is the hope that this document would be a useful resource for Placement Coordinators and program authorities in developing their program guidelines around the logging of Direct Client Activities.

In arriving at these recommendations, the Direct Client Activities Working Group has sought to strike a balance between allowing flexibility in the definitions while maintaining high standards of psychology training. The guidelines here allow program authorities to exercise judgement in adopting definitions

through having a set of shared principles to adhere to. It is also important to emphasise here that the matrix of client hours can be an unreliable gauge of trainee experience and growth. It is therefore crucial that a competency-based lens is used when applying these guidelines and that the development of trainee competencies remain the key focus in considering placement activities.

It is anticipated that the recommendations contained here will need to be updated over time, especially following any significant changes in the guidance provided by the Australian Psychology Accreditation Council and the evolution of placement settings and psychology practice.

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