



# **COUNSELLING SERVICE GUIDELINES**

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# Introduction

Counselling Service Guidelines (CSGs) are the guidelines for centres within the wpf Network and form the basis of operational standards in our centres.

These should be held within a Centre Manual which contains other important documents and procedures belonging to the centre and should be easily available to all those using the centre. All Senior Personnel should be familiar with them.

The AMC has updated these and will review them annually in the spring of each year. Any comments and suggested alterations should be addressed to the Chair of the AMC, Network Office, and these will be considered at the time of AMC review.

Samples of relevant documents and procedures mentioned in the CSGs are available through the Network Office Website and from other centres.

These CSGs are the property of the wpf Network and should not be copied or removed from centres.

# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG1: RESPONSIBILITY FOR CLIENTS IN COUNSELLING SERVICES

*This document addresses the need for clear lines of accountability in WPF Network counselling services and responsibility for work with clients, and defines the role of the Head of Counselling.*

### 1 OBJECTIVES FOR wpf NETWORK CENTRES

- 1.1 All clinical personnel are aware of their clinical responsibility and the need to monitor their own competence.
- 1.2 Ultimate responsibility for clinical work is clearly vested in one manager.
- 1.3 The Head of Counselling is clinically qualified and experienced, competent and effective, with an appropriate Job Description that includes responsibilities as under of this document.
- 1.4 Tasks and responsibilities within the service are clearly delineated in writing, including contingency plans for absences.

### 2 THE MANAGEMENT OF COUNSELLING SERVICES

- 2.1 The Trustees must ensure that clinical responsibility is clearly and accountably held within the centre.
- 2.2 It is strongly recommended that this ultimate responsibility is vested in a single named person, usually the Head of Counselling (or the Director if suitably experienced in clinical work).
- 2.3 It is also possible for ultimate responsibility to be vested in a small "clinical" team with a named member of this team accepting ultimate responsibility for work with clients.
- 2.4 Centres must have contingency plans, which ensure that, in the absence of the Head of Counselling, ultimate responsibility for work with clients continues to be held accountably within the centre.

### 3 LEVELS OF CLINICAL RESPONSIBILITY

- 3.1 Counsellors (whether paid or unpaid) and those who employ and supervise them are responsible for "taking all reasonable steps to ensure that the client suffers neither physical nor psychological harm during counselling" (see current BACP Ethical Framework for Good Practice in Counselling and Psychotherapy.)
- 3.2 In extreme situations the person holding ultimate clinical responsibility could be held accountable in law; useful legal concepts here are those of "exercising due diligence" in "taking reasonable steps" to discharge a "duty of care" to clients.
- 3.3 Different levels of clinical responsibility in a wpf Network Centre: -
  - 3.3.1 Counsellors are responsible for their own work with clients as follows; -

**i) They are responsible for monitoring the limitations of their own personal functioning and competence (see BACP Documents as above) and must inform their supervisor or line-manager if they think this may be impaired.**

**ii) They are responsible for bringing their work to supervision, especially any areas of difficulty where there is a concern over a client's best interests or an ethical issue.**

**iii) The managers and supervisors of wpf Network counselling services must ensure that counsellors are aware of and take seriously these responsibilities.**

**3.3.2 Supervisors** are responsible not only for their own work with supervisees, but also carry a level of responsibility for their supervisees' clients:

**i) They are responsible for helping supervisees to reflect critically on their work, for helping them to recognise when their functioning is impaired, and for taking action if they are aware that their supervisees are breaking BACP Guidelines.**

**ii) They are also responsible for obtaining appropriate supervision for their supervision work (A.6) and for monitoring the limitations of their own personal functioning and competence (B.2).**

**iii) Supervisors must inform the person who carries ultimate responsibility for the work of the centre, if:**

- a) Their own functioning is impaired**
- b) Any of their supervisees' functioning is impaired**
- c) any of their supervisees' work (however competent) gives rise to concern over an ethical issue or what may be in a client's best interests or,**
- d) They feel that the practices of the service may not be serving the best interests of clients.**

**iv) The Heads of Counselling of wpf Network counselling services must ensure that supervisors are aware of and take seriously these responsibilities.**

**v) When supervisors inform the Head of Counselling as in (iii) above, a measure of responsibility inevitably falls on the Head of Counselling.**

**3.3.3 Administrative personnel are responsible for ensuring that they work in accordance with the policies and procedures of the counselling service, and must inform (through their line-management) the Head of Counselling if they consider that those policies and procedures may not be serving the best interests of clients.**

**3.3.4 The Head of Counselling is responsible for exercising due diligence in ensuring that all aspects of the work of the counselling service promote the best interests of clients, while also serving appropriate interests of those working in the service. Therefore they must ensure that systems are in place for themselves to be informed of any of the circumstances listed above and must take appropriate action. It is in this sense that the Head of Counselling carries ultimate responsibility for the clinical work of the counselling service.**

**3.3.5 The Centre Trustees are responsible for ensuring that responsibility for work with clients is clearly and accountably held within the centre, and must establish and maintain effective systems to ensure good practice by all clinical personnel.**

**3.3.6 The Consultant Psychiatrist** appropriately used will provide additional support and cover for clinical personnel.

## **4 RESPONSIBILITIES OF HEAD OF COUNSELLING**

**4.1** The Head of Counselling needs to be able to demonstrate (in the worst possible case, to a Court of Law) that s/he has exercised due diligence in taking reasonable steps to ensure that all aspects of the work of the counselling service promote the best interests of clients. To do this, the Job Description will need to include the following responsibilities:

**4.1.1** Developing and maintaining appropriate standards for the service based on the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy and the Counselling Service Guidelines.

**4.1.2** Ensuring that all counsellors, intake workers and supervisors working in the service are appropriately trained, selected, appointed and inducted.

**4.1.3** Ensuring that counsellors', intake workers' and supervisors' work is monitored and appraised and appropriate action is taken if it falls short of the required standard.

**4.1.4** Overseeing the intake/assessment procedure for new clients to ensure that appropriate clients are properly introduced into the service and allocated to counsellors, and that clients not suited to the service are appropriately referred on.

**4.1.5** Ensuring the provision of support, including access to appropriate expert consultative support/advice where necessary, for the safe practice and development of counsellors, supervisors and intake workers.

**4.1.6** Ensuring that procedures are in place whereby any significant clinical concerns or ethical issues are brought to their attention, and taking appropriate action.

**4.1.7** Ensuring that client complaints are appropriately dealt with.

**4.1.8** Overseeing and evaluating client records, highlighting areas of concern and taking appropriate action.

**4.1.9** Ensuring that administrative procedures promote the best interests of clients, and that the work of administrative personnel is monitored and appraised.

**4.1.10** Liaising with the Director, Training Co-ordinator and other centre personnel to ensure effective management of the wpf centre.

**4.1.11** Continually monitoring the policies, structures and procedures of the service to ensure that they reflect the best interests of clients and the service's developing needs and resources.

**4.1.12** Keeping abreast of developments in BACP and wpf Counselling, and in the wider field of counselling, and ensuring that the service appropriately reflects these developments.

- 4.2** It will be noted in the above that it is the Head of Counselling's responsibility to exercise due diligence in ensuring that tasks are carried out; they do not necessarily have to perform those tasks - some of which may actually be carried out by an experienced counsellor or by an administrator, along with other tasks in Section 6 below.
- 4.3** It is recognised that in some centres the Head of Counselling is also a counsellor within the centre. There are considerable dangers in this situation, suffering as it does from "circularity" of accountability (supervisors will need to be accountable to this person, yet this person sees clients under supervision from such a supervisor - see CSG7). Great care must be taken regarding the boundaries and arrangements must remain to ensure that accountability returns to the centre.

## **5 PERSON SPECIFICATION FOR HEAD OF COUNSELLING**

This section lists the preferred qualifications, experience and qualities needed for the Head of Counselling to carry out the role set out in Section 4.1:

- 5.1** Competent to receive a nationally recognised qualification at the level of capability to practice independently (e.g. BACP Accreditation or UKCP Registration Psychodynamic Psychotherapy Section or wpf Advanced Diploma in Psychodynamic Counselling).
- 5.2** A known good practitioner with evidence of working ability with psychodynamic model.
- 5.3** The capability to "hold" the service's clients, counsellors and supervisors and their anxieties.
- 5.4** Receiving own support/consultation and clinical supervision.
- 5.5** Current experience of own clinical work under supervision.
- 5.6** Administrative skills and experience - the ability to set up systems that work well.
- 5.7** Management skills and experience - the ability to delegate, to cope with confrontation, to chair meetings, etc.

## **6 OTHER TASKS AND RESPONSIBILITIES IN THE COUNSELLING SERVICE**

**This section lists other tasks and responsibilities which the Trustees must ensure are covered within the counselling service; they may form an additional part of the Head of Counselling's Job Description, or may be included within the JDs of other centre personnel. The important thing is that they are covered somewhere within the service and that centre personnel are informed (preferably in writing) who is responsible for what.**

- 6.1** Day-to-day administration of the counselling service.
- 6.2** Responsibility for conditions of service of all personnel in the counselling service.

- 6.3 Dealing with grievances, complaints and disciplinary issues within the counselling service.
- 6.4 Counselling service budget preparation and management.
- 6.5 Representation of the counselling service both within and outside the centre.
- 6.6 Liaison with wpf Network Office including submitting annual returns.
- 6.7 Communication within the counselling service, including ensuring that documentation is prepared, updated and circulated to appropriate personnel.
- 6.8 wpf Network Accreditation and BACP Agency Registration.

## **7 ADDITIONAL wpf NETWORK CENTRES TO SET STANDARDS**

- 7.1 Published criteria for appointment of Head of Counselling, Supervisors, Intake Workers and Counsellors.
- 7.2 Written procedures for:
  - 7.2.1 the holding of clinical responsibility within the service, including contingency plans for the absence of the Head of Counselling.
  - 7.2.2 annual appraisal of all clinical and administrative personnel.
  - 7.2.3 if the centre appoints a clinical supervisor to oversee the work of the Head of Counselling as in 4.3.
    - the holding of responsibility for this person's work with clients,
    - accountability of this person's supervisor,
    - how a client complaint or grievance against this person would be managed.
- 7.3 Head of Counselling Person Specification, Job Description and contract.
- 7.4 (If appropriate) Agreement between Head of Counselling and 'clinical supervisor' s in 7.2.3 (above).

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# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG2: COUNSELLING SERVICE DOCUMENTS AND WRITTEN STANDARDS

*This document gathers together the detailed documentation requirements as laid out in CSGs 1 and 3 - 9, and general requirements. It gives guidelines to centres on what written documentation and written standards are considered necessary in a wpf Network counselling service. This documentation should form the basis of the Centre Manual.*

- 1 **OBJECTIVES:** Clear documentation is regarded as essential in a counselling service, since it:
  - 1.1 gives those working in the service a set of standards which they have to work to and can expect from the service;
  - 1.2 ***gives essential and thorough information regarding the running of the service to any person joining a management team;***
  - 1.3 gives outsiders - monitoring bodies, clients, referrers or contract-makers - standards against which they can appraise the service;
  - 1.4 encourages Centres to improve the quality, safety and effectiveness of their service by defining their standards and targets against which they can monitor their own performance;
- 2 **ESSENTIAL DOCUMENTS IN ALL wpf COUNSELLING SERVICES AS INDICATED IN COUNSELLING SERVICE GUIDELINES.**

### **CSG 1 Responsibility for Clients in Counselling Services**

- Head of Counselling Person Specification, Job Description and Contract.
- Holding of clinical responsibility within the service, including contingency plans for the absence of the Head of Counselling.
- Supervision Procedure if Head of Counselling provides counselling within the service.
- Annual appraisal of all clinical and administrative personnel.

### **CSG 3 Client Confidentiality**

Information Leaflet for clients to include:

- Confidentiality and Records

Policies and Procedures for:

- Centre Personnel Access to Records
- Client Access to Records
- Closed Client Records
- Requests for Information from outside bodies

#### **CSG4 Supervision**

- Supervisors Person Specification, Job Description and Contract.
- Criteria and procedures for selection, monitoring and appraisal of Supervisors.
- Procedures for monitoring and appraisal of Counsellors.

#### **CSG5 Intake Assessment and Allocation Process for New Clients**

Letters for:

- Initial Appointment
- apology for any delay
- following Assessment
- commence Counselling Questionnaire if used
- Allocation Procedure

Assessment documents:

- Profile and Medical Consent Form
- Assessors Write-up Form for Allocation

Information Leaflet for Clients to include:

- Status of Counsellors
- Financial Contribution
- Contract between Client and Agency
- Procedure for Complaints
- Equal Opportunities

Procedure covering contact with other professionals.

#### **CSG6 Assessment to become a Counsellor**

- Procedures for Assessment.
- Terms and Conditions/contracts under which Counsellors work for the Centre.
- Policy for appeals procedure for candidates not selected.

#### **CSG8 Psychiatric Consultant**

- Procedures for access to Consultant Psychiatrist.
- Contract for Consultant Psychiatrist.

#### **CSG9 Service Delivery to Clients**

- Procedure for handling cases where Counsellors suddenly have to stop counselling.
- Policy and procedure where Client expresses dissatisfaction with a Counsellor.
- Policy and procedure for allocating Counsellor with specific attributes.

### **3 ESSENTIAL STANDARDS IN ALL wpf COUNSELLING SERVICES AS INDICATED IN COUNSELLING SERVICE GUIDELINES.**

#### **CSG1 Responsibility for Clients in Counselling Services**

Criteria for appointment of Head of Counselling, Supervisors, Intake workers and Counsellors.

#### **CSG4 Supervision**

Size of Supervision Group, Annual Supervision time and presentation time per month.

#### **CSG5 Intake Assessment and Allocation Process for New Clients**

- How long it will take before office will return clients' messages on answerphone.
- Maximum time a client may wait for an Assessment Interview.
- Time client may wait to hear results of Assessment Interview.
- Criteria for training and qualification of Assessment Counsellor.
- Procedure for monitoring and appraisal of Assessment Counsellors' work.

#### **CSG6 Assessment to become a Counsellor**

- Performance Indicators for time process will take.
- Criteria for selection of External Assessors.
- Procedures for quality assurance of selection process.
- Procedures for monitoring and evaluating selection and the role of External Assessor.

#### **CSG7 Ethical Boundaries within wpf Centres**

- Procedures to ensure fair and transparent management.
- Procedures to make appropriate arrangements for separating roles in the event of conflict of interest.

#### **CSG9 Service Delivery to Clients**

Performance Indicators for:

- Time within which answer machine messages will be answered.
- Maximum waiting time for counselling

In addition centres are required to have procedures in their Centre Manual for the following:

- Method of obtaining feedback from clients
- Opening/ongoing and closure forms
- Disclosure of Abuse
- Suicidal Clients
- Complaints and Grievance Procedures
- Induction procedures for all new personnel
- List of Recommended Therapists/Counsellors
- Information for Referrers
- Procedures for replacing management personnel in the event of illness, etc.
- Procedures for selecting new counsellors

- Recruitment procedure for new staff, management personnel
- Equal Opportunity document
- Health and Safety
- Policy on Access to Records
- Contracts

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# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG3: CLIENT CONFIDENTIALITY

*This document sets out guidelines on maintaining confidentiality on all matters pertaining to clients, particularly their records.*

### 1 INTRODUCTION

- 1.1 Confidentiality is at the heart of the counselling process. Every attempt must be made in centres to preserve confidentiality both orally and in the keeping of written records.
- 1.2 Maintaining confidentiality is a responsibility of all staff involved in a counselling service, counsellors and trainees, counselling co-ordinators, supervisors, training and administrative staff.
- 1.3 All Network Counselling Services **MUST** take due account of the BACP Ethical Framework for Good Practice in Counselling & Psychotherapy. Centre staff need to be aware of what is included in this.

### 2 CONFIDENTIALITY OF CLIENTS

The range and limits of confidentiality in the centre must be included in the pre-counselling information e.g. Literature sent to clients prior to their assessments and in any Client Contracts signed prior to the start of counselling. All such literature must conform to current BACP Ethical Framework. Clients should be invited to discuss any concerns they have over this issue.

### 3 ORAL CONFIDENTIALITY WITHIN THE CENTRE

- 3.1 Clients are not normally discussed outside the supervision group; if this is done, it must be in general and non-identifiable terms. The discussion should be purposeful not trivialising and may only be done in a situation where a confidentiality agreement has been made by all present. Clients and anecdotal material must never be discussed in public places.
- 3.2 Supervisors need to know the client's full name for emergency purposes, but in the supervision group the client should be referred to only by first name or initial.
- 3.3 If a member of a supervision group knows or has connection with the client being presented, they must absent themselves from the group. If the client is known to the supervisor, the counsellor must obtain supervision for this case elsewhere. A counsellor must not take on as a client anyone who is personally known to them, or believed to have a personal involvement with one of the counsellor's existing clients. If a counsellor takes on as a client someone who has a known involvement with a client of another member of a supervision group, the counsellor should receive supervision from elsewhere for that client.

- 3.4 During case discussions, material that might reveal a client's identity must be carefully presented to preserve anonymity. If however information necessary to the case discussion does reveal the identity of a client, 3.3 (above) will apply.

## 4 RECORDS

- 4.1 Counsellor's personal notes: An important distinction is made between the client records kept by the centre and counsellors' personal notes (to focus thoughts, aid memory, bring to supervision). The latter are the personal property of the counsellor, but even so should not contain information, which identifies the client and should be kept under conditions of strict confidentiality. It is possible that, in extreme situations, these could be subpoenaed by a court.
- 4.2 **Client records: Client records must be kept in a locked cabinet, preferably in a locked room. Records must never be left around on tables, in bags, or in any place where they could be seen by persons other than those authorised.**
- 4.3 **Preserving anonymity: Any records (counsellor's or centre's) containing case material should avoid full names; where possible clients should be referred to by initials and codes.**
- 4.4 **Centre Personnel Access to records: Centres must have a policy defining clearly who (other than the client) has access to client records, and ensure that systems are in place which limit access only to those authorised.**
- 4.5 **Client access to records: Centres must have a policy on this.** Clients have the right to see their records, and should be informed of this right. Centres should keep in touch with Human Rights laws.
- 4.6 **Closed client records: Centres must have a policy on closed client records and how long they are stored, remembering that complaints can sometimes be retrospective.** A storage period of at least 6 years is recommended.
- 4.7 All records are subject to the Data Protection Act once client names are used. They should be kept so that clients' names can only be accessed, or related to personal material by cross-referencing, by those personnel identified in the centre's policy on Access to Records (4.4 above) who are in possession of an exclusive computer password. See also current BACP Guidance.
- 4.8 Care should be demonstrated over the use of home computers and Internet.
- 4.9 Centres are advised that there are likely to be implications under Human Rights laws and Data Protection Acts, help can be obtained from the Network re BACP website details.

## 5 OTHER AREAS

- 5.1 **Contact with client's GP or psychiatrist by the centre may only be made with the client's knowledge and permission (except under exceptional circumstances see current BACP Information Sheets. Full details of the contact, and copies of all clinical letters, must be kept in the client's file.**
- 5.2 **Requests for information: Centres must have a policy on how requests for information from solicitors or other outside bodies are dealt with. See Data Protection Act and current BACP Information Sheets.**

Such requests must be referred to the Director of the service or their delegate and not dealt with by the counsellor concerned (including any letters requested by clients concerning their attendance for counselling) since such letters represent the organisation rather than the Individual counsellor.

- 5.3 BACP Trust and Fidelity sections: The attention of centres is drawn to those sections of the BACP Code of Ethics and Practice for Counsellors.
- 5.4 **Ethical dilemmas: From time to time counsellors find themselves caught between conflicting ethical principles; in such cases, they should discuss the matter with their supervisor will refer to the officers of the centre for guidance.**

## 6 DOCUMENTS TO BE WRITTEN IN CENTRES

- 6.1 Information for Clients leaflet/contracts
- 6.2 Policies and procedures as in 4.4, 4.5, 4.6, 5.2.

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## CSG 4: SUPERVISION

***This document gives guidelines to centres on the appointment of counselling supervisors and for supervision arrangements.***

### 1 INTRODUCTION

- 1.1 wpf considers that supervision is the most important area where quality assurance of client work is held. It is where effectiveness of practice, the client's safety, and adherence to the BACP Codes can be observed and is the major forum for the development of counselling practice.
- 1.2 BACP Definition of Supervision (Code for Supervisors of Counsellors 1996, 2.3):  
*"Counselling supervision is a formal and mutually agreed arrangement for counsellors to discuss their work regularly with someone who is normally an experienced and competent counsellor. The task is to work together to ensure and develop the efficacy of the supervisee's counselling practice. It is different from training, personal development and line management accountability".*
- 2.3 **All supervisors must abide by the BACP Code of Ethics and Practice for Supervisors of Counsellors.**

### 2 SUPERVISION FORMAT AND QUANTITY

- 2.1 **The model used by supervisors must mirror the psychodynamic process of the counselling practice being brought to supervision.**
- 2.2 An individual presentation time of at least one hour per month is recommended but BACP minimum requirements for supervision time should always be observed.
- 2.3 Supervision may be in groups or individual or a combination of these. Groups of more than four counsellors are not recommended.
- 2.4 Although weekly supervision is preferable, fortnightly supervision is acceptable provided that:
- 1.) Great care is taken that minimum recommendations for supervision time (2.2 above) are fulfilled.
  - 2.) Supervisors ensure that mechanisms are in place to contain supervisees' clinical work between fortnights - for example, a facility for telephone consultation.
  - 3.) Supervisees know when to ask for help, support and / or consultation.
- 2.5 Opinions differ as to the best length of life of a supervision group. Some would argue value of a variety of supervisors, especially during training; others would argue that consistency and stability from the same supervisor are important. Centres should consider carefully the dynamics around these issue and frame appropriate policies for changes of supervisor and supervision group.

### **3 APPOINTMENT OF NEW SUPERVISORS**

- 3.1** The appointment of all supervisors in Centres will be monitored through a single Panel comprising a member from each of AMC and JTC and the Network Support Manager. The Panel will convene annually to audit appointments of a sample number of Centres. It is anticipated Centres will be requested to forward details of new appointments to the Panel every 3 to 4 years.
- 3.2** Centres are not required to seek central approval of new supervisors before they start work and are not required to submit details of appointments every year. Supervisors of counsellors and trainees should be appointed in accordance with the relevant criteria and requirements. CVs and New Supervisor Questionnaire should be retained by the Centre and sent to the Panel to be audited when requested.

### **4 PERSON SPECIFICATION FOR SUPERVISORS**

Centres need to have regard to the current requirements of the Training Standardisation Scheme when appointing supervisors for trainees.

**This section lists the preferred qualifications, experience and qualities for supervisors in wpf centres.** Centres should make every effort to appoint supervisors who fulfil all aspects; it is recognised however that exceptional local circumstances may make it impossible for some aspects e.g. 4.1, 4.2 and 4.3 to be fulfilled.

- 4.1** A professional training in psychoanalytic psychotherapy, psychodynamic counselling or psychodynamic casework.
- 4.2** A minimum of 3 years clinical experience with evidence of extensive practices showing a sound and integrated psychodynamic foundation.
- 4.3** A minimum of 3 years personal psychodynamically, or psychoanalytically, oriented counselling or therapy; preferably individual but may be in an analytic group.
- 4.4** Specific training in supervision or willingness to undertake this.
- 4.5** The ability to hold and manage a group of up to 4 counsellors, with group-work skills.
- 4.6** The ability to maintain boundaries between supervision, management, teaching and personal development.
- 4.7** A willingness to learn and develop further, and to know when to ask for help and advice.
- 4.8** Currently practising as counsellors themselves under supervision; able to bring issues related to their work as supervisors to their own supervision.

### **5 OBJECTIVES OF SUPERVISION**

- 5.1** To ensure that the client's best interests are kept clearly, consciously and as objectively in view as possible throughout the supervision process.
- 5.2** To support and affirm counsellors.
- 5.3** To ensure adherence to the BACP Codes of Ethics and Practice and the BACP Ethical Framework for Good Practice in Counselling and Psychotherapy.
- 5.4** To enable each counsellor to become more effective in their counselling, by:
- 1.) Developing awareness of the dynamics and interaction between themselves, their clients, and the supervision process.

- 2.) Developing psychodynamic insights into the counselling process, thus responding as effectively as possible to the client's therapeutic needs.
- 3.) Enabling the setting of realistic goals in relation to each client.
- 4.) Supporting counsellors in the management of practical matters relating to clients.
- 5.) Confronting any issue that is in the way of the counsellor's effective work with a client.
- 6.) Monitoring and assessing counsellors.

## 6 RESPONSIBILITIES OF SUPERVISORS

The responsibilities of supervisors are covered in the BACP Code of Ethics and Practice for Supervisors of Counsellors (Section B.1); in addition:

- 6.1 Supervisors have a responsibility for making themselves familiar with their employing agency and its procedures. It is important that supervisors play a part in the service by attending meetings, offering feedback as required, and are themselves monitored and appraised.
- 6.2 **In wpf Network Centres, ultimate responsibility for clients lies with the management of the service**, unlike in private practice where it lies with the counsellor. **Supervisors must be aware of who holds clinical responsibility in the centre, and must be able to ask for guidance**, knowing whom to ask and how to use the Consultant Psychiatrist.
- 6.3 Supervisors are responsible for monitoring their own level of competence and must ask for consultation when necessary; new supervisors must be regularly supervised on their supervision (BACP Code B2.3).
- 6.4 Supervisors should complete regular written and verbal reviews of each counsellor, in line with agency policy.
- 6.5 It is recommended that supervisors sign all their supervisees' ongoing and closure reports of client work.

## 7 RESPONSIBILITIES OF wpf CENTRES

- 7.1 wpf Network Centres have a responsibility to seek the best supervisors possible for the service, and to give them clear written information about the policies and procedures of the centre, and a written contract, which includes the expectations of the agency.
- 7.2 **Centres must pay very careful attention to ethical boundaries throughout the service.** It is recommended that, whenever any boundary issue arises, consultation takes place with the centre management and/or the supervisor's supervisor; *[if centres are unsure how to resolve such an issue, they may consult the Network Support Manager].*

Examples of such boundary issues are:

- 1.) Supervisors having therapeutic relationships with trainees or other staff in the centre.
- 2.) Supervisors taking on former clients as supervisees, or supervisees as clients (see BACP Code of Ethics and Practice for Supervisors Section B.1.16).
- 3.) Dual roles within the Centre. Protocol should be established regarding lines of procedure when a member of staff holds more than one role in a Centre.

- 7.3** Procedures for selection, monitoring and appraisal of supervisors should be in place. It is recommended that a report on each supervisor is written at least once per year and is seen and signed by the supervisor. This should be written by the head of Counselling in conjunction with the Director and Head of Training where appropriate.

## **8 AREAS FOR wpf NETWORK CENTRES TO SET STANDARDS**

- 8.1** Performance indicators for size of supervision group, annual supervision time, presentation time per month.
- 8.2** Published criteria and written procedures for selection, monitoring and appraisal of supervisors.
- 8.3** Written procedures for monitoring and appraisal of counsellors.

## **9 DOCUMENTS TO BE WRITTEN IN CENTRES.**

- 9.1** Supervisors person specification, job description and contract.
- 9.2** Procedures as in 8.2 and 8.3 (above).

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## **CSG5: THE INTAKE ASSESSMENT AND ALLOCATION FOR NEW CLIENTS**

*This document gives guidelines to centres on the appointment of counselling supervisors and for supervision arrangements.*

### **1 INTRODUCTION**

These are studies to show that a good assessment process – one which illuminates the developmental and clinical issues likely to emerge – and appropriate referral are key factors in the outcome of counselling.

**All centres are required to offer an initial assessment to new clients, conducted by an experienced counsellor, before allocation for counselling. There are several reasons for this:**

- **To assess whether the agency can meet the client's needs.**
- **To consider the type of counselling that could be most helpful, e.g. open-ended, time limited, couples or family work, group, and to make a recommendation to allocation.**
- **To make some assessment of likely therapeutic issues in order to assist in allocation to a suitable counsellor.**

Centres must have a written procedure to cover the matters raised in this guideline.

### **2 REFERRAL**

- 2.1** All clients seeking access to a Network counselling service may refer themselves, either by letter or by telephone.
- 2.2** Professionals wishing to refer a client to a Network centre for counselling (e.g. GP, psychiatrist, social worker) may refer directly, by letter. Following the referral, the client will be contacted by letter (from either the referrer or the Network centre, as agreed) with a request for the client to contact the Network centre for an initial appointment. This ensures that the client takes an active part in the process.
- 2.3** Centres will need to make a decision on whether a returning client is asked to undergo a reassessment.

### **3 ASSESSMENT INTERVIEW**

- 3.1** The assessment session must be conducted by one of the centre's identified counselling assessors – an experienced practitioner who is trained in assessment.

**3.2** The assessment interview needs to be conducted in such a way that the client feels contained within its boundaries. The level of emotional engagement with the assessor needs to be kept at a level appropriate for a one – off session. The purpose of the assessment is to discover as much as possible about the client, in order to make a suitable recommendation – usually to decide if the client is suited to the type of counselling the agency is offering, or if an alternative referral preferable. In the course of this interview the client may gain new perspectives, but the objective is not to begin the work of on-going counselling. When it is conducted well clients often feel the experience to have been a valuable and containing one, and the impact on them of telling their story and being actively listened to, perhaps for the first time, should not be underestimated.

**3.3** The **practical** aspects to be addressed are:

- a.) Negotiation of payment for assessment (see 3.8 below)
- b.) The questionnaire (if used by centre)
- c.) Who referred the client, and any issues relevant to this
- d.) Obtaining consent for contact with GP (see 4 below)
- e.) Availability for sessions

NB Negotiation of weekly counselling contribution should be done by allocated counsellor.

**3.4** The **clinical** tasks of assessments are:

- a.) To assess whether the applicant for counselling is able to use the service the centre provides.
- b.) To assess the nature of the therapeutic issues being brought to the session, and describe them in a report, so that a clinical team can make an appropriate allocation.
- c.) To refer on to more appropriate sources of help if the applicant's needs cannot be met by the agency (e.g. if couples, marital or family work, group, or more intensive therapy seem to be a better alternative and not offered by the centre).

**3.5** The following potential clients are usually considered unsuitable for the sort of counselling that Network centres offer:

- anyone who is acutely psychotic.
- anyone whose disturbance and / or behaviour cannot be managed by the centre or who has active suicidal tendencies.
- anyone with an active alcohol / drug / other addiction
- anyone currently receiving (or waiting to receive) counselling / psychotherapy of a similar nature elsewhere.

Generally people with alcohol or drug problems should be referred to a specialist service and undergo a detoxification process. They can return for re-assessment after an agreed period of time.

**3.6** Centres need to give careful consideration to the question of whether to offer counselling to young people under the age of 18, and to develop clear policies to cover this area.

**3.7** Special consideration should be given to the referral and supervision of work with clients who have previously experienced psychotic episodes, or whose history and circumstances suggest such a possibility.

- 3.8** Clients who come for a one and a half hour assessment will be required to pay an appropriately fee which may be higher than for on-going counselling sessions. Some centres require a registration fee for the initial intake to be paid at the time of booking.
- 3.9** There are particular risks associated with assessment and a Centre should ensure that the procedures cover possible emergencies, e.g.
- if safety of the assessment counsellor is at risk.
  - if the client becomes extremely distressed or disturbed.
  - if there is disclosure of current abuse (e.g. of a minor).

## **4 MEDICAL CONSENT**

- 4.1** It is recommended that intake counsellors ask all clients for written permission for the agency to contact the GP and / or other involved professionals if the need arises.
- 4.2** The Centre should have clear policies about contact with other professionals concerning the client's wellbeing. Such policies should cover:
- whether to require a psychiatric assessment through the GP
  - whether to refuse counselling to a client who does not give medical consent or who has no GP.

## **5 ALLOCATION**

- 5.1** **The assessment counsellor writes a report to assist in making a decision concerning the client's suitability for counselling with the Centre, and to assist in allocation to a counsellor.**
- 5.2** It is good practise to have a clinical team of at least 2 people who meet to discuss the assessment and to make a final decision about allocation.
- 5.3** Once a decision is taken it should be communicated with sensitivity to the client as soon as possible.

## **6 SUPERVISION OF ASSESSMENT**

- 6.1** It is recommended that assessment counsellors be supervised on assessments.
- 6.2** **New assessment counsellors must be supervised.**
- 6.3** The work of assessment counsellors should be subject to monitoring and appraisal, at least annually.

## **7 INTAKE ADMINISTRATION**

- 7.1** Following assessment the client should be notified of the next step by letter or telephone as soon as possible.
- 7.2** After the client has been allocated to a counsellor professional referrers should be notified of the arrangements made (with the client's knowledge and consent).
- 7.3** The written documents in any service will probably include:
- Allocation Procedure
  - Initial appointment letter, letter of apology if there is a delay, letter following assessment, letter to commence counselling etc.

- Questionnaire (if used)
- Information for clients leaflet referring briefly to: confidentiality, payment, booking fee, contract with clients, equal opportunities, rights, complaints etc.
- Assessment documents: profile and medical consent form, write-up of assessment interview for allocation.
- Document concerning referral to other professionals.

## **8 ADDITIONAL AREAS FOR WPF CENTRES TO SET STANDARDS**

### **8.1 Performance indicators for:**

- How long it will take before office will return client's message on answerphone (e.g. hours, days).
- Maximum time client may wait for assessment interview.
- Time client may wait to hear results of assessment interview.

### **8.2 Criteria for training and qualification of assessment counsellor.**

### **8.3 Procedure for monitoring and appraisal of assessor's work.**

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# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG6: ASSESSMENT TO BECOME A COUNSELLOR

*This document gives guidelines for centres on the process of assessing applicants' suitability and readiness to become counsellors in WPF Network Centres it covers the following types of applicants:*

- *Applicants from the centre's own training course;*
- *Applicants trained at other WPF centres;*
- *Applicants from experienced counsellors from outside the WPF Network.*
- *Applicants from students on training courses external to the centre.*

### 1 INTRODUCTION

1.1 Applicants to become counsellors in a wpf counselling service must undergo a process to assess their suitability and readiness before seeing clients. Centres must have a clear written procedure for this assessment, which must be made available to applicants.

1.2 This procedure **MUST** include an assessment by an External Assessor (see 4 below) except those covered by 7.2 (applicants trained and successfully assessed at other wpf centres or applications from qualified and experienced counsellors from outside the wpf Network) or for students on an "I" Route course whose selection procedure for course admission is also an assessment of suitability and readiness to start counselling.

1.3 Before completing an application to become a counsellor in a centre, applicants must be provided with copies of:

1.3.1 The job description and terms and conditions under which counsellors work in the centre, which should include expectations of time commitment, accountability within the centre, supervision requirements, appraisal.

1.3.2 The assessment procedure used in the centre, which should include:

- information on any assessment fee payable
- who will see the application
- who will be asked for reports on the applicant and whether the applicant may see those reports
- who decides on the applicant's suitability and readiness and by what process
- equal opportunities criteria

- **what will happen to application forms and reports after the assessment (normally, if the applicant is unsuccessful these should be destroyed; if successful they will be retained until the employment relationship ceases).**
- 1.4 The process of assessment will be less intimidating for applicants if the assessment procedure is clear and open, if the applicant knows precisely who will see the application and reports, if these reports are made available to the applicant, and if normal rules of confidentiality apply to those involved in the process.
  - 1.5 New Counsellors will only begin clinical work with the approval of their supervisor.

## **2 ASSESSMENT PROCEDURE:**

This will generally have 3 main stages:

- 2.1 Stage 1: gathering of written evidence (application form, evidence of qualifications, training reports, references and an initial interview.)
- 2.2 Stage 2: External assessment
- 2.3 Stage 3: Assessment panel which will meet to assess the evidence of 2.1 and 2.2, may interview the applicant, and will come to a decision on the applicant's readiness and suitability to counsel in the centre.

## **3 STAGE 1: WRITTEN EVIDENCE**

- 3.1 **Applicants will be asked to complete an application form** which may ask such details as: relevant education and training, relevant experience, personal life history, details of personal therapy, reasons for becoming a counsellor in general and with the wpf centre, relevant current life situation.
- 3.2 Applicants are normally asked to submit an assessment fee.
- 3.3 For recently qualified counsellors, written reports will normally be submitted from the training course, including seminar leader's reports, personal tutors' reports, reports on written assignments and skills assessments [and any trainees' own self-assessments].
- 3.4 **Two professional references will be sought and taken up before Stage 3 (unless this was done at the start of training)**
- 3.5 At this stage applicants may be informed that they have not been successful or can proceed to the next stage.

## **4 EXTERNAL ASSESSOR**

- 4.1 **Applicants will be asked to attend an interview with an External Assessor appointed by the centre.**
- 4.2 **The External Assessor will be an experienced and well-qualified psychodynamic counsellor or psychotherapist who is experienced in the assessment of prospective counsellors and who has no other connection with the centre.**
- 4.3 **The Assessor will be asked to submit a written report to the centre of the applicant's suitability and readiness to start counselling.**

- 4.4 **The Assessor will be made aware of how the report will be handled and whether the applicant will see it.**
- 4.5 **The Assessor will be accountable to the centre, not the applicant, and will not therefore enter into correspondence with the applicant regarding the report. The decision about the applicant's suitability to be taken on as a counsellor is the responsibility of the centre, not the Assessor.**
- 4.6 Applicants should be unknown to the Assessor.
- 4.7 Prior to the interview the Assessor should receive a copy of the applicant's application form, a copy of the procedure used by the centre for the assessment of applicants, and the assessment criteria issued by the centre.

## **5 STAGE 2: EXTERNAL ASSESSOR'S INTERVIEW**

- 5.1 The importance of this interview is that it gives an objective independent view of the applicant.
- 5.2 The interview should be complete in itself and care should be taken not to undermine unnecessarily the applicant's self-worth.
- 5.3 The aim of the interview is to establish the applicant's readiness and suitability to start counselling.
- 5.4 The interview may explore some of the following areas:
  - 1. personal history, past and present family dynamics, traumas or significant losses, etc.
  - 2. professional training and experience.
  - 3. reasons for wanting to become a counsellor and the applicant's relevant current life situation.
  - 4. personal experience of counselling or psychotherapy.
  - 5. grasp of the counselling process.
  - 6. grasp of psychodynamic and unconscious processes.
  - 7. capacity to be in touch with own feelings.
  - 8. any particular rigidities in the personality.
  - 9. potential to work with negative reactions.
  - 10. ability to relate using the experience of the interview.

Where a number of applications are made at the same time, a group experience or other exercise may form part of the assessment.

## **6 STAGE 3: ASSESSMENT PANEL**

- 6.1 An Assessment Panel (recommended to be at least two people) should be appointed by the centre.
- 6.2 The Terms of Reference of the Panel should be defined. For example, consideration should be given to the criteria for example.
- 6.3 The task of the Panel is to make a decision concerning the applicant's suitability and readiness to start counselling with the centre.

## **7 SPECIAL CASES**

- 7.1 Clinical trainees should be selected according to the procedure that training supervisors will decide and inform students at what point in training they can begin counselling.
- 7.2 Experienced external applicants and applicants currently counselling in other wpf centres may be admitted by an abbreviated procedure to be defined by the centre.

## **8 OTHER POINTS**

- 8.1 **When centres have no in-house training, it is especially important to devise clear, written and carefully monitored selection criteria and procedures. These will include an assessment by an external assessor approved by the centre.**
- 8.2 **Centres will need to liaise with (and, if the agency requires feedback, have a written contract with) the agency running the training course over such matters as the suitability of the placement, confidentiality, supervision requirements, clinical responsibility, complaints and grievances, etc.**
- 8.3 **An Appeal Procedure should be in place.**

## **9 ADDITIONAL AREAS FOR wpf CENTRES TO SET STANDARDS**

- 9.1 Performance indicators for time process will take - how long will applicant wait for external assessment, decision, etc.
- 9.2 Published criteria for assessment of counsellors.
- 9.3 Published criteria for selection of External Assessors.
- 9.4 Written procedure for Assessment.
- 9.5 Written terms and conditions/contract under which counsellors work for the centre
- 9.6 Written procedures for quality assurance of selection process.
- 9.7 Written procedures for monitoring and evaluating selection and External Assessor.

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# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG7: ETHICAL BOUNDARIES WITHIN wpf CENTRES

*This document contains guidelines on maintaining ethical boundaries within wpf centres and counselling services.*

### 1 OBJECTIVES FOR WPF COUNSELLING SERVICES IN THIS AREA

- 1.1 The counselling service should be well-contained, with great attention to personal, therapeutic and managerial boundaries and all personnel should be aware of the importance of maintaining firm boundaries.
- 1.2 **All Centres and Centre Personnel must comply with the current BACP Ethical Framework for Good Practice in Counselling and Psychotherapy.**

### 2 INTRODUCTION

2.1 The crossing of ethical boundaries can arise from a situation where centre personnel (or a centre member and a client) have two essentially different roles in the centre or relationships with each other which create conflicting objectives or expectations. This situation can lead to circumstances where impartiality could be compromised, where confidentiality could be breached or where accountability could become confused.

2.2 Centres must pay very careful attention to boundary issues at all times; although issues arising from multiple roles and/or crossed boundaries may not appear important when the centre is running smoothly, they may very quickly assume major importance when a crisis occurs, for example if relationships between centre personnel become embittered or if there is a client complaint.

**2.2.1** Personal boundaries are crossed if centre personnel who are in a sexual, close friendship or marital relationship, while also having a professional relationship within the centre, allow this relationship to intrude upon or influence their professional relationship. For example: If a counsellor is married to the Head of Counselling (who is also the counsellor's line manager)

**2.2.2** When centre personnel are in therapeutic relationship while also having a professional relationship within the centre, or where centre personnel have a personal or social relationship with one of the centre's clients, for example: a member of training staff being in therapy with one of the centre's supervisors.

**2.2.3** Managerial boundaries may be complex whenever lines of line-management accountability deviate from a simple pyramid structure. Whilst recognising that other structures have strengths, attention must be paid to potential "circularity" of management and conflict of interest for personnel involved, for example;

- If the Head of Counselling is also a counsellor in the service; in this case the person as counsellor may be accountable to a supervisor, who in turn may be accountable to that same person as Head of Counselling.
- If the Director is also a supervisor in the service; in this case the person as supervisor may be accountable to the Head of Counselling, who in turn may be accountable to that same person as Director.

### **3 GUIDELINES FOR CENTRES**

- 3.1** It must be the responsibility of all personnel within a centre, but especially the Director and Heads of Counselling and Training, to be aware of the importance of maintaining ethical boundaries and to ensure that all centre personnel are aware of and avoid the crossing of such boundaries.
- 3.2** Centre documentation should be written with sensitivity to the complexity of boundaries to ensure openness and accountability at all times.
- 3.3** Centre personnel involved in a close personal relationship must take very seriously the effect upon the dynamics within the centre of their relationship, and should consult with the management of the centre concerning the best way to manage the situation. In cases of failure to agree, recourse can be made to grievance procedure.
- 3.4** Centres should openly acknowledge and address the dynamics created in a centre by close personal relationships involving those in managerial posts.
- 3.5** **Centre personnel must not be in therapeutic relationship with clients with whom they also have any personal or social relationship:** moreover, great care must be taken in managing a situation where centre personnel are in personal or social relationships with clients of other counsellors within the centre. The Head of Counselling must be made aware of any such situations.
- 3.6** **Centre personnel including students must not be in therapeutic relationship with other centre personnel.**
- 3.7** In cases where local conditions or choice lead to more complex organisational structures it is essential that the centre makes appropriate arrangements for separating the roles in the event of a conflict of interest before the event, and that this is included within their procedures.

### **4 AREAS FOR wpf CENTRES TO SET STANDARDS**

- 4.1** Written procedures to cover all points.

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# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG8: PSYCHIATRIC SUPPORT FOR COUNSELLING CENTRES

*This document contains guidelines on the role of the Consultant Psychiatrist and Psychiatric Services in Network Centres.*

### 1 OBJECTIVES FOR wpf NETWORK CENTRES IN THIS AREA

It is important that clinical personnel and especially the person taking ultimate Clinical Responsibility for clients should have the back up of specialist expertise in mental illness and link into local Psychiatric Services.

### 2 INTRODUCTION

2.1 It is recognised that recent developments within the structure of the NHS and increasing concerns about litigation have made it more difficult in some geographical areas to find a Consultant Psychiatrist willing to act as a named Consultant Psychiatrist for centres. The retainer fee required for this service can also be beyond the resources of individual centres. Any centre experiencing difficulties in recruiting such a person should liaise with the Network Office before accepting any other arrangement.

2.2 **IT IS ESSENTIAL THAT THOSE HOLDING CLINICAL RESPONSIBILITY ACTIVELY SEEK GOOD WORKING RELATIONSHIPS WITH THEIR LOCAL PSYCHIATRIC AND COMMUNITY HEALTH TEAMS AND REFER THROUGH THE CLIENT'S GP TO THE PSYCHIATRIC TEAM WHENEVER NECESSARY.**

### 3 ROLE OF CONSULTANT PSYCHIATRIST

3.1 A Consultant Psychiatrist, if available, would provide additional clinical back up for the Head of Counselling in reaching decisions for clients with complex mental health needs and clients who have been, are, or become mentally ill during counselling, thus helping to safeguard both the clinical work and the reputation of the centre.

3.2 Centres should have a written procedure for access to the Consultant Psychiatrist bearing in mind that "It is recommended that decisions in this area are only taken after consultation with Head of Counselling".

It is recommended that a written contract be agreed between the centre and the Consultant Psychiatrist and that everyone is aware of the boundaries of the relationship.

# wpf COUNSELLING SERVICE GUIDELINES FOR NETWORK CENTRES



## CSG9: SERVICE DELIVERY TO CLIENTS

*This document contains guidelines on the service WPF Network Centres should provide to clients at the actual point of delivery.*

### 1 OBJECTIVES FOR wpf NETWORK CENTRES

- 1.1 Clients and users receive welcoming, respectful and careful service when making their first contact and visit.
- 1.2 The appointment system is effective.
- 1.3 The waiting list is well managed.
- 1.4 Premises are suitable and welcoming for clients.
- 1.5 Changes of counsellor (on those rare occasions when they are necessary) are well managed.
- 1.6 The service finds ways of obtaining feedback from clients on how they have experienced the service, and takes any comments seriously.

### 2 CLIENTS' FIRST CONTACT

- 2.1 Clients normally contact wpf Network Centres by phone. It is strongly recommended that the publicised telephone number should be connected to a telephone answering machine when not staffed.
- 2.2 The answering machine message should be thought through and its delivery carefully considered. It should give details of the times that the phone is normally staffed, and should either be able to take messages from clients or direct them to another number which is staffed. Messages should be reviewed regularly.
- 2.3 Counselling service personnel who answer calls from or return calls to clients need to project a welcoming manner, since many clients are fearful about this first contact and may be put off by an unfriendly tone.
- 2.4 Administration personnel need to have some understanding of the counselling process in order to be able to redirect clients whose needs would very obviously be better served elsewhere. Training should be provided.
- 2.5 **Administration personnel must have a clear understanding of the need for confidentiality. In particular they must take care not to reveal the fact that they are representing the counselling service to anyone other than the prospective client when returning a call (unless the prospective client has given permission for this); they may need training in how best to do this.**
- 2.6 Administration personnel will need to ask the client for basic information (name and address/telephone, their availability for an assessment session and details of how to contact), and should inform the client of what the next step in the referral process will be and how long this will take, but should be discouraged from

unnecessary engagement with the client (though while remaining alert and sensitive to their possible distress).

2.7 wpf Network centres have varying arrangements at this stage:

- Some ask the client to complete a questionnaire and/or return slip, with or without a deposit, before the assessment session is arranged.
- Some ask the receptionist to arrange the assessment session.
- Some ask the intake worker to contact the client to arrange the assessment session.

**The important thing is that the client is informed of what will happen next, of the purpose and format of the assessment session, and that this will be a one-off session (not the start of ongoing counselling). Some information about cost should be included.**

2.8 It is recommended that all clients, even those referred by a professional, should be asked to contact the centre for counselling themselves and make their own appointment.

2.9 The client should receive information about counselling services offered by the centre. This is done by sending the client a copy of the service's "Information for Clients" leaflet before the assessment session.

2.10 At the end of the assessment session the intake worker must explain to the client what will happen next (normally, this will be that the agency will make a decision as to whether to take the client on), how long this will take and how they will be informed of this.

2.11 Following the assessment session, the client should receive a letter informing her/him of the decision. If an unexpected decision has been arrived at, see CSG5.

### 3 WAITING LIST

3.1 **Many wpf Network centres have a waiting list for counselling. Clients must be informed of this on first contact and again at the assessment session, and of how long they might have to wait for counselling, as this information may be material to their decision to put their name on the list.** If the wait for counselling to begin is long, the intake worker may need to explore the client's feelings about this.

3.2 Once on the list, clients should be contacted (normally by letter) at regular intervals (every 1 - 2 months is recommended) to maintain contact and assist them to feel contained by the service.

3.3 **Centres must give serious consideration both to ways of ensuring that the waiting time for counselling does not become excessive (and to actively reducing it if it does), and to the ethics of continuing to put clients on the waiting list if it does become so. A waiting time of over 3 months is considered excessive.**

### 4 PREMISES USED FOR COUNSELLING

4.1 The quality of the premises used by wpf counselling services should reflect the high standards aimed at in counselling practice.

4.2 The service will need to ensure an efficient bookings system for any premises used (whether the service's own or hired) to ensure no double or disrupted bookings.

- 4.3 The client should receive, in the pre-counselling information, details of the premises (map, accessibility, parking availability, public transport).
- 4.4 For the safety of both client and counsellor, consideration should be given to the security of all entrances to the premises.
- 4.5 Premises used for counselling should include a suitable and private waiting area for clients who arrive early.
- 4.6 It is desirable for clients to be greeted by a receptionist upon arrival at the premises; receptionists may need training in how to do this discreetly.
- 4.7 Rooms used for counselling should be appropriate for the purpose, warm, comfortable, quiet and welcoming; decor should aim to be pleasant but neutral.
- 4.8 Ideally all premises used for counselling should be accessible to wheelchair users; **centres must ensure that they have at least one accessible counselling room and toilet, if not in their own centre, then in premises locally.**
- 4.9 **Rooms used for counselling must be soundproofed sufficiently to preserve confidentiality and ensure privacy.**
- 4.10 **Rooms used for counselling should not be overlooked by other premises so that other people may see in;** entry into rooms should be discreet.
- 4.11 It is recommended that centres have a procedure for the inspection, approval and review by a member of the counselling service management of all premises being considered for counselling.
- 4.12 Counselling sessions must not be interrupted except in exceptional circumstances. Telephones must be disconnected and "please do not disturb" notices used and respected. Doors must be arranged so that the client is free to leave at any time.
- 4.13 **It is recommended that centres seriously consider methods of ensuring counsellor safety (including alarms) in the case of personal threat.**
- 4.14 It is recommended that counsellors should not counsel alone (i.e. with no one else in the building) both for their own safety and so that clients feel safe. This is especially important when counselling members of the opposite gender, for assessments, and for trainee counsellors.
- 4.15 Counsellors should not normally work from their own homes; exceptions can only be made if the following conditions comply:
- The counsellor is very experienced (e.g. in private practice from own home).
  - The home has a room set up for the purpose.
  - There is someone else on the premises.
  - Home use has been approved both by the supervisor and the centre management.
- 4.16 Counsellors should not normally counsel clients in the client's own house; exceptions should only be made if the following conditions comply:
- The client can give a reasonable assurance that privacy and lack of interruptions can be observed.
  - Home use has been approved both by the supervisor and the centre management.

- The counsellor has a clear understanding of the huge impact that counselling in a client's home has on the normal dynamics of counselling.

## **5 OTHER ISSUES**

- 5.1** Counsellors should not normally see clients who bring children or pets to the session with them.
- 5.2** **Counsellors must not lend money to clients;** in exceptional circumstances the agency could do so.
- 5.3** **The use of tape recorders in wpf Network Centres is strongly discouraged. The centre must have a policy on requests for taping sessions. In some circumstances counsellors will need to use client material for a case study.**
- 5.3.1** **The client should be aware that client material may be referred to anonymously for training purposes. This should be included in client literature and discussed in supervision.**
- 5.4** **If a proposal to contact former clients for research purposes is considered, this must first be agreed by the centre management, and the letter to clients inviting participation must be from a senior manager at the centre.**
- 5.5** Centres are reminded that they will need to make a decision on whether a returning client is asked to undergo a reassessment.
- 5.6** **Centres must have a procedure to cover the sensitive handling of cases where a counsellor suddenly has to stop counselling (e.g. illness/sudden death of counsellor, or for clinical/disciplinary reasons).**
- 5.7** **Centres must have a policy and procedure to cover the handling of cases where a client expresses dissatisfaction with a counsellor and asks for a different one.**
- 5.8** **Centres must have a policy and procedure to cover the handling of cases where a client asks for a counsellor with specific attributes (gender/age/not trainee/on UK Register, sexual orientation, ethnicity etc.).**
- 5.9** **Centres must develop ways of obtaining feedback from clients on how they have experienced the service.**

## **6 ADDITIONAL AREAS FOR WPF CENTRES TO SET STANDARDS**

- 6.1** Performance indicators for
- Time within which answering machine messages from clients will be answered.
  - Maximum waiting time for counselling.
- 6.2** Published criteria for appointment of receptionists.
- 6.3** Written procedures to cover 5.6, 5.7 and 5.8 (above).

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