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# COUNSELLING & PSYCHOTHERAPY

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Policy Document



FEBRUARY 2018  
MOYA MOHAN PSYCHOTHERAPY AND MEDIATION  
45 Wine Street Sligo

## **MOYA MOHAN PSYCHOTHERAPY AND MEDIATION**

### **COUNSELLING AND PSYCHOTHERAPY POLICY AND CHILD SAFEGUARDING STATEMENT**

#### **COUNSELLING AND PSYCHOTHERAPY**

Counselling and Psychotherapy involves a trained therapist, who offers a professional service as a helper and a client, who seeks such service. The term “client” may include individuals, couples, adolescents and children.

Counselling is often the preferred term for a brief intervention with an individual who presents in crisis, usually precipitated by some specific event in their life.

Psychotherapy refers to wide range of interventions and programmes which target difficulties, which by their nature tend to be more complex. These difficulties often reflect developmental difficulties, painful traumatic childhood memories or experiences, which continue to have a negative impact on the client’s relationship with self or others, traumatic experiences in adulthood and/or unresolved losses or complicated grief processes, amongst other presenting issues.

The therapist offers an impartial, safe space in which the client can explore specific issues, become more self-aware and thereby develop more satisfying and resourceful ways of living. Confidentiality is a vital basis for such a relationship. The therapist respects the client’s values, personal resources and capacity for self-determination. Person-centred therapists work on the basis that this relationship forms the basis of the therapeutic alliance. Counselling and Psychotherapy are formal activities where both parties explicitly agree a contract including times of sessions, length of sessions, fee, safety, confidentiality and a regular review of the therapy.

To ensure that their practice remains effective and appropriate, therapists are obliged to meet regularly with a supervisor, who is trained and experienced and with whom they review, monitor and explore their work. Confidentiality for the client is maintained within this process, in that the client is not identified. Ongoing professional training is also an integrative part of the work. This includes supervision, professional training and personal development.

In this professional activity, I seek to be honest, fair and respectful of the human being, presenting for therapy, whilst maintaining equality of relationship. I also adhere to the guidelines laid down by my accrediting bodies, namely IACP and BACP.

#### **Fees**

Fees are set out on my website and are also advised at the time of the making of appointments. A sliding scale of payment is in operation, should a client due to financial circumstances, need to negotiate a reduced fee. Clients usually pay weekly. Clients are sometimes referred by an outside agency or EAP agency, who may agree to a limited number of counselling sessions. These agencies are billed following the termination of the contracted number of sessions.

## **Client Appointments and Recording of Information or Data**

When the client or couple take up their first appointment, the therapist fills in an intake document recording personal information and data such as name, address, telephone number, date of birth, GP or Psychiatrist details and details of any medication and/or an emergency contact person's details, if available. In the case of a child or adolescent, under the age of 18 years, in addition to this information, a Permission Form is sought and signed by both parents or guardians and the therapist. An information sheet setting out information concerning child and adolescent counselling is also given to parents.

The therapist also makes available to the adult client an information sheet setting out information relative to the terms of the contract and the process of counselling or psychotherapy. In all cases clients are also provided with a written statement setting out the nature of the information and data held by me, and their rights and my obligations under the Data Protection Regulations 2018.

Where a client is suicidal, a safety plan is explored and a safety plan form is also completed and signed by both client and therapist. This safety plan document is also held by the therapist.

All these completed forms and contact information are stored by the counsellor in a locked filing cabinet. Information and personal details are also coded to protect confidentiality. During the course of the therapy, the therapist records relevant information, attendance, factual notes and fees received. When a client finishes, evidence of closure is documented and notes and data are retained for a period of 7 years or in the case of minors, adulthood plus 7 years. Hence, I assume that clients have the right to access personal information held by me and notes/records are recorded with that in mind.

## **Policy on Couples Counselling**

I have engaged in extensive training and hold a Professional Certificate in Couples Therapy. When contracting with a couple, I establish specific boundaries relative to couple work, in addition to providing the information usually provided in individual work, as described above. It may become apparent during counselling that one or both parties may require individual work with another therapist and this may be explored. If one party decides to terminate the work, the therapist will not continue with the other person in accordance with the initial contract made with the couple. Individual sessions may however be agreed in the couples work on the basis that what is discussed in individual session is brought back into the couples therapy and that equal time is also given to both parties in this process.

During the couples counselling, if it becomes apparent that there is current abuse and violence or safety issues in the relationship, it may be unethical to continue the couples work. In this event it may be possible to refer either or both parties to another counselling or specialised service. In this event the circumstances of the referral will be communicated to the counsellor or service. The couple is informed of this decision on the basis that a client's safety is PARAMOUNT.

## **Policy on Counselling Minors**

If a client is under 18 years and presents for counselling, it is policy to meet parents/guardians to discuss the contract and child protection procedures. The appropriate consent form is signed by parents/guardians and written information setting out the process is made available to parents/

guardians and to the minor, as appropriate. I adhere fully to Child Protection obligations in terms of all my work with minors.

### **Policy on Reporting Child Protection/ Welfare Concerns**

If it comes to my attention that a minor may be at risk, I am obliged to make a report. I will discuss this initially with the minor and the parents/guardians. I adhere fully to Child Protection obligations, however I as therapist may seek to process with the client concerns regarding safety, whilst the process is taking place. Through this work, the client may hopefully become more empowered to make appropriate decisions for themselves.

### **Policy on Self-harm**

When a client discloses that they are self-harming, it is necessary to elicit who within their support network is aware of this, eg GP, public health nurse, psychiatrist or family member. I will then review with the client the terms of the contract and the limits of confidentiality. It is important to establish the methods being used, the frequency and the intent in carrying it out. If the client is a minor, the parents/guardians must be informed. It may also be necessary to expand the confidentiality circle to include a GP, partner, significant person in the client's life or in the case of minors, the parents. I work with clients to help them develop alternative strategies for coping with their distress.

### **Policy on Clients Presenting with Suicidal Ideation**

It is important to establish any previous history of suicidal tendencies or mental disorder. I try to establish if the client has shared this information with another person. I will check if the GP has been informed and if the client is on medication. I will further explore risk in order to establish whether the client has engaged in any plan of action, and what they may be considering. In any event that I as a counsellor suspect that the client may be at risk, I assist and encourage the client to make contact with a doctor before leaving. In the case of a minor, I inform the parents/guardians immediately. I also will agree a safety plan with the client in the manner described above.

### **Policy on Client taking Prescribed Medication**

The intake process elicits if a client is on medication. I establish the nature of the medication and who prescribed it. I establish how long the client is taking it and whether it is helping. If a client is taking anti-psychotic medication, I establish how well they are stabilised and how compliant they are with taking the medication. In this instance also I may seek permission to speak with the doctor concerned. This is in order to establish if therapy is suitable for the client at present and what other supports are in place.

Client may also present on referral from a GP or Psychiatrist. In this event I may seek permission to contact the doctor concerned. If the client refuses such permission, I may have to inform them that the therapy cannot proceed and in this event, I will inform the doctor accordingly. This is on the basis that I may need to assess the client's ability to engage in a therapeutic process – as supportive work with me only may be more appropriate.

Dated the 1<sup>st</sup> day of February 2018

Moya Mohan

45 Wine Street,

SLIGO