

## **Extract from**

### **CLCC Ltd - Client Signposting, Referral & Emergency Intervention Procedure**

Carrs Lane Counselling Centre seeks to offer assistance to all those who ask to use our services. However, we recognise that there will be some clients for whom the counselling service will not be appropriate for their individual needs. This document seeks to place in context, the various stages involved from the clients' initial contact with the service, and the mechanisms in place to ensure client cases are managed appropriately and safely by all concerned, and, where necessary, the process of signposting or referral elsewhere. In order to protect clients or others from serious harm, or to comply with the law and for safeguarding issues, it may be necessary to override a client's explicit wishes or breach their confidentiality for referral purposes. Should this become necessary, it will be done by respecting clients known wishes and protecting their interests wherever possible. The procedure for consultation and action for such cases where emergency intervention is required are also mapped within this document.

#### **1.1 Referrals to service**

Whilst this document describes procedures for onward referral, it is appropriate to note that Carrs Lane Counselling Centre does not accept incoming referrals from other professionals or organisations: thus all clients have to approach the Centre under their own volition to request our services. For this reason we do not act upon official requests from Doctors, Social Workers, Psychiatrists or Probation Officers etc. to contact their clients and engage them with the service, instead such professionals are advised that they must ask their client to contact us directly by telephone.

#### **2.0 First Contact: Telephone Assessment**

All clients are given a telephone interview to assess their eligibility to use the service, and to ascertain the nature of their reasons for seeking counselling and ensure their presented goals for counselling are achievable through the medium of counselling. In most instances, the telephone assessment screening process will filter out those clients for whom the service would not be appropriate for their needs, and they can be provided with alternative options to consider. Thus, at initial telephone contact such clients would be given details of organisations from the CLCC Ltd Signposting Resource, and advised that they may wish to contact those organisations for information, advice or assistance, however, the decision to do so is their own choice and responsibility (thus we signpost and do not directly refer clients at this point). Furthermore, we advise that Carrs Lane Counselling Centre cannot be held responsible for any action arising as a result of contacting those organisations that we suggest to them.

Once clients have passed the initial telephone assessment, they are added to our Centre's waiting list to see a counsellor. When an appointment that matches the client's availability is found, the client is contacted by telephone by the Office Administrator and the appointment for them to see a counsellor is booked.

### 3.0 Second Contact: Formal Assessment (face to face interview)

When the client attends the Centre for their first appointment with their allocated counsellor (what we refer to as a formal assessment), they are provided with the following documents:

[1] *Client Pre-Therapy Questionnaire*. This short questionnaire contains questions to assist the assessment process and requires client to provide their **Full Name, Date Of Birth, GP Name, GP Surgery Address**. This information will be required in event of the need to exercise duty of care.

[2] *Equal Opportunities Monitoring Form* (completion optional)

[3] *Pre-Therapy Information for Clients* – A leaflet detailing the “house rules” for counselling at Carrs Lane Counselling Centre, including information on confidentiality (section 1), the role of supervision (section 1 b) and highlighting the need to breach confidentiality in certain circumstances (page 3 paragraph 2).

The client is given an opportunity to read through and complete these documents. During the Assessment interview the Counsellor will also explain the pre-therapy information with the client to ensure that they fully understand what is involved. The client retains a copy of the “Pre-Therapy Information for Clients” document for their own reference.

During the Formal Assessment it may become evident to the counsellor from disclosures made by the client, that there is a question as to the client’s suitability for counselling at this stage by that counsellor, or a possible need to breach confidentiality, reasons may include:

- [1] Counsellor feels unable to work with a client (e.g., due to lack of expertise or inability to provide unconditional positive regard because of a particular issue).
- [2] Client’s needs would be better served by another organisation (possible signposting requirement)
- [3] Client’s needs would be better served by their General Practitioner (Duty of care requirement)
- [4] Client is in immediate risk of causing harm to self (e.g., threatening to commit suicide) or others (intent to cause actual harm) and Emergency Services assistance is required (Urgent Duty of care requirement).
- [5] Client reveals information that vulnerable adult(s) or children are at risk (Urgent Safeguarding Issue)

In the event of [1] [2] or [3] of the above occurring, the process for the counsellor to follow is to explain the need to consult with their supervisor to get permission to continue to contract for counselling, or to obtain advice from Management, and arrange an appointment for the following week to see the client. The counsellor then arranges for Assessment Supervision (**Ai** Supervision) with their Group Clinical Supervisor.

In cases of [4] or [5] where the counsellor believes (or is unsure) that issues are of an urgent nature, the counsellor contacts their Clinical Supervisor, or the Clinical Lead Officer, or Counselling Manager for immediate guidance. If there is a necessity to refer the client or breach confidentiality, this will be done through the processes depicted in Figure [1] actioned by the Counselling Manager after consultation with the supervisor and or clinical lead officer.

### 4.0 Assessment (Ai) Supervision

This occurs after the Formal Assessment session (between client and counsellor) and before the contract any other meeting with the client (note: should it be necessary to extend the assessment process across multiple sessions, **Ai** Supervision will take place after each session with the client and before the next appointment prior to contracting taking place). The **Ai** supervision is held between the counsellor and the group clinical supervisor of that counsellor. The purpose is for the Clinical Supervisor to check the counsellor’s assessment of the client case and to determine:

[A] if the counsellor is to be allowed to contract for counselling with the client,

[B] if the client needs to be counselled by a different counsellor at this centre,

[C] if the client should be signposted to a different and more suitable service

[D] if there is a possible need for the client to be referred to their GP

[E] If there is a possible safeguarding issue

Where [D] or [E] occur, the Supervisor will immediately consult directly with the Counselling Manager or with the Clinical Lead Officer, and if there is a necessity to refer the client or breach confidentiality, this will be done through the processes depicted in Figure [1] actioned by the Counselling Manager.

Where [A] [B] or [C] occur, the Clinical Supervisor advises the counsellor of their decision, and also notifies the Counselling Centre Office, so that the client can be informed appropriately. In the event of a new counsellor being required for that case, the Administrator will arrange for this to happen at the earliest opportunity.

## **5.0 Ongoing Case Supervision Arrangements**

It is of paramount importance that the client's progress through the counselling process is monitored to ensure that at all times safety is maintained, and where appropriate, interventions made to ensure the client receives the best possible service the Centre can provide. There are two main mechanisms for this following the formal assessment, these are Group Clinical Supervision, and Emergency Supervision, which are described below

### **5.1. Group Clinical Supervision**

Once the Counsellor has contracted for counselling with the client, they receive monthly supervision on that case through the mechanism of Group Clinical Supervision (**G**-Supervision). The **G**-Supervision process serves many purposes, but specifically allows the Group Clinical Supervisor to monitor the counsellor's work with their client and to ensure ongoing safety of both counsellor and client. In doing so the Clinical Supervisor will be alert for developments that suggest:

[A] Counsellor is unable to continue to work with the client.

[B] Client's needs would now be better served by another organisation (possible signposting requirement)

[C] Client's needs would now be better served by their General Practitioner (Duty of care requirement)

[D] Client is at risk of causing harm to self or others (Duty of care requirement).

[E] Client reveals information that vulnerable adult(s) or children are at risk (Urgent Safeguarding Issue)

Where [C] [D] or [E] occur, the Supervisor will immediately consult directly with the Counselling Manager or with the Clinical Lead Officer, and if there is a necessity to refer the client or breach confidentiality, this will be done through the processes depicted in Figure [1] actioned by the Counselling Manager.

Where [A] or [B] occur, the Clinical Supervisor advises the counsellor of their decision, and also notifies the Counselling Centre Office, so that the client can be informed appropriately. In the event of a new counsellor being required for that case, the Administrator will arrange for this to happen at the earliest opportunity.

### **5.2. Emergency Supervision**

Group clinical Supervision occurs at intervals of approximately four weeks. Carrs Lane Counselling Centre recognises the need to have an additional mechanism in place for developments that occur in between the **G**-Supervision meetings that cannot wait until the next **G** Supervision meeting (in order to maintain the safety of both counsellor and client, and address any safeguarding issue or need for referral). This provision is for emergency consultation where the counsellor believes:

- [1] They are unable to continue to work with the client.
- [2] Client's needs would be better served by another organisation (possible signposting requirement)
- [3] Client's needs would be better served by their General Practitioner (Duty of care requirement)
- [4] Client is in immediate risk of causing harm to self or others (Urgent Duty of care requirement).
- [5] Client reveals information that vulnerable adult(s) or children are at risk (Urgent Safeguarding Issue)

In such cases of where the counsellor believes (or is unsure) that issues are of an urgent nature, the counsellor contacts their Clinical Supervisor for **Ei** Supervision, or if unavailable, the Counselling Manager or Clinical Lead Officer for immediate guidance. If there is a necessity to refer the client or breach confidentiality, this will be done through the processes depicted in Figure [1] (below) actioned by the Counselling Manager after consultation with the Supervisor and or Clinical Lead Officer.

**Figure [1] Formal Assessment and Referral – Flow Chart of Outline Process**

