

* Assessing Risk

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* Aims and Objectives

- ✓ To define 'risk'
- ✓ To focus in on two key areas of risk
- ✓ To explore how this can present in the client room
- ✓ To consider how to assess risk – a holistic view
- ✓ To explore next steps when you have a concern
- ✓ To consider when to break confidentiality

* Risk – A Definition

‘the possibility of something bad happening at some time in the future;
a situation that could be dangerous or have a bad result’

Oxford Advanced Learner’s Dictionary (n.d.)

- ✓ Something bad happening
- ✓ Could be dangerous
- ✓ Could have a bad result

* Focusing in on Two Key Areas

The subject of risk is incredibly broad. For the purpose of this short lecture, I will focus on the two areas that in my experience have caused counsellors and trainee counsellors the most anxiety.

The client may be a risk
to themselves.

Another person/people
that the client talks
about may be at risk

* Client May Be a Risk to Themselves

- ✓ The client self-harms.
- ✓ The client talks about attempts to complete suicide in the past.
- ✓ The client talks about wanting to die in the present. They may use language such as 'I want to disappear' and 'I don't want to be here'.

* Current Data on Suicide

- ✓ 5,583 suicides were registered in England and Wales in 2021. This was 307 more than in 2020.
- ✓ 753 probable suicides were registered in Scotland in 2021: a decrease from 805 in 2020.
- ✓ Three-quarters of suicides are by males.
- ✓ Males aged 50–54 were found to have the highest suicide rate.

Census 2021 (2022); Public Health Scotland (2022); Samaritans (n.d.)

* Another Person In the Client's Life May Be at Risk

- ✓ Someone in the client's life is at risk of harm. (Harm by the client or someone else in the clients life)
- ✓ The client could mention a young person or child who is at risk of harm.



* Client May Be a Risk to Themselves

Case study – Fran

The counsellor has been working with Fran around the loss of her Mum three years ago.

Fran self-harms by scratching her skin with rough objects.

Counsellor: ‘Fran, it’s good to see you. How would you like to use your time?’

Fran: ‘I’m doing OK really. Things are calmer – I decided to give Benny to my sister so the house feels really quiet now.’

Up until now, the counsellor would never have expected Fran to give away Benny (her much-loved dog).

* Case Study – Fran: What Now?

- ✓ The counsellor has an alarm bell going off in her mind. Fran seems different, more detached and ‘harder to reach’.
- ✓ The counsellor is aware that Fran has very little support around her other than the counselling sessions.
- ✓ What really worries the counsellor is that Fran has given Benny away, who has always provided such comfort to Fran.
- ✓ The first thing that the counsellor needs to do is to get more information.
- ✓ Ideally, this will be done conversationally but directly. It must always be done with care and warmth.

Use the time when the client is with you in the session to discuss your concerns.

* Exploring the Subject of Suicide with a Client

'It is difficult to overstate the importance of asking clients about suicide. It is commonly feared that by doing so the danger is that the practitioner will put the thought into the client's mind. There is no evidence to support this fear; asking about suicide, at worst the level of risk will remain unchanged, but commonly the risk will be reduced, as the client is able to explore their feelings and fears and begin to address them fully.'

Reeves (2015, p. 49)



* Case Study – Fran

What would the counsellor like to know?

How is Fran feeling?

Is Fran in any imminent danger?

Has anything been put in place or planned that suggests Fran may be planning to take her life?

What does Fran need to know?

That you feel worried about some of the things Fran is saying

That you are ready and willing to talk about Fran's state of mind, including any thoughts about suicide

That you are supportive and non-judgemental

That you are warm and ready to listen

'Fran, I can feel some confusion building in my tummy as I listen to you today. I am hearing you have given Benny to your sister and I know how much Benny has been a comfort for you. Is there anything at all you would like to talk to me about?'



* Another Person in the Client's Life May Be at Risk

Case Study – Phillip

The counsellor has been working with Phillip around the loss of his wife 18 months ago.

The counsellor is aware from previous conversations that the client's children are 6, 8 and 12 years old.

Counsellor: 'I can hear things are busy at home at the minute, juggling the kids and work.'

Phillip: 'Yeah, it gets tough at times because it's just me, and I do work long hours. Sometimes I'm not in until 7 or 8 o'clock and have no support.'

Counsellor: 'You need to work so the kids are at home. There's no one to help out.'

* Case Study – Phillip: What Now?

- ✓ The counsellor has identified there may be a concern. Phillip's young children may be left at home without adult supervision. The counsellor deeply empathises with the client's loss of his wife.
- ✓ The first thing that the counsellor needs to do is get more information.
- ✓ Ideally, this will be done conversationally but directly. It must always be done with care and warmth.
- ✓ *Use the time when the client is with you in the session to discuss your concerns.*

* Case Study – Phillip

What would the counsellor like to know?	What does Phillip need to know?
Does Phillip leave his children unattended? If so, is Phillip aware that this isn't safe for them? Is there any potential for help from anyone in Phillip's life?	That you feel worried about some of the things Phillip is saying That you are ready and willing to talk about this with Phillip That you are supportive and non-judgemental That you are warm and ready to listen

'Phillip, I can feel a worry in my mind as I listen to you and I want to be really honest. Please understand that I am asking this without judgement. If I am hearing you right, your children are left alone for long periods of time without a grown-up: is this what's happening?'

* Safeguarding and Child Protection

‘Like all areas of risk in therapy, issues around safeguarding and child protection are fraught with the lack of certainty about what might happen “if”. Regardless of how carefully we work with a situation we can never accurately predict its outcome, but simply use all available information wisely and work within the parameters of guidance and accepted good practice.’

Reeves (2015, p. 87)



* Assessing Risk – a Holistic View

Most of the time, ‘risk’ in counselling isn’t a matter of ‘yes or no’ – that is, yes there is risk or no there isn’t. It is often more of a sliding scale. The position of the risk on this scale is informed by several considerations.



The prospect of this level of uncertainty can understandably be worrying or unsettling for counsellors.

* Assessing Risk – a Holistic View



* What Are the Next Steps?

Ideally, and in the majority of cases, next steps will be decided in ***collaboration with your client***. This is why honest, supportive discussion is so important.

Possible outcomes are:

- ✓ The client being able to address the concern through discussion, and taking action independently (this may be reviewed as part of the ongoing work)
- ✓ Developing a plan together to help keep the client/other person safe
- ✓ A referral to an appropriate organisation or service
- ✓ Informing the client's GP
- ✓ Informing the client's emergency contact
- ✓ Calling emergency services immediately for imminent threat to life.

*** If you are unsure, always reach out to your supervisor, placement manager or tutor.* *You are not alone.***

* What about Breaching Confidentiality without Client Consent?

When deciding about breaking confidentiality without client consent, there are several considerations:

1. **What is the degree of risk?** What is the likelihood of danger? What do you already know about this client that may inform your decision?
2. **How serious is the harm being prevented?** What may happen and to whom?
3. **How quickly is this going to happen?** Do I need to act now?
4. **Is my breach of confidentiality likely to prevent harm?**

Bond (2012, p. 160)

* Could I Justify My Action (or Inaction) to a Panel of Counsellors?

In the absence of direction, consider:

- Beneficence (doing the right thing)
- Non-maleficence (doing no harm)
- Respect for autonomy (respecting the client).

Test your selected course of action against:

- Universality (would others take this course of action?)
- Publicity (what would your peers and the papers say?)
- Justice (have you done the right thing?).

Counselling Tutor (n.d.)



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* Final Key Considerations

- ✓ An effective and safe working alliance begins with a robust working agreement or contract.

‘We will protect the confidentiality and privacy of clients by ... informing clients about any reasonably foreseeable limitations of privacy or confidentiality in advance of our work together, for example ... to protect a client or others from serious harm including safeguarding commitments’ BACP (2022, clause 55d)

- ✓ Being curious about the client’s mental health history can help you feel more equipped to support them (or decide that you aren’t a good fit).
- ✓ Identify the client’s support networks at the start of the work.
- ✓ Suicide is more likely in people who have self-harmed in the past, and the risk is greater for those who still self-harm (but not all people who self harm are suicidal)
- ✓ Suicide is often completed by people who are under the influence of alcohol or drugs.

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* About Me

- ✓ I pride myself on living authentically in my life and work.
- ✓ I am level 7 qualified and a BACP-accredited counsellor; a qualified lecturer; and a qualified clinical supervisor.
- ✓ I have around 7,000 hours' experience of counselling police and civilian clients.
- ✓ My background includes teaching adult learners to become qualified counsellors.
- ✓ My focus is at present on client work, supervision, lecturing in supervision, and offering group supervision.
- ✓ I also offer intensive person-centred skills sessions for trainee counsellors.

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