Consent Guidelines

**Clinical Guidelines for Trainee Clinical Psychologists obtaining informed consent from clients**

Consent is the voluntary and continuing permission of the patient/client/service user to receive a particular treatment based on an adequate knowledge of the purpose, nature, likely effects and the risks of that treatment, including the likelihood of its success and any alternatives to it (Mental Health Act Code of Practice 1999).

Trainee clinical psychologists, like all other health professionals, should gain consent for all assessment/treatment or interventions offered. In practice this means providing information about what psychological work involves, that the patient/client/service user is seeing a trainee clinical psychologist and what this entails (e.g., supervision, video/audio recordings, anonymised case discussion, case presentation, case reports etc..). For further information see:

BPS Practice Guidelines (2017) - <https://www.bps.org.uk/news-and-policy/practice-guidelines>

##### Who can give consent?

Everyone aged 16 years and over is presumed to be able to give consent for themselves unless it can be demonstrated that they are unable to do so. Every effort should be made to support an individual to make his/her own decision by finding appropriate ways to facilitate understanding before concluding that he/she is unable to give consent. If someone is mentally competent to give consent but is physically unable to sign the form, then an independent witness can be asked to confirm that the patient has given oral consent.

##### When and how to obtain consent:

Consent should be obtained at the outset of any contact. **How this is done will depend on the service and client group of the placement and will be at the discretion of the supervisor.**  If appointment letters are sent in advance, information on seeing a trainee clinical psychologist could be included, if appropriate. If the patient is seen in an in-patient setting or requires modified information, then this will usually be given and discussed at the initial meeting with supervisory support.

Copies of the signed consent forms should be placed in the individual’s file. **As a minimum standard, the date and time and content of verbal consent should be recorded in the person’s records. In cases where the process of obtaining consent is more complex, this should also be clearly documented in their notes in negotiation with your supervisor.**

***Please note that you can choose to use the Information Sheets and Consent forms as recommended in this document or the equivalent forms from your placement.***

##### Adults where capacity is not an issue:

**Information Sheet 1** and the **Standard Consent Form** should be used when working individually or in a group context. The **Record of Client Consent for Digital Recording** form must also be completed if appropriate.

##### Young people aged 16 -18 years old:

**Information Sheet 1** and **Standard Consent Form** should be used. In addition, parental involvement/consent is recommended but not necessary. The **Record of Client Consent for Digital Recording** form must also be completed if appropriate.

##### Children under 16 years old:

It is good practice to involve the child where possible when working with a person under 16 years old. If the child has sufficient understanding they can read and sign the **Modified Consent Form 1 or 2** (you may need to explain this information in child accessible language).

In addition, the parent or carer responsible for the child must provide consent by reading **Information Sheet 1** and signing **Consent Form For Work Involving Children and Young People.** The **Record of Client Consent for Digital Recording** form must also be completed if appropriate. It is preferable that work should take place with the consent of both child and parent/carer.

Please see the BPS Practice Guideline (2017) Section 6.2 for full details/recommendations)

<https://www.bps.org.uk/news-and-policy/practice-guidelines>.

The same principles apply when working individually or working with young people as part of a group.

##### Clients who lack capacity to give informed consent:

Some adults (over 18 years old) may find it difficult or lack the capacity to give or withhold consent for themselves. Every effort should be made to try to communicate and provide appropriate information in circumstances most conducive to facilitating understanding by using adapted versions of the **Modified Consent Form 1 or 2**. If the person truly lacks capacity then an appropriate person (family member, carer etc..) should be identified to provide consent on the person’s behalf using the **Agreement Form for Clients who Lack Capacity to Consent.** The **Record of Client Consent for Digital Recording** form must also be completed if appropriate.

Please see the BPS Practice Guideline (2017) Section 6.3 for full details/recommendations - BPS Practice Guidelines (2017) - <https://www.bps.org.uk/news-and-policy/practice-guidelines>.

**Information Sheet 1**

**Information sheet for people who have been offered an appointment with a Trainee Clinical Psychologist from the University of Southampton**

**Please read the following information before your appointment:**

Clinical psychology can benefit people in many ways. Talking with a clinical psychologist or trainee clinical psychologist can help to improve emotional well-being and reduce the distress caused by psychological problems. Clinical Psychologists can also assess individuals who are experiencing cognitive or behavioural difficulties and develop plans to manage or treat these problems. Additionally, they may also work with relatives, carers and other professionals in order to help solve problems.

This information sheet explains what a trainee clinical psychologist is and how they may use information about individuals they are seeing. You will see below that trainee clinical psychologists already have a great deal of experience.

During your appointment you (and/or someone you care for) will have the opportunity to discuss this information sheet and ask any questions you may have. If you are happy with what you have heard and want to continue, you will be asked to sign a consent form.

* Trainee clinical psychologists have a degree in psychology and are undergoing 3 years post-graduate training in clinical psychology.
* The trainee clinical psychologist you have been invited to see is employed by the NHS and is studying on the Doctoral Programme in Clinical Psychology at the University of Southampton
* Trainee clinical psychologists normally have experience of working in an NHS or similar setting before beginning their training
* Trainee clinical psychologists have to carry out clinical placements, academic work and research as part of their training.
* All trainee clinical psychologists are closely supervised by a fully qualified clinical psychologist whilst on clinical placement
* Trainee clinical psychologists do not see clients before their supervisor thinks they are ready
* The trainee clinical psychologist is bound by the same requirements for confidentiality as other health professionals
* To ensure the quality of treatment that you receive, your trainee clinical psychologist will discuss the case with his/her supervisor. This is good practice at all levels of the profession.
* Trainee clinical psychologists are required to complete written work for examination by the Southampton Programme. Some of the written work is based on their work with people they see on clinical placement who have been referred for psychological help
* If a trainee clinical psychologist writes up an account of their work they will remove or change any information that could reveal your identity. This includes information such as name, address and any other specific information that could result in your identity being revealed.
* If a trainee clinical psychologist writes an account of his/her work with you, the work will be used for examination purposes only and retained by the Southampton Programme. It will not be included in any records held about you (or the person you care for) and will not be available for you to read.

Trainee clinical psychologists will try where at all possible to obtain informed consent from the individual him/herself. It is only if this is not possible that those who know the individual are asked to be involved and to consider the best interests of that person. This may involve a case discussion. If you are happy with what you have heard and feel that it is in the best interests of the person that you know to meet with the trainee clinical psychologist, you will be asked to sign an agreement form.

You do not have to agree to the trainee seeing the client and/or using information to compile a clinical assessment. You can change your mind and refuse agreement at any stage and this will have no effect on the treatment offered to that person.

**Information Sheet 2**

**Information sheet for relatives or carers of a person unable to consent to being seen by a Trainee Clinical Psychologist from the University of Southampton**

This information is intended for relatives or carers of a person who is unable to consent to being seen by a trainee clinical psychologist, or unable to consent to the trainee writing an account of their work for examination purposes.

Clinical psychology can benefit people in many ways. Talking with a clinical psychologist or trainee clinical psychologist can help to improve emotional well-being and reduce the distress caused by psychological problems. Clinical Psychologists can also assess individuals who are experiencing cognitive or behavioural difficulties and develop plans to manage or treat these problems. Additionally, they may also work with relatives, carers and other professionals in order to help solve problems.

This information sheet explains what a trainee clinical psychologist is and how they may use information about individuals they are seeing. You will see below that trainee clinical psychologists already have a great deal of experience.

Please read the information below and discuss anything that is not clear or any concerns that you have.

* Trainee clinical psychologists have a degree in psychology and are undergoing 3 years post-graduate training in clinical psychology.
* The trainee clinical psychologist is employed by the NHS and is studying on the Doctoral Programme in Clinical Psychology at the University of Southampton
* Trainee clinical psychologists normally have experience of working in an NHS or similar setting before beginning their training
* All trainee clinical psychologists are closely supervised by a fully qualified clinical psychologist whilst on clinical placement
* Trainee clinical psychologists do not see clients before their supervisor thinks they are ready
* The trainee clinical psychologist is bound by the same requirements for confidentiality as other health professionals
* To ensure the quality of treatment that is provided, the trainee clinical psychologist will discuss the case with his/her supervisor. This is good practice at all levels of the profession.
* Trainee clinical psychologists are required to complete written work for examination by the Southampton Programme. Some of the written work is based on their work with people they see on clinical placement who have been referred for psychological help
* If a trainee clinical psychologist writes up an account of their work they will remove or change any information that could reveal the identity of their client. This includes information such as name, address and any other specific information that could result in the individual’s identity being revealed.
* The work written by a trainee clinical psychologist will be used for examination purposes only and retained by the Southampton Programme. It will not be included in any records about the client and will not be available for you to read.

Trainee clinical psychologists will try where at all possible to obtain informed consent from the individual him/herself. It is only if this is not possible that those who know the individual are asked to be involved and to consider the best interests of that person. This may involve a case discussion. If you are happy with what you have heard and feel that it is in the best interests of the person that you know to meet with the trainee clinical psychologist, you will be asked to sign an agreement form.

You do not have to agree to the trainee seeing the client and/or using information to compile a clinical assessment. You can change your mind and refuse agreement at any stage and this will have no effect on the treatment offered to that person.

**The University of Southampton Doctoral Programme in Clinical Psychology**

**STANDARD CONSENT FORM**

I have read the information sheet and I have had had the opportunity to discuss it/raise any questions with the trainee clinical psychologist and I understand the contents.

Based on the information I have received, I:

|  |  |
| --- | --- |
|  |  **Please tick box:** |
| Agree to be seen by a trainee clinical psychologist  |  **YES**[ ]  |  **NO**[ ]  |
| Give permission for the trainee clinical psychologist to submit an anonymised account of their work with me to the University of Southampton Course in Clinical Psychology  |  **YES**[ ]  |  **NO**[ ]  |
| Give permission for the trainee clinical psychologist to submit an anonymised account of their work with me to a professional publication |  **YES**[ ]  |  **NO**[ ]  |
| Give permission for the trainee clinical psychologist to make a digital recording (to be shown to others for education purposes only) and/or have their supervisor observe our in-person or on-line virtual sessions, in the context of the trainee’s professional training for supervision purposes. |  **YES**[ ]  | **NO**[ ]  |

I understand that I can withdraw my consent to the above at any time and that if I refuse consent for the trainee clinical psychologist to submit an account of their work with me, this will not affect the service I receive.

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date**  |  |

I, the supervisor, can verify that I have checked the client consent form and can verify that the client has consented to the areas indicated above:

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |

**The University of Southampton Doctoral Programme in Clinical Psychology**

**MODIFIED CONSENT FORM 1**

You have been offered an appointment with a trainee clinical psychologist. This is someone who is learning how to be a clinical psychologist. Clinical psychologists talk to you about how you are feeling and work with you to try to help things change for the better.

The person that you talk to might want to write about some of the things that you talk about. They might write a report for their university. They are doing this to help with their learning to be a clinical psychologist. It will be seen by their teachers. They might write a report for a book or academic journal. This will be seen by other professional people and researchers. They will do all this so that other people do not know the writing is about you. This is to keep your information private. You can say no if you do not want them to write about you.

The teachers at the university will look at the report and mark it. Then it will be kept safe so that no one else can see it. The information in the book or journal article will be private. No one will know it is you.

You can say no to this, and no one will mind. You can also change your mind up to the point of write-up.

|  |  |
| --- | --- |
|  |  **Please tick box:** |
| It is OK to see the trainee clinical psychologist  |  **YES**[ ]  |  **NO**[ ]  |
| It is OK to write a report for university about the things we talked about |  **YES**[ ]  |  **NO**[ ]  |
| It is OK to write a report for a book or academic journal about the things we talked about  |  **YES**[ ]  |  **NO**[ ]  |
| It is ok to make a digital recording of our sessions and/or have a supervisor observe our session, so that he trainee clinical psychologist can get advice on their work  |  **YES**[ ]  | **NO**[ ]  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date**  |  |

I, the supervisor, can verify that I have checked the client consent form and can verify that the client has consented for the areas indicated above

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |

**The University of Southampton Doctoral Programme in Clinical Psychology**

**MODIFIED CONSENT FORM 2**

You have been offered an **appointment** with who is a trainee clinical psychologist.

They are learning to be a **clinical psychologist**. These are special doctors who talk to you about how you are **feeling** and work with you to help things get **better**.

 might want to **write** about some of the things that you talk about. They might write a **report** for their university to help their learning.

A report will be seen by their **teachers**. They might write a report for a **book**. This will be seen by other professional people and researchers.

They will **not** write your **name** so no one will know it is about you. This will keep what you do **private**.

The teachers at the university will look at the report and mark it. It will be **kept safe** so that no one else can see it.

You can say **no** if you do not want them to write about you. No one will mind, it is **your choice**. You can also change your mind later.

**The University of Southampton Doctoral Programme in Clinical Psychology**

**MODIFIED CONSENT FORM 2 (cont..)**

**Choose** what you would like to do in the boxes below:

|  |  |  |
| --- | --- | --- |
|  |  | **Please tick box:** |
| Pic | It is OK to have an **appointment** with the trainee clinical psychologist  | **YES**[ ]  | **NO**[ ]  |
| Pic | It is OK to write a **report** for **university** about the things we talked about. | **YES**[ ]  | **NO**[ ]  |
| Pic | It is OK to write a **report** for a **book** or journal about the things we talked about. | **YES**[ ]  | **NO**[ ]  |
| Pic | It is OK to **record** an appointment or have someone **join** the appointment to watch the trainee clinical psychologist and give them advice.  | **YES**[ ]  | **NO**[ ]  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print Name** |  |
| **Date**  |  |

I, the supervisor, can verify that I have checked the client consent form and can verify that the client has consented to the areas indicated above

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |

**The University of Southampton Programme in Clinical Psychology**

**AGREEMENT FORM FOR CLIENT WHO LACKS CAPACITY TO CONSENT**

I have read the information sheet for people who have been offered an appointment with a trainee clinical psychologist and understand the contents. I have been involved in a discussion with the trainee clinical psychologist and other relevant people regarding the best interests of the individual named below who is known to me. Based on the information I have received and my consideration of the best interests of the individual named below who is known to me.

|  |  |
| --- | --- |
|  |  **Please tick box:** |
| I give my agreement for the individual named below who is known to me, but lacks capacity to give consent themselves, to be seen by a trainee clinical psychologist  |  **YES**[ ]  |  **NO**[ ]  |
| I give my agreement for the trainee clinical psychologist to submit an anonymised account of their work with the individual named below to the Southampton Doctoral Course in Clinical Psychology |  **YES**[ ]  |  **NO**[ ]  |
| I give my agreement for the trainee clinical psychologist to submit an anonymised account of their work with the individual named below to a professional publication |  **YES**[ ]  |  **NO**[ ]  |
| I give permission for the trainee clinical psychologist to make a digital recording (to be shown to others) and/or have their supervisor observe the sessions with the individual named below. I understand that this is in the context of the trainee’s professional training for supervision purposes. | **YES**[ ]  |  **NO**[ ]  |

I understand that I can withdraw my agreement up to the point of write up and it will not affect the service that the individual named below receives.

|  |  |
| --- | --- |
| **Name of Client** |  |
| **Name of Person Giving Agreement** |  |
| **Relationship to Client** |  |
| **Signed** |  |
| **Date**  |  |

I, the supervisor, can verify that I have checked the client consent form and can verify that the client has consented to the areas indicated above:

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |

**The University of Southampton Programme in Clinical Psychology**

**CONSENT FORM FOR WORK INVOLVING CHILDREN AND YOUNG PEOPLE**

***(Form to be signed by person with parental responsibility for child or young person under 16 years)***

I have read the information sheet and I have had had the opportunity to discuss it/raise any questions with the trainee clinical psychologist and I understand the contents. Based on the information I have received,

|  |  |
| --- | --- |
|  |  **Please tick box:** |
| I give my permission for the child or young person for whom I am responsible to be seen by a trainee clinical psychologist  |  **YES**[ ]  |  **NO**[ ]  |
| I give my permission for the trainee clinical psychologist to submit an anonymised account of their work with the child or young person for whom I am responsible to the University of Southampton Doctoral Course in Clinical Psychology. |  **YES**[ ]  |  **NO**[ ]  |
| I give my permission for the trainee clinical psychologist to submit an anonymised account of their work with the child or young person for whom I am responsible to a professional publication. |  **YES**[ ]  |  **NO**[ ]  |
| I give permission for the trainee clinical psychologist to make a digital recording (to be shown to others) and/or have their supervisor observe the sessions with the young person I am responsible for. I understand that this is in the context of the trainee’s professional training for supervision purposes. | **YES**[ ]  | **NO**[ ]  |

I understand that I can withdraw my permission up to the point of write-up and that this will not affect the service that the person receives.

|  |  |
| --- | --- |
| **Name of child/young person** |  |
| **Name of person with parental responsibility** |  |
| **Signed**  |  |
| **Date** |  |

I, the supervisor, can verify that I have checked the client consent form and can verify that the client has consented to the areas indicated above:

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |

**The University of Southampton Doctoral Programme in Clinical Psychology**

**RECORD OF CLIENT CONSENT FOR DIGITAL RECORDING**

|  |  |
| --- | --- |
| **Trainee Name:** |  |
| **Supervisor Name:** |  |
| **Date of Recording:** |  |

I have had explained to me the purpose for this recording being made and had opportunity to have my questions answered.

I agree to this recording being made and for it to be shown to others in the context of the trainee’s professional training and for supervision purposes.

I understand that the recording will be kept in a secure place and encrypted format and deleted as soon as it has been used for the purpose it is being made:

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print name:** |  |
| **Date:** |  |

I, the supervisor, can verify that I have checked the client consent form and can verify that the client has consented for this recording to be made and for it to be shown to others in the context of the trainee’s professional training:

|  |  |
| --- | --- |
| **Signature of Supervisor:** |  |
| **Date:** |  |