The awarenesscentre

Placement Counsellor Handbook

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1. THE WORK OF THE AWARENESS CENTRE AND OUR PLACEMENTS

The NHS Placement Counselling Service

The Awareness Centre (TAC) works in partnership with a number of local GP surgeries to provide counselling to their patients. After referral by their doctor or practice nurse, each client is offered an initial assessment shortly after TAC receives their referral from the surgery. We do not have any waiting lists for clients. If appropriate, we offer clients a limited number of once-a-week 50-minute counselling sessions. Clients are normally able to begin their counselling one or two weeks after their assessment. Their doctor will be informed of the general outcome of their counselling process, but will not be given any information about the content of their sessions or the personal matters they share without their permission.

As their counselling referral is only for a limited number of sessions, it is very important that clients begin counselling when they are in a position to attend all their sessions without interruption, otherwise their counselling will be less helpful to them. With this in mind, and in order to manage NHS resources more effectively, clients who miss two sessions in a row will have their counselling terminated. To re-enter counselling, clients will need to visit their doctor to be re-referred.

If clients miss one session, rather then two in a row, their counselling will not come to an end, but we will not be able to grant a replacement session. All missed sessions count as used sessions regardless of reason or notice. We are unable to grant additional sessions as another client will usually be due to start with their counsellor after their final scheduled session. In addition, we operate a very consistent missed session policy to maintain fairness and equality of opportunity in accessing counselling.

Further details of the referral criteria for the NHS Counselling Service can be found below in Appendix 1 below. No fee is payable by the client for their counselling.

Contribution Counselling Service

The Contribution Counselling Service is a reduced-fee counselling service staffed by our placement counsellors. The Service is available to adult clients who are living on state benefits, students over 18, those living on a state pension and clients who are registered as disabled. The Service provides one-to-one counselling, and sessions are on a weekly basis. The fee for this service is £10 per session. TAC provides sessions during the day and evening. Clients may attend for counselling for up to 2 years, subject to the availability of their counsellor. (For clients who are not eligible for this service, we have our Low Cost Counselling Service, offering counselling at £25-£35 per session, as well as our full-fee private services, which can be accessed by clients on a self-funding basis. Clients can obtain further details from Reception at TAC).

2. SUPPORT AND DEVELOPMENT OF PLACEMENT COUNSELLORS

Clinical Responsibility

TAC holds clinical responsibility for the work of TAC placement counsellors. This underpins all elements of the relationship between TAC and its placement counsellors.

Induction

There is an initial induction process during which you will be introduced to the practical workings of your placement such as paperwork, policies & procedures and the layout of the building. You will be assigned a personal supervisor who you will see on both an individual and group basis. Your set client session times will also be agreed and rooms booked accordingly.

Management

Placement counsellors are carefully managed to ensure that clinical and professional standards are maintained and to provide counsellors with adequate support. You are expected to respond to all e-mails and 'phone calls from TAC staff promptly, to develop a collaborative relationship with TAC staff and to conduct yourself in a professional manner. Disciplinary matters and complaints are dealt with in accordance with the TAC Staff Handbook.

Supervision

Each placement counsellor attends group supervision twice a month. Each supervision group runs for 2 hours and contains up to 4 counsellors. In terms of BACP accreditation, attendance at 2 groups per month will count as the equivalent of 2 hours of individual supervision per month. The BACP stipulates that for supervision groups of 4 or less, supervisees can count half the time of the group as personal supervision time, so you can record each 2 hour group as 1 hour of supervision.

Your 2 hours per month placement supervision is above the BACP minimum requirement of 1.5 hours per month. However, the BACP recommends a ratio of 1 supervision hour per 8 client hours for trainees and it is your responsibility to ensure that you have adequate supervision for your caseload. You are also responsible for ensuring that you receive adequate supervision to meet the requirements of your training organisation, which may stipulate a different supervision hours to client hours ratio. We recommend that you obtain additional external supervision. Any additional supervision outside TAC of placement clients should be fed back into your placement supervision group in order to avoid potential conflicts.

You will not normally be able to change groups once you have agreed to join one except in exceptional circumstances. If you do need to change groups, you will need to give your supervisor and manager as much notice as possible as vacancies in supervision groups are rare and you need to have secured a place in a new group before leaving your old one. Personal difficulties or conflicts within the supervision group are not normally grounds for a change of group and should be discussed and resolved within the group.

Attendance at all monthly supervision is mandatory. When you are on holiday you do not have to attend any supervision sessions during your absence. Failure to attend without adequate notice or explanation will be grounds for terminating your placement. If you miss either an individual or group supervision session, you may have to pay for an additional individual supervision session with your supervisor. If you miss more than two supervision sessions within six months, your placement may be terminated.

If a client is at high-risk or a case is very complex, the frequency of supervision may need to be increased. Your supervisor will support you by offering you more time individually, negotiating more time for you in the group, or referring you to another TAC Supervisor or your manager for additional support. If you feel at any time that a client is manifesting behaviour or thought processes that indicate more specialist interventions are needed (for example for active drug misuse, mental illness or the need for more intensive therapy etc), you should consult with your supervisor and then your manager so that your manager can see the client, explain our concerns and discuss possibilities regarding more specialised support.

Training

TAC provides a number of training workshop weekends each year on subjects relevant to the placement, such as assessments, brief counselling and risk management. Attendance on at least one workshop per year is compulsory for all placement counsellors and CPD certificates are issued to participants. A fee is charged for attendance at workshops.

3. THE AWARENESS CENTRE'S EXPECTATIONS OF PLACEMENT COUNSELLORS

TAC is an Organisational Member of the British Association for Counselling and Psychotherapy (BACP) and all counsellors working at the Centre on placement must work according to the BACP's Framework for Good Practice. TAC reserves the right to end a counsellor's placement if it is felt that the counsellor is in breach of their contract with TAC or is in breach of the BACP's Framework for Good Practice or other relevant codes of ethics, conduct or practice.

All counsellors begin on an initial probationary period of six months. This probationary period may be extended by TAC as deemed necessary.

Personal Psychotherapy & Private Supervision

All counsellors working on placement at TAC must be in personal therapy and any necessary pirate supervision for the duration of their placement. TAC can offer a list of accredited therapists affiliated with the Centre if necessary.

The Confirmation of Therapy and Supervision Form must be completed on an annual basis. Please take this form to your counsellor/psychotherapist for completion and signature before returning it to your manager. Please describe any external supervision you currently attend where you are required to or have the option of taking Awareness Centre clients for supervision. Please describe the frequency, clinical orientation and modality (i.e. individual/group) of your external supervision.

Confidentiality

TAC offers a confidential service to its clients. This is of vital importance in developing a trusting relationship between the client and counsellor and in maintaining wider public credibility. In line with the BACP Code of Ethics, GPs will be informed that their client is receiving counselling, following a bereavement for example, but no other details will be disclosed without the client's consent. The client is informed of this in writing.

TAC counsellors, staff, supervisors and the Managing Director are expected to maintain these principles, both during and after their time with TAC. It is also expected that no information about TAC or its clients be passed to people no longer in the employment (paid or otherwise) of TAC.

Any breaches of confidentiality will be taken very seriously and may involve disciplinary action. Confidentiality is essential to the service offered by TAC and client details are kept confidential within TAC as an organisation. You must not enter into any other confidentiality agreement with the client. While summary information is given to NHS clients' GPs, no client-related information obtained from the assessment or counselling/therapy or support work can be passed onto any other individual outside the Centre without the express written permission of the client. Such requests must always be discussed in supervision before any action is taken.

In terms of e-mail communication, any extensive referral information should be sent in a password-protected document, and any necessary e-mail correspondence regarding specific clients should only refer to that client by their initials and time-slot.

Attendance

TAC Counselling Service is offered to clients all year round. This means that at all times throughout the year there needs to be a minimum number of counsellors available to take on referrals.

All placement counsellors are entitled to up to 5 weeks leave from clinical work a year.

- Up to 4 weeks may be taken over the summer period
- Only 2 weeks of this can be taken during August
- Up to 2 weeks may be taken over the Christmas period
- Up to 2 weeks may be taken over the Easter period

If you choose not to take your leave during this time you can apply to take your leave throughout the year.

You will need to give a minimum of 6 weeks advance notice of your absence dates. During popular holiday periods such as summer and Christmas, absence requests will be authorised on a first come first served basis and so you may wish to give as much notice as possible in order to ensure you can take the dates you wish.

Absences are applied using the Absence Request Form. First, take your Form to your placement supervisor, who will assess whether your absence request is clinically appropriate, has been requested with at least 6 weeks notice, and does not contribute to a total of more than 5 weeks of absence from your clinical work at TAC per calendar year. For your absence request to be granted, your supervisor will need to sign this form as authorised by them, otherwise it will be returned to you by your manager.

Once the Form has been signed by your supervisor, it should be passed to your manager. You can consider your absence booked when you get a confirmation e-mail from your manager. If you do not receive that confirmation e-mail, then your absence has not been approved. If you do not receive confirmation, and your absence is due shortly, then contact your manager asap.

Clients are normally seen weekly and you should give your clients at least one month's notice of any absences. If you have concerns about a client during your absence, these should be raised with your supervisor and your manager. TAC is not a crisis intervention service and the office is only available during office hours, so ensure that your client has contact details for appropriate sources of support in a crisis.

Changes in Circumstances

You must inform your manager promptly of any changes in circumstances relating to your contract, for example, changing address, external supervisor or lowering frequency of external supervision. You should also inform your supervisor, who will check to make sure you continue to meet placement requirements.

Ongoing Work with Placement Clients

When it is clinically and ethically appropriate, placement clients may, at the end of their placement sessions, transfer to one of TAC's reduced-fee schemes, such as the Contribution Counselling Service or the Low Cost Scheme. This potential transfer must be discussed in supervision and with your manager *before* it is offered to your client as an option. All such transfers are subject to your manager's approval. It is not acceptable to offer a transfer to a placement client and then consult your manager afterwards.

The transfer of a client from the service to the counsellor's full-fee private practice is not generally permitted and is *never* sanctioned where the counsellor has been with TAC for less than one year or is still in training. Nonetheless, TAC recognises that exceptional circumstances can arise and wishes to respond appropriately in such cases. If you believe there is an overwhelming case for a client to continue with you in private practice, you should raise this with your supervisor and manager. You would need to identify extenuating circumstances that might justify transfer and account for how this would be in the client's best interest. Additionally, the client may need to meet with the appropriate manager to discuss the situation.

Leaving the Service

You must give at least two months written notice of your intention to leave the service to your manager and your supervisor. Failure to do so could result in the issue being referred to your training institution as well as the BACP as a breach of ethics. Upon agreeing notice with your manager and supervisor, you must ensure that all client documentation is appropriately filled out.

Where your client's counselling ends without adequate notice due to unforeseen circumstances, your client will be offered a priority appointment with an appropriate manager to discuss the situation and their options.

4. CASE MANAGEMENT PROCEDURES

Stage of Case	Relevant Paperwork

Referral to Placement Counsellor

You will be contacted via password-protected e-mail or telephone by the assessor when a potential client has been referred to you. You should reply to every referral e-mail on arrival to confirm receipt. You will then receive a copy of the completed GP Referral Form. The start date and regular appointment time will have been agreed between the assessor and the client. You are simply required to telephone the client and confirm the appointment. If you leave a message for the client, there is no need to then ask the client to reconfirm with you – a confirmation message from you is sufficient. It is important that you comply with any stated client preferences for contact by phone in confirming the first appointment.

You must keep your manager updated regarding your vacant client slots and flag-up in advance any spaces that are due to become available. This is essential to maintain an adequate flow of clients through the service.

Stage of Case	Relevant Paperwork
Assessment by Placement Counsellor	Client Contract
	Client Confidentiality Policy
	Assessment Form
	PHQ-9 Form
	NHS Counselling Service Information Sheet

During the first session, you will need to explain the key boundaries of the Client Contract and pass it to them for signature. You can also provide them with a Client Confidentiality Policy and an NHS Counselling Service Information Sheet. Work through the Assessment Form with the client and ensure you complete a PHQ-9 form. A PHQ-9 score is taken in the first and final session.

Due to child protection concerns and the types of issues clients may wish to discuss in counselling, it is not possible for clients to bring children into their counselling sessions. This is an issue clients can discuss during their initial assessment before the first session.

Occasionally, you may feel that a referral is inappropriate when, for example, the client's needs are beyond your level of competence. You will need to discuss this in supervision and then:

- Discuss this with the client
- Contact your manager
- File all documents
- Inform the client that your manager will get in touch with the client offering a re-assessment or a new counsellor

During Case – Recording Attendance Client Contact Record

Your Client Contact Records need to be clear and accurate. They should give a date and an explanation of what has happened every week, be it: client attended, client did not attend – gave notice, client did not attend – no notice, counsellor absent or Bank Holiday. Further details can be added to your clinical notes. All missed sessions - regardless of any reason or notice given – count as used sessions and as part of the client's total entitlement. If the client misses 2 consecutive sessions – regardless of any reason or notice given – the counselling contract will no longer be valid and will be terminated.

This form should be kept on the front of your client notes. When the case is closed, make a photocopy of this form and post/deliver it to the relevant TAC manager as soon as possible (The Awareness Centre, 41 Abbeville Road, SW4 9JX). No detail of the content of the sessions should be recorded on this form. The original should be filed with the rest of the client notes. These forms are an essential part of our statistical reporting to Lambeth Primary Care Trust and must be completed and passed-on without fail.

During Case - Note Taking Client Notes

You must keep appropriate records of all client sessions and file them in the filing cabinet either at the surgery or the Centre. All records are the property of TAC and the relevant GP Surgery. Clients also have the right to see notes kept of their sessions. Records should concentrate on factual material and exclude comments on the more personal aspects of the counsellor's own process or diagnostic speculation. Records should include accounts of letters sent; telephone messages received or telephone conversations etc. Please familiarise yourself with the BACP's guidelines on note-keeping.

You may make copies of your notes for your training or case studies; you must ensure that these notes do not make any reference to client's personal details, such as name, address, or phone numbers.

During Case - Missed Sessions First DNA Letter

Final DNA Letter

Final Session DNA Letter

If a client misses a session send the First DNA Letter, even if the client has given you notice. If a client does not attend for two sessions in a row, send the Final DNA Letter, even if the client has given notice of absence. During a case, you may need to send more than one First DNA Letter. If the client misses their final session, you can send them the Final Session DNA Letter. The Final DNA Letter is only sent following two *consecutive* missed sessions. Placement counsellors do not chase clients with 'phone calls when sessions are missed. If you are especially concerned about an absent client, please share your concerns with your manager.

If a client tells you during a session that they wish to end counselling before the completion of their initial contract of six sessions, check whether the client is ending because they would prefer another counsellor. If the client wishes to continue counselling with a new counsellor, you should ask the client to contact the office for an appointment with the original assessor. You should also inform the client that the process of finding a new counsellor may take up to two weeks.

During Case – Recording Sessions

Taping Contract

If you wish to record sessions as a requirement of your training course, you will need to first discuss the matter with your supervisor. You will then need to ask for your client's consent and have them sign the Consent for Audio Recording of Sessions. You must also stress that the client is under no obligation to agree and that refusal will not jeopardise their right to work with you.

You should erase any recordings of sessions once you have finished using them. Please bear in mind that clients have a right to hear any existing tapes of their sessions.

During Case - Onward Referral

Your Next Steps in Counselling and Psychotherapy

List of Agencies

List of Lambeth Advice Centres

While you are working with the client, you will be maintaining a focus on the time-limited nature of the contract. Throughout the work, you need to be mindful of possible referral options and, when appropriate, discuss them with the client. The information sheet Your Next Steps in Counselling and Psychotherapy describes some of the different sorts of referral options. You can also provide the client with a copy of our List of Agencies and List of Lambeth Advice Centres.

Penultimate Session

Service Evaluation Form

On the penultimate session, you must give your client a Service Evaluation Form and envelope. Ask your client to return the Form to you in a sealed envelope at the last session which you then process on case closure. If the client has not completed the form, or has forgotten to bring it, give them a Form to fill out during the last session and then place it in an envelope and seal. It is very important that this form is filled out during the final session.

Discharge by Placement Counsellor

Discharge Form

PHQ-9 Form

During the final session, you will need to work through the Discharge Form with the client. Ensure you complete a PHQ-9 form. A PHQ-9 score is taken in the first and final session.

Case Closure

Following our case closure procedure correctly is an essential condition of your placement. When closing cases, follow the instructions below, and contact your manager if there is any aspect of this procedure that is unclear.

TAC needs to provide copies of some of our forms to GPs – please make sure your handwriting is legible and any photocopies you make are readable.

Case Closure - Counsellors Based At The Awareness Centre

1) On case closure, the Assessment Form and the Discharge Form need to be photocopied and passed to the relevant manager. Put the copies in an envelope marked with the name of the referring GP and surgery. Put the envelope in the relevant manager's in-tray and the originals in the client file. Don't post the envelope yourself.

2) Complete the Client Contact Record. Put the original on file and put a photocopy of the Client Contact Record in the relevant manager's in-tray. A copy of the Client Contact Record is required for each of your completed cases - even if the case is just one or two DNAs. A copy of the Client Contact Record is not passed to the GP.

3) Put the plastic folder containing the closed case in the relevant manager's in-tray.

Case Closure - Counsellors Based At Surgeries

1) On case closure, these 2 documents need to be copied and the copies passed to the referring GP:

The Assessment Form.

The Discharge Form.

Speak to surgery reception about how to pass them to the relevant GP. The originals stay on file.

2) Complete the Client Contact Record. Put the original on file and fax/post a copy of the Client Contact Record to the relevant manager at TAC. A copy of the Client Contact Record is required for each of your completed cases - even if the case is just one or two DNAs. A copy of the Client Contact Record is not passed to the GP.

3) Put the closed case in the closed cases suspension file.

Confidentiality

Permission to Share Information Form

You can find further details about confidentiality in our Client Confidentiality Policy. Placement counsellors do not liaise directly with external agencies, other medical professionals or similar third-parties. All such communication will be handled via your manager. If your client requests information for their solicitor, housing officer etc, the client needs to ask that third-party to write to your manager. If your client brings in a document for completion, you need pass it to your manager. If your client would like a copy of their notes, they need to make that request in writing to your manager.

Risk Management

Yellow-Red Flag Alert Protocol

Lambeth Crisis Service Information Sheet

Management of higher-risk cases is handled in accordance with our Yellow-Red Flag Alert Protocol, which can be found in Appendix 2 below. *Higher-risk cases are closely managed by yourself, your supervisor and your manager. You should discuss your flagged clients every time you attend supervision and provide your manager with a weekly update. When updating your manager, you should make it clear that you are referring to a flagged client so that your update can be given priority attention. You may be required to confirm your update by e-mail.* In-between sessions, higher-risk clients should be encouraged to keep their GP informed of their mental state and their health generally. In addition:

- The Samaritans offer emotional support 24 hours/day, 365 days/year - 08457 909090 - www.samaritans.org.uk.
- Clients who have a mental health crisis can contact South London and Maudsley Information Line, which is available 24 hours a day, seven days a week. A member of staff will be able to tell them where and how to get help: 0800 731 2864.
- Clients can also visit one of the local Accident and Emergency (A&E) Departments. Both A&E Departments have a psychiatric liaison team available 24 hours a day, seven days a week: St. Thomas' Hospital, Lambeth Palace Road, London SE1 7EH, or King's College Hospital, Denmark Hill, London SE5 9RS.

Further details of these services can be found on our Lambeth Crisis Service Information Sheet, which you can pass to clients as appropriate.

All the paperwork, policies and procedures for the Contribution Counselling Service (CCS) mirror those of the NHS Service and placement counsellors work to the same high standards. The only differences are a differently worded contract and dna letters, as well as an extension sheet for the Client Contact Record. One important point in relation to the CCS is that 2 missed sessions only leads to a review of the contract if they are 2 missed sessions without notice or explanation – i.e. the counsellor has not been given adequate information about the client's plans and intentions. CCS clients may book off holidays – but they need to pay for that in advance. All the relevant boundaries and how those boundaries are communicated can be understood by reading the Client Contract and dna letters for each service.

5. FACILITIES MANGEMENT AND HEALTH & SAFETY

Room Booking

Awareness Centre rooms are available from 09.00 until 22.00; GP surgery hours vary. Due to ethical and security concerns, you must ensure that you *never* work in the building alone outside office hours.

You must book rooms with the office every week. Reception will need to know the last name and first initial of your client. However if you are working from the GP surgery then you will have to book your clients in on the computer system weekly. Your room and hours of practice will be allocated by the GP Surgery where you are working in this setting.

We have nine rooms at TAC that can be used for counselling, one of which, Room 1, is wheelchair accessible.

Room Safety

There is a No Smoking policy throughout the centre. Please ensure you close and lock windows and turn off light before you leave the room.

In the Event of Fire

Please make yourself familiar with all exit locations and fire extinguishers (main door, side front door and the back door in room 3).

In the Event of an Accident

For minor accidents, there is a First Aid Kit in the office in the basement. For more serious incidents, phone the emergency services and make an entry in the Accident Book.

Office Hours

TAC opening hours are:

Monday - Friday: 9am-10pm
Saturday: 9am-6pm
Sunday: 10-4pm

Office hours are:

Monday – Friday: 9am-5pm.

If you need to speak to your manager, you may either phone or come into the Centre during office hours. We are closed on Bank Holidays.

6. APPENDICES

Appendix 1: Referral Criteria for NHS Counselling Service

Referrals

The Awareness Centre offers both an assessment & referral service and a time-limited face-to-face counselling service for the clients of partnership GP surgeries. We are able to make an assessment of any client referred to us by a GP. Any clients who present as being able to make use of our face-to-face service will be referred to one of our NHS counsellors. Any clients who need more specialist or open-ended intervention will be supported and advised by us in order to ensure that they are able to access the appropriate agency. When appropriate, we are able to advise clients how to access self-funded and insurance-funded counselling and psychotherapy.

Our time-limited face-to-face counselling service can be useful for clients presenting with many issues, including, but not limited to:

- Anxiety, stress and panic attacks
- Mild to moderate depression
- Relationship difficulties
- Issues around sex, sexuality and gender identity
- Self-esteem issues
- Workplace or educational difficulties
- Emotional problems related to chronic or acute physical health issues
- Life stage issues and transitions, such as becoming a parent or retirement
- Loss, bereavement and separation issues
- Clients who present very frequently with minor physical symptoms

We are able to offer an assessment, some initial support and a supported referral on to these client groups:

- Adolescent clients can be assessed and then referred to 'Faces in Focus' SE1, an organisation we collaborate with that works with 13-25 year olds. We can advise parents of younger children as to the most appropriate sources of support for their child, depending on the issues presented.
- Clients with alcohol and substance use problems will be assessed on a case-by-case basis. As well as being supported in accessing 12-step programmes, clients who can maintain sufficient abstinence can be referred to one of our counsellors. We also have an addiction aftercare service, which clients can attend on a local-authority funded or self-funding basis. Clients in this group with more severe issues will be referred to Lambeth Drug and Alcohol Team.
- We provide counselling to individuals with psychological and emotional issues regarding sex and relationships. We do not provide NHS psychosexual and relationship counselling to couples, but can assist with a referral to the Sexual and Relationship Problems Clinic at Guy's Hospital. We can also offer private self or insurance funded psychosexual and relationship counselling.
- Eating disorders
- Severe childhood trauma and sexual abuse
- Post-traumatic stress disorder
- Learning disability
- Complex bereavement
- Ongoing emotional and psychological difficulties that have not responded to previous time-limited interventions

Clients presenting with issues such as psychosis, personality disorder and other severe mental health problems are less suitable for time-limited counselling.

Clients who specifically wish to access CBT may be referred by GPs to the PCT's Primary Care Psychological Therapies Service, using the appropriate referral form.

Clients who are an active risk to themselves or others, or who are in a crisis situation, require the intervention of the relevant emergency service or social services team.

Our Assessments

For many clients, counselling will be a new experience and may evoke feelings of anxiety or shame. It can be helpful for the referring practitioner to reassure the client of the value of counselling. The assessor at The Awareness Centre will take time with each client to explain the services we offer and the boundaries involved. While some counsellors within our NHS service may have areas of special expertise, specialist training or specific experience, the service primarily offers general integrative counselling. Clients who are able to make good use of our face-to-face counselling service are usually those who are:

- Motivated to attend regular weekly appointments for six weeks
- Willing to engage in conversation and discuss their personal life
- Able to reflect on and take responsibility for making some changes in relation to their presenting issues

During the assessment, we will explore these issues with the client. All clients who are interested in accessing The Awareness Centre NHS counselling service can be given a copy of our brochure and our NHS Counselling Information Sheet.

Appendix 2: Risk Management Protocol - Yellow & Red Case Flagging

1. Introduction

Every client who uses the Awareness Centre NHS Counselling Service ('Service') is given appropriate care and attention by our clinical team. However, some clients will have more complex needs than others due to the nature of the problems they present. To better support these clients, detailed and clear escalation criteria are used to identify those clients who need closer and more specialised attention. These criteria are centred on a yellow/red flag alert system to identify individuals who need more specialist help/monitoring than others, and to detail the actions that are required.

The protocol described here is the standard procedure used by the Service in delivering its counselling services.

2. Yellow Flag Cases

Yellow flag cases are those that involve the need for closer than usual monitoring of the client. A client who is suspected of being a yellow flag alert must be immediately brought to the attention of the Counselling Services Manager by the counsellor working with the client. The Counselling Services Manager will then decide whether the case is a yellow flag alert.

By the nature of a yellow flag alert, no urgent action will be required, but the case will need careful monitoring while the yellow flag alert is in operation. All yellow flag cases should be reviewed in clinical supervision while the client is seeing a Service counsellor. In addition, the counsellor should give a weekly update on the situation to the Counselling Services Manager after each counselling session.

In all yellow flag cases, the counsellor must check that the Service has the client's current address and telephone number. If a situation or problem deteriorates, a yellow flag can become a red flag. In addition, when a situation becomes less serious, the yellow flag alert is removed from a case. Any such changes in flag status can only be made after consultation with the Counselling Services Manager.

3. Red Flag Cases

A red flag case has a higher level of severity than a yellow flag as it usually requires immediate action from the Counselling Services Manager or the counsellor working with the client. A case suspected of being a red flag case should immediately be brought to the attention of the Counselling Services Manager and your supervisor. You should make a note of both their telephone numbers – they are available on Reception. The Counselling Services Manager will decide if the case status is a red flag case and will explore the options for dealing with the situation. A red flag alert can result from a yellow flag situation that has deteriorated or a new situation that is serious enough to warrant an immediate red flag rather than a yellow flag.

In most cases, a red flag alert will involve the taking of immediate action by either the Counselling Services Manager or the counsellor working with the client. Although a range of options are available, a red flag situation usually requires the immediate contacting of another professional, for example, a General Practitioner or the emergency services. In some cases, this will involve disclosing confidential information. This action is taken to enable the most appropriate professional help to be given to the client and to transfer professional responsibility from the Service to the appropriate professional.

Some red flag situations do not allow time for the Counselling Services Manager to be contacted. For example, a client may have taken an overdose of medication and the emergency services may need to be called immediately. In these situations, the counsellor working with the client should take appropriate action and then contact the Counselling Services Manager as soon as possible. Once the appropriate course of action has been taken, a red flag case is usually downgraded to a yellow flag case and monitored accordingly.

4. Criteria For Identifying Yellow/Red Flag Alerts

It is not possible to give a definitive list of problems/situations that can result in a case being identified as a yellow or red flag. However, certain problems that often involve this designation and are described below. The appendices at the end of this document also specify some common risk factors for suicide and violent behaviour on the part of the client or towards them by someone else.

Suicide Risk

Many clients express emotions of despair, loneliness and isolation and many have vague feelings of not being able to go on with their problems. However, a case will only be designated as a yellow flag when some clear risk factors have been identified, for example, a suicide plan, previous suicide attempts, deliberate self-harm or a history of suicide in the family. A case will be designated as a red flag when it is believed that a client is in imminent danger of taking his or her own life.

Potential Threat to the Life or Physical Safety of Others

A case will be designated a yellow or red flag if it is felt that the client is a direct or indirect danger to the life of others. A direct threat involves the client deliberately threatening or hurting others through their actions. The physical and sexual abuse of children would be included in this category and would be yellow or red flagged accordingly. In addition, if a client has problems that could result in the injury to others by accident, this would need to be yellow or red flagged. Reportable medical conditions are also included here.

Psychiatric Disorders

A client who is or is suspected of suffering from a psychiatric disorder that seriously affects their cognitive judgment is yellow or red flagged so that there can be careful monitoring of the case while they are referred on to an appropriate service.

Drug or Alcohol Abuse

Any client suspected or confirmed as misusing drugs or alcohol is yellow or red flagged if he/she works within a safety-sensitive occupation or is in some other way a threat to the life or physical safety of themselves or others.

Physical Safety

In some cases, a client may be in a situation where their physical safety is at risk. These cases would be flagged for additional monitoring. For example, a client may be in a violent sexual relationship.

5. The Monitoring Of Yellow And Red Flag Cases

A clear record should be made in the client's notes when a case has been designated as a yellow or red flag following a conversation between the counsellor and a Counselling Services Manager. The Counselling Services Manager will be responsible for monitoring the progress of the client's counselling and managing the ending of the client's use of the Service, including appropriate referral on to another service. The Counselling Services Manager will regularly monitor the yellow and red flag cases in conjunction with the relevant clinical supervisors to ensure that they are being handled as required, both clinically and operationally.

6. Good Practice In Risk Management

In accordance with the Department of Health's 'Best Practice in Managing Risk' guidance (June 2007), risk management within the Service will be conducted in accordance with these 16 best practice points for effective risk management:

Introduction

1. Best practice involves making decisions based on knowledge of the research evidence, knowledge of the individual client and their social context, knowledge of the client's own experience, and clinical judgement.
Fundamentals

2. Positive risk management as part of a carefully constructed plan is a required competence for all mental health practitioners.

3. Risk management should be conducted in a spirit of collaboration and based on a relationship between the client and Awareness Centre staff that is as trusting as possible.

4. Risk management must be built on a recognition of the client's strengths and should emphasise recovery.

5. Risk management requires an organisational strategy as well as efforts by the individual practitioner.
Basic ideas in risk management

6. Risk management involves developing flexible strategies aimed at preventing any negative event from occurring or, if this is not possible, minimising the harm caused.

7. Risk management should take into account that risk can be both general and specific, and that good management can reduce and prevent harm.

8. Knowledge and understanding of mental health legislation is an important component of risk management.

9. The risk management plan should include a summary of all risks identified, formulations of the situations in which identified risks may occur, and actions to be taken by practitioners and the client in response to crisis.

Best Practice in Managing Risk

10. Where suitable tools are available, risk management should be based on assessment using the structured clinical judgement approach.

11. Risk assessment is integral to deciding on the most appropriate level of risk management and the right kind of intervention for a client.

Working with clients and carers

12. All staff involved in risk management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation.

13. Risk management must always be based on awareness of the capacity for the client's risk level to change over time, and a recognition that each client requires a consistent and individualised approach.
Individual practice and team working

14. Risk management plans should be developed in an open, democratic and transparent culture that embraces reflective practice.

15. All staff involved in risk management should receive relevant training, which should be updated at least every three years.

16. A risk management plan is only as good as the time and effort put into communicating its findings to others.

Risk Factors for Suicide

Demographic factors

- Male
- Increasing age
- Low socioeconomic status

- Unmarried, separated, widowed
- Living alone
- Unemployed

Background history
- Deliberate self-harm (especially with high suicide intent)
- Childhood adversity (e.g. sexual abuse)
- Family history of suicide
- Family history of mental illness

Clinical history
- Mental illness diagnosis (e.g. depression, bipolar disorder, schizophrenia)
- Personality disorder diagnosis (e.g. borderline personality disorder)
- Physical illness, especially chronic conditions and/or those associated with pain and functional impairment (e.g. multiple sclerosis, cancer, pain syndromes)
- Recent contact with psychiatric services
- Recent discharge from psychiatric in-patient facility

Psychological and psychosocial factors
- Hopelessness
- Impulsiveness
- Low self-esteem
- Distressing life event
- Relationship instability
- Lack of social support

Current Context
- Suicidal ideation
- Suicide plans
- Availability of means
- Lethality of means

Risk factors for violence

Demographic factors
- Male
- Young age
- Socially disadvantaged neighbourhoods
- Lack of social support
- Employment problems
- Criminal peer group

Background history
- Childhood maltreatment
- History of violence
- First violent at young age
- History of childhood conduct disorder
- History of non-violent criminality

Clinical history
- Psychopathy
- Substance abuse
- Personality disorder
- Schizophrenia

- Executive dysfunction
- Non-compliance with treatment

Psychological and psychosocial factors
- Anger
- Impulsivity
- Suspiciousness
- Morbid jealousy
- Criminal/violent attitudes
- Command hallucinations
- Lack of insight

Current Context
- Threats of violence
- Interpersonal discord/instability
- Availability of weapons