
Counselling Service Provision Policy

Turas Training

Approval date:

Revision date:

1. Policy Statement

- 1.1. Turas is committed to ensuring that counselling provision adheres to the ethical standards and practices outlined by the IACP/IAAAC/IAHIP in regards to all service user interactions.

2. Purpose

- 2.1. The purpose of this policy is to provide staff with guidance on counselling practice within Turas that ensures competence, professional responsibility, and integrity.
- 2.2. To ensure that respect for the rights and dignity of clients is upheld.
- 2.3. To define clearly the roles of clinical practitioner, manager and clinical supervisor.

3. Scope

- 3.1. The policy outlines the steps to be undertaken by all staff and volunteers consistent with the IACP or IAAAC Code of Ethics and Practice (see <http://www.irish-counselling.ie> or www.iaaac.org/content/revised-code.html, as appropriate).
- 3.2. This policy pertains to formal counselling situations, see definition below; it does not apply to other one-to-one supports such as addiction supports, relapse prevention work, key working and case management. These interventions will be covered under their own specific policies.
- 3.3. Whilst the principles in this policy relate to group counselling as well as one to one work, it should be read alongside the policy on Group Work and Facilitation for further procedures around group work.
- 3.4. This policy should be read alongside the service's Confidentiality Policy, Code of Conduct and Complaints Procedure.

4. Principles

- 4.1. Turas affirms the following ethical principles:
 - 4.1.1. Respect for the rights, privacy and dignity of the client. In all interactions, clients will be treated as persons of intrinsic worth with a right to determine their own priorities.
 - 4.1.2. Competence. The service will ensure that the professional skills of counsellors are monitored and developed on an ongoing basis. Counsellors should always and only work to the level of their knowledge and competency.
 - 4.1.3. Responsibility. Counsellors will act in a trustworthy and reputable manner towards clients and the community.
 - 4.1.4. Integrity. Counsellors will treat others in a fair, open and straightforward manner, honour professional commitments, and act to clarify any confusion about their role or responsibilities.

5. Statement of Approach

- 5.1. The organisation utilises the following approach / working method in relation to the delivery of counselling services:

Turas has a system of referral to Counselling services and does not generally provide counselling as part of its regular day-programme services.

Glossary of Terms and Definitions

- 5.2. Counselling: the term 'counselling' includes work with individuals, pairs or groups of people usually referred to as 'clients'.
- 5.3. Counselling may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insight and knowledge, working through feelings of inner conflict or improving relationships with others.
- 5.4. Only when both the user and the recipient explicitly agree to enter into a counselling relationship does it become 'counselling' rather than the use of 'counselling skills'.
- 5.5. It is not possible to make a generally accepted distinction between counselling and psychotherapy. Regardless of the terms used, the following ethical issues addressed in this policy are common to all counselling situations.

- 5.6. Management supervision: is the role of the manager of the counselling service where the care and through put of clients within the service is discussed with counsellors. It is to ensure the duty of care and equity of service provision to clients.
- 5.7. Clinical supervision: is provided by an appropriately trained counsellor and aims to improve client care, to develop the professionalism of clinical personnel, and impart and maintain ethical standards of counselling. Quality clinical supervision is founded on a positive supervisor-supervisee relationship that promotes client welfare and the professional development of the supervisee.
- 5.8. In the context of counselling clinical supervision encompasses a number of functions concerned with monitoring, educating, developing and supporting individuals in their counselling / psychotherapy work while addressing an array of psychological, interpersonal, and physical issues of clients in order to ensure that clients are competently served.
- 5.9. Working as an addiction counsellor may require competencies in individual, group and couples counselling.
- 5.10. Supervision is aimed at supporting the development of knowledge and skills in each of these areas. The clinical supervisor should be external to the service. Refer to section 7, for further details.

6. Roles and Responsibilities

- 6.1. Counsellors are responsible for:
 - 6.1.1. Ensuring that all practices adhere to the standards outlined in this policy, and to standards identifies in the IAHIP/IACP / IAAAC Code of Ethics and Practice.

7. Qualifications

- 7.1. In order to undertake work with Turas as a counsellor the individual must have a qualification recognised by the IAHIP/ IACP / IAAAC or other equivalent.
- 7.2. Counsellors should have the following credentials: an IACP/IAHIP member who has been accredited for a minimum of 5 years and working as a counsellor for the 5 years previous to taking on the role of supervisor, or a full member of another recognised counselling body for a minimum of 5 years and working as a counsellor for the 5 years previous to taking on the role of supervisor having successfully completed 40 hours training in supervision.

8. Assessment and Goal Setting

- 8.1. The terms on which counselling is being offered, should be made clear to clients before counselling commences. Subsequent revisions of these terms should be agreed in advance of any change. A record of this discussion should be kept on the service users file.
- 8.2. Clients should be provided with an assessment prior to the commencement of counselling. This will include: including pre-counselling interviews, diagnostic testing, other. An initial assessment should also determine if there are risks to the personal safety of the counsellor.
- 8.3. Goals for achievement within the counselling session should be agreed with the client with regard to their drug and / or alcohol use.
- 8.4. This should be done within the first three sessions and should be recorded in the client's records.
- 8.5. It should also include projected timelines, with the recognition that these may change.
- 8.6. After approximately eight sessions there will be a time for a review of the process so far.
- 8.7. This will allow for the process to be adapted as necessary.

9. Respect for the Rights and Dignity of the Client

- 9.1. Clients should be made aware that the counsellor is acting under a code of ethics, which includes a structured complaints procedure which clients have access to.
- 9.2. Counsellors will ensure clients are treated equally in regards to gender, sexual orientation, disability, religion, race, ethnicity, age, national origin, party politics, social standing or class.
- 9.3. Counsellors will at all times show appropriate sensitivity to social customs and cultural expectations.
- 9.4. Work will be conducted in ways that promote the clients personal autonomy.
- 9.5. Work will be conducted in such a way as to promote the privacy and confidentiality of the client:
 - 9.5.1. Client counselling sessions will be in a venue that is appropriately confidential. Care will be taken to ensure:

- 9.5.1.1. Rooms are adequately soundproof and without distraction.
- 9.5.1.2. Waiting areas are reasonably private, the potential of clients meeting other clients is minimised.
- 9.5.2. Counsellors will adhere to the organisations Confidentiality Policy. On their first visit, the client will be made aware of the organisations Confidentiality Policy and the circumstances whereby confidentiality may be extended.
- 9.5.3. The counsellor will make it clear how much information, if any will be shared with other members of the organisations team.
- 9.5.4. In the circumstance that confidentiality is extended, and where feasible, practitioners shall endeavour to obtain the client's consent. The worker will consult with their supervisor or a manager within the service, in advance of any such disclosure.
- 9.5.5. All staff files will be handled according to the organisations Data Protection Policy.
- 9.6. The client's consent should be sought for the following:
 - 9.6.1. To participate in counselling (the clients right to discontinue counselling at any time should be stated and honoured).
 - 9.6.2. In any the situation where a counsellor might act on behalf of a client.
 - 9.6.3. When conferring with other professionals as part of an agreed care plan.
- 9.7. Client satisfaction should be formally reviewed upon completion of the counselling process. This should be kept in the client file.

10. Competence

- 10.1. Counsellors will be fully aware of the IAHIP/ IACP / IAAAC Code of Ethics and Practice.
- 10.2. Counsellors are committed to carrying out professional activities only for which they have the professional competency to practice.
- 10.3. Supervisors will monitor the development of all counselling staff within the service, to ensure competency is maintained and professional development offered.

11. Dual Relationships and Boundary Issues

- 11.1. The counsellor should also work in line with the Code of Conduct for all staff within the service.
- 11.2. Dual relationships can occur at two levels: between supervisors and supervisees and between counsellors and clients. A dual relationship occurs in supervision when a supervisor has a primary professional role with a supervisee and at an earlier time, simultaneously or later engages in another relationship with the supervisee that transcends the professional relationship. There are varying degrees of harm or potential harm that might occur as a result of dual relationships and some negative effects of dual relationships might not be apparent until later. It is the responsibility of all counsellors and supervisors to set and monitor appropriate boundaries in relation to this. Any concerns of boundary issues should be raised with the service manager.
- 11.3. Relationships with clients should be limited to a therapeutic setting and all social contact between a counsellor and client should be avoided. A counsellor should never enter into a sexual relationship with a current or former client.
- 11.4. A counsellor should never accept their friend or family member as a client.
- 11.5. It is the responsibility of the supervisor to help supervisees recognise and manage boundary issues.
- 11.6. It is the responsibility of all counsellors to refer clients to other services as appropriate.

12. Integrity

- 12.1. Counsellors should recognise their own professional limitations and engage actively in self care activities to avoid 'burnout' and other conditions which could affect their professionalism.
- 12.2. Counsellors should receive regular supervision in proportion to their amount of client work.
- 12.3. Counsellors should avoid conflicts of interest that may affect their relationship with the client. If such conflicts emerge, staff should inform the Manager at the earliest possible convenience.
- 12.4. All reasonable steps should be taken to ensure the client's safety whilst they receiving counselling.

