

Professional aspects of setting up a counselling and psychotherapy service

by Sandra Moore

Introduction

This information sheet has been produced in response to the many enquiries made to BACP for information on setting up counselling and psychotherapy services. Whereas in BACP information sheet E1 Gabriel, L. and Casemore, R. (2008) explore the business side of setting up such services, this document deals with professional and quality aspects. It is aimed at private, public and voluntary groups and organisations considering setting up generic therapy services for specific client groups or the wider public.

Clarification of purpose

Providing therapy in an organisational setting is a complex activity and when the service is up and running, operational and professional difficulties and dilemmas are inevitable. Most can easily be dealt with if the appropriate ethical codes (e.g. the BACP 2007 *Ethical Framework for Counselling and Psychotherapy*, the *Ethical Framework*) and policy documents are in place but before this can happen, there must be clarity about the new organisation's reason for existence. For example, is the organisation being created in order to:

- Provide easily accessible or affordable therapy for a particular client group?
- Enable a speedy return to work for employees following illness/trauma/stress?
- Satisfy the demand by counselling and psychotherapy students for opportunities to practise therapy while still in training?

These sorts of questions must be answered before important policy decisions can be made. Without clarity at this stage, clear and mutually consistent policies and documentation cannot be assured. Furthermore, occasions are

likely to arise once the organisation is up and running when complex situations result in conflicting policies or principles of apparently equal strength. A possible way of resolving this may be to refer to the service's original aims.

Clients

The clarification of purpose process, described above, should in general terms identify client groups. These can include

- Employees struggling with personal difficulties that are interfering with their work.
- Individuals who have approached a specialist voluntary, statutory or private organisation for practical support but who need psychological help.
- People who would benefit from short-term therapy that trainee therapists could provide.

A number of questions arise:

- How will your prospective clients find out about the service?
- Will clients need a formal referral or will they be able to self-refer?
- What will be the criteria for acceptance and who will undertake assessment interviews?
- What sort of issues and what degree of disturbance might prospective clients bring to the service?
- What will happen to prospective clients who are not accepted?
- Are there risk factors that need to be considered?

Publicity/information

Service publicity needs to clarify for whom the service is intended, what it offers and what is expected of the clients. A short

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list of the issues people take to therapy and a brief explanation of the therapeutic process can help prevent inappropriate approaches. It should also be made clear that the main purpose of a therapist is not to provide answers or give advice but to enable the client to deal better with their situation. It is helpful to include reference to the normality of individuals experiencing emotional difficulties at certain times in their lives. The confidentiality policy of the service should be mentioned without promising total confidentiality.

Practical information about accessibility, the assessment and appointment systems, waiting lists, whether charges are made and if so at what level, and policy about cancelled sessions, should be provided, as should some information about who the therapists are and to which ethical code they work. In some cases a lower age limit for clients may be advisable, not only because few therapists have the training or experience to work with children but also because of legal difficulties that may arise. This and any other restrictions need to be made clear.

Referral/initial contact

All publicity should include information about how initial contact can be made with the service. As far as possible, clients should self-refer. This aids confidentiality and also indicates a degree of motivation – essential if therapy is to be effective. Although the initial contact may be the result of a formal referral by, for example, a GP, employer or probation officer, services could insist that the prospective client is given an appointment only after s/he has personally contacted the service.

If formal referrals are made, the relationship between the individual making the referral and the service must be agreed and understood by all. Ideally, all details of the therapy, including whether the client is making and attending appointments should be confidential. Any compulsion to attend as a condition of continued employment or as a form of ‘punishment’, for example, or any limitations on confidentiality, are likely to damage the therapeutic process.

Assessment

People for whom therapy is unsuitable sometimes approach counselling and psychotherapy services. The first appointment should always include an assessment element, however informal. It is important that therapists who see new clients have the knowledge and experience to assess their suitability for the service being offered. Services employing experienced, accredited practitioners may not need a separate assessment system. However, specialist knowledge

may be needed where clients present with very serious mental health difficulties or are being treated with anti-psychotic or other powerful drugs. Services staffed primarily by trainees will need experienced practitioners to carry out assessments.

The assessment interview determines whether individuals will be able to make use of the service and to which of the therapists they should be allocated. The interview should also incorporate a risk assessment. This measures the degree to which the client is at risk of harming themselves or others (including a therapist). There will be occasions when individuals approaching the service should be referred elsewhere so accurate information about alternative sources of help will be needed.

Client feedback

Most service industries operate a customer feedback system and this applies in therapy as much as in any other specialism. Some services send out a questionnaire a few weeks after therapy has ended; others give feedback opportunities following each session and/or one, six or 12 months after therapy has ended. Clients may be invited to comment on the service generally (e.g. would you recommend the service to a friend?) or to provide outcome and other clinical feedback information. The CORE monitoring and evaluation system for clinical data collection is now used extensively by counsellors and psychotherapists. Consideration should also be given to the possibility that clients or third parties will be dissatisfied with your service, suggesting that a complaints procedure should be devised. Organisational membership of BACP requires that a complaints procedure is in place.

Therapists

Recruitment

Job descriptions and person specifications, based on a clear understanding of the role of the therapists, are prerequisites. There may be a temptation in some settings to see therapy as an add-on skill for employees already holding other jobs in the organisation. Although therapists often carry out additional functions, such as running anxiety or anger management groups or providing interpersonal relations or listening skills training, great care is needed to avoid creating dual roles that might compromise the effectiveness of both jobs. Part-time therapists who work with or line-manage people who may become clients have very complex dual relationships to manage (Gabriel, 2008).

The amount and type of ‘non-contact’ work the post will involve should be considered. This includes clinical

supervision, continuing personal and professional development and tasks such as training, note writing, the organisation of referrals, and monitoring and evaluation work.

Jobs are often advertised in counselling and psychotherapy training organisations and agencies staffed by volunteers, as well as through the usual media e.g. Tuesday and Wednesday editions of *The Guardian*. BACP's journals, *Therapy Today* and *HCPJ* (for the health sector), provide opportunities to target recruitment advertising at members of the UK's leading counselling and psychotherapy organisation. BACP members can access *CounsellingJobsOnline* where counselling related positions are advertised. A membership number is required to gain access to the relevant part of the website.

Training and qualifications

The service's primary purpose will indicate the level and type of qualifications needed. There are no legal requirements in order to practise as a therapist. However, some professional bodies do set standards such as BACP accreditation, UKCP registration, and BPS counselling psychologist registration schemes.

Therapists who will undertake assessments should hold at least a diploma in counselling and 450 hours of supervised practice as a therapist. This is the minimum level of training and experience required for BACP accreditation. Trainees should have had at least 100 hours dedicated counselling and psychotherapy training (as opposed to training in any other caring skill or related academic subject) before seeing clients. Not all apparently equivalent qualifications are of equal value (e.g. whereas some diploma courses focus on preparing their students for practice, others take a more academic approach) so it is advisable to involve an experienced practitioner in the recruitment.

Selection

It will not always be the applicant with the most impressive qualifications, or even the most experience, who will be best suited to the post. Most services build role-plays into their selection process and this is particularly appropriate where trainees and practitioners who have only used counselling skills in other roles are being considered. Role-plays provide one of the best ways of finding out whether applicants really understand what makes therapeutic work different from apparently similar activities and whether they have the necessary personal skills as well as the theoretical knowledge.

In this often isolating and stressful profession, the ability to work well within a team is important. A group

discussion session can reveal applicants' interpersonal skills and relevant personality traits, as well as giving them an opportunity to demonstrate their knowledge, understanding of and commitment to ethical issues, as well as on other issues of significance to the organisation.

Supervision (BACP information sheet S2, 2008)

Counselling and psychotherapy supervision – sometimes known as clinical supervision or professional consultation – is a formal arrangement that protects the client, the therapist and the work they do together. Supervision is also about quality assurance, performance monitoring and the therapist's professional development. It is not the same as line management and it is desirable that supervision is not provided by the therapist's line manager (Mearns, D., 2008). If this is unavoidable (e.g. a temporary arrangement when a supervisor is ill) the therapist should have access to a supervisor independent of the organisation.

Supervision should be regular and should take place, where therapists are paid, during work hours. The amount of supervision a therapist needs will vary, depending on the number of clients seen, the training and experience of the therapist and the emotional intensity or complexity of the work. Situations such as personal issues in the therapist's life, or institutional or agency issues may necessitate additional supervision.

BACP requires accredited counsellors to have a minimum of one and a half hours supervision a month but emphasises that this is an absolute minimum, appropriate only in the most favourable conditions (Mearns, D., 2008). Trainee therapists should have a minimum of one hour's supervision for every eight hours client contact time (Coate, M., 2004). In addition to needing more supervision, inexperienced therapists should be supervised more frequently rather than just having one long monthly session.

Employment conditions

Although it may not be necessary to incorporate all the following issues into an employment or placement contract, they do need to be thought through and clarified in the agency documentation.

Workload

An average of 20 hours per week may be seen as an appropriate level of work with clients for a full-time therapist, the remaining hours being spent on non-contact activities. However as Mearns, D. (2008) suggests, there are a number of variables that need to be considered when deciding what is appropriate. It is usual to count 50 minutes as the 'therapeutic hour',

although therapists trained in certain orientations do not always follow this convention.

Whatever type of training therapists have had, they cannot give an acceptable level of service if they are expected to see large numbers of clients in succession. The most important tools therapists work with are themselves – their own feelings and thoughts. Therapy involves multiple and simultaneous tasks: listening to clients' stories; to the underlying emotional content; to the therapist's own emotional reactions; noticing links in clients' stories; checking whether their own reactions are to do with the clients' stories or their own internal material; and deciding what appropriate responses might be made. It is essential that therapists have the opportunity to clear their heads between clients and that they are not asked to work with too many clients in total. Where this does happen an inferior service or therapist burnout may result.

Pay

Pay scales are usually linked to those of other professionals within the organisation. Thus therapists working in universities would expect to be on lecturers' pay scales though in some universities they are on administration scales.

Pay scales may also be affected by the settings in which therapists work; their qualifications, experience and whether they are asked to take on additional responsibilities such as management, training or consultancy. The current situation concerning the pay of counsellors working in the NHS can be ascertained by contacting the FHCP Employment Advisor or UNISON.

An idea of current rates being paid to therapists, in general, can be obtained by checking BACP's CounsellingJobsOnline or Therapy Today. If therapists are employed on a sessional basis, they should either be paid for additional hours to cover non-contact tasks or at an enhanced rate to cover the time spent on supervision, note writing and so on.

Agency expectations

Although therapy providers and funders sometimes differ over detail, agreed professional and ethical norms within the service are fundamental to the effective provision of therapy. Agencies differ with regard to these norms and it may be advisable to incorporate specific organisational expectations into employment contracts. The circumstances in which confidential information may be disclosed and whether cooperative working with other team members is expected, are examples of important issues where a clear understanding of agency expectations is essential. Whether an agency is statutory, voluntary or private, and whether it is funded by a religious or statutory organisation, professional codes of ethics of

the individual therapists and any legal requirements may all need to be considered.

Safety

As well as providing public liability insurance, services must ensure that all therapists are covered by professional indemnity insurance. Some services consider it good practice to fit panic buttons in therapy rooms or provide therapists with personal alarms. Whether this is necessary or not, it is not considered good practice to allow therapists to be alone in a building with a client. Some services maintain a high degree of confidentiality on behalf of their practitioners and so withhold therapists' surnames and home addresses from clients.

Administrative issues

Accommodation

The ideal therapy room is soundproof, light, informal, comfortable and accessible. Access to the service should be such that, where possible, clients can arrive without others being aware that they are attending therapy. Therapists should be aware that clients may have disabilities for which the therapist needs to make reasonable adjustment. Further advice may be obtained from the Disability Rights Commission. Once a session has started, client and therapist should be confident that it will not be interrupted.

Appointments and communications

In order to provide reassuring human contact for clients who telephone the service and to help maintain appropriate client/therapist boundaries, it is helpful to have a receptionist. Although some services, particularly small ones, share reception facilities, it improves confidentiality and client confidence if the receptionist is not shared with another service. An efficient office diary system should be used to record who is in the service with whom, at any given time.

An answer machine for out-of-hours calls is invaluable for last-minute cancellations. Communications between clients and therapists should be through the service so that professional boundaries are maintained. In the case of a one-person service where there is no receptionist, the principle of clear boundaries should be adhered to as closely as possible. Using an answer machine in such a way that the client does not have direct, immediate access to the therapist but knows that a message can get through, is an example of how systems can be adapted to ensure practicalities do not interfere with therapeutic processes.

Record keeping and data protection (Coldridge, I., 2003)

There is a common law obligation on therapists to maintain confidentiality (Bond, T. et al, 2008). It is important, therefore, that client information is stored securely and where possible, personal data is kept separate from identifying information such as names and addresses. In addition to this basic data, agencies generally keep assessment records such as the name of the client's GP, medical and/or psychological history, family structure and history, medication, support systems, diagnostic details and so on.

Most therapists write up clinical notes after each session. These notes are likely to comprise factual data (dates, events, names, relationships, etc.) and subjective interpretations, opinions and reflections on the therapeutic process itself. They are almost certain to contain information and client views about third parties. To ensure that responsibility for this third party information remains with the client, the therapist should restrict any record made to a precise rendition of what the client said and avoid the expression of his/her own opinions about the third party. The factual data may include very sensitive information divulged for the first time. The subjective material may also have the power to shock or distress if the client or others read it. Whereas some services insist that no notes leave the service premises, others hand the responsibility for the storage of clinical notes to individual therapists (Bond, T. and Jenkins, P. 2008).

All organisations holding personal data on living, identifiable persons, kept in an easily accessible form (e.g. in a filing system or computer database), are legally required to comply with the Data Protection Act 1998 and in most instances must register with the DPA, through the Information Commissioner's Office. Individual practitioners are also obliged to comply with the Act but in most instances are not required to register with the Information Commissioner's Office unless running a private practice. There is a guide freely available from the Information Commissioner's Office that can assist you through a series of simple questions in determining whether you need to register or not. There is no legal obligation to keep detailed therapy notes, though most therapists find them helpful, particularly for use in supervision. There is an obligation, however, to ensure that personal records are kept for a specific purpose and for only as long as that purpose exists. All records should then be destroyed. It may be prudent to contact the Information Commission Helpline and your insurer regarding this issue.

Clients have the right to see their own records, whether they are hand-written or produced in some other way and it is important that therapists are aware of this. There are exceptions to this general rule. However,

these exceptions are not straightforward and it may be necessary to seek the advice of the Information Commissioner's Office or a legal professional.

Therapists sometimes make audio- or videotapes of sessions either for supervision or for ongoing training purposes. This must never be done without first having the agreement of the client and therefore should be part of the initial contracting. Taping can be a sensitive issue for clients, particularly those who present with difficulties with trust. Although most clients seem to take taping in their stride, even mentioning the possibility to others may mean that they will feel unable to take up therapy. In addition, clients occasionally ask if they can take tapes of sessions away with them. Tapes should be destroyed when the purpose for which they were produced no longer exists, provided this has been agreed with the client.

Counselling and psychotherapy services are sometimes requested by solicitors to provide records for use in court. Even where the client has given consent for this disclosure, care should be taken on a number of counts:

- Therapy is about enabling individuals to access their own internal resources, not providing evidence for court cases.
- Clients may feel under pressure, particularly from solicitors, to consent to disclosure.
- Clients may not be aware of the psychological impact of disclosure.
- There may be occasions when the court will demand disclosure, in which case negotiating limited disclosure may be the only compromise.
- All notes, whether factual or subjective and wherever they are stored, can be subject to a court order. Destruction of notes at this stage would amount to contempt of court.
- Where disclosure is made to a solicitor at the apparent request of the client, the safest way to ensure that the client really has given 'informed' consent is to provide the information through the client.
- It may be useful to suggest to the client that they should look at the notes with the therapist prior to consent being given.

Responsibility and accountability

Things can go wrong in a therapeutic service as much as in any other organisation, so issues around clinical responsibility and accountability should be clarified from the start. Where students are taken on placement, for example, it is recommended that a triangular contract is drawn up between the student, placement agency and course managers (Coate, M., 2004). As far as responsibility and accountability are concerned, appropriate and well-constructed contracts should

provide clarity of understanding and transparency of obligation. Apart from legal accountability there may be ethical obligations and commitments such as those outlined in the *Ethical Framework for Good Practice in Counselling and Psychotherapy*. Although contracts will not necessarily absolve individuals of responsibility, where it can be shown that there has been negligence written contracts do help avoid uncertainty and confusion. BACP individual members have access to an internal helpline.

A 'working practices and procedures' document which, among other things, describes staff roles and accountability pathways, is invaluable and should be provided to all those who have any role in the delivery of the service.

Suggested documentation

1. Client information in the form of introductory leaflets, posters, etc.
2. Additional information about appointment arrangements, cancellation of sessions, payments, supervision, confidentiality, etc. to give to clients once they start.
3. Referral information, including suitability criteria, for those likely to refer clients to the service.
4. Referral information to give to clients who need referring elsewhere.
5. Working Practices and Procedures document for therapists and supervisors.
6. Confidentiality policy.
7. Equal Opportunities policy.
8. Complaints policy.

Conclusion

More people in the UK are recognising the value of therapy than ever before and as a result counselling and psychotherapy is a fast-growing profession. It is not surprising therefore, that increasing numbers of services are being set up. It is important to recognise that therapy is a powerful process that affects people's lives, sometimes in unexpected ways. Counselling and psychotherapy are not yet subject to statutory requirements. This does not mean that anyone with the will to develop a new service can safely and effectively do so. The guidance provided above gives an outline of some of the considerations that should be taken into account to ensure the safety of clients. It is strongly advisable that new services are developed under the guidance of a well-qualified practitioner, preferably with management as well as practice experience. Membership of a professional body such as BACP, which is a source of information and advice and has both an ethical code and complaints procedure is advisable.

About the author

Sandra Moore is a psychodynamically trained counsellor with clinical experience gained in both statutory and voluntary agencies. She was formerly Director of The Leicester Counselling Centre, a large generic voluntary counselling agency, which has been providing affordable counselling for the people of Leicestershire since 1981.

Sandra is now retired and the content of the information sheet has been approved by the Professional Standards Department.

References

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BACP's Therapy Today is mailed free to all BACP members. It is also available to non-members on a subscription basis or as single copies.

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CounsellingJobsOnline BACP website:
www.bacp.co.uk

Disability Rights Commission contact details:
www.drc-gb.org or 08457 622 633 (telephone); 08457 622 644 (teletext).

For details, contact CORE Information Management Systems Ltd. Tel. 01788 546019 or www.coreims.co.uk

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Healthcare Counselling and Psychotherapy Journal (HCPJ) free to members of the Faculty of Health Care Counsellors, a specialist division of BACP.

Information Commissioners Office contact details:
www.informationcommissioner.gov.uk. Notification
helpline: 01625 545740.

Information about professional indemnity insurance can
be provided by the BACP Information Service.

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It should be noted that this information sheet offers broad guidance, which sets out professional good practice, but it should not be substituted for legal and for other professional advice applicable to your particular circumstances.

BACP is aware that law and practice are always in a process of development and change. If you have evidence that this information sheet is now inaccurate or out of date feel free to contact us. If you know of any impending changes that affect its content we would also be pleased to hear from you.