



2021/22

Remote Therapy and Support Policy

# Clean Slate Policies

## REMOTE THERAPY AND SUPPORT POLICY

### CONTENTS

- 1. PURPOSE.....2
- 2. AUDIENCE.....2
- 3. RELATED DOCUMENTS .....2
- 4. DEFINITIONS.....2
  - 4.1 Service User .....2
  - 4.2 Remote Therapy and Support .....2
  - 4.3 Practitioner.....2
  - 4.4 The Organisation .....2
- 5. BACKGROUND.....3
- 6. GUIDING PRINCIPLES.....3
- 7. DATA PROTECTION .....3
- 8. INFORMED CONSENT.....3
- 9. SAFETY.....4
- 10. HOW TO GET STARTED .....4
  - 10.1 Technology .....4
  - 10.2 Ethical Considerations .....5
  - 10.3 Initial Assessment .....5
  - 10.4 Contract.....5
  - 10.5 Professional Indemnity Insurance .....6
- 11. APPENDIX A - EXAMPLE CONTRACT .....7
- 12. VERSION HISTORY .....8

## 1. PURPOSE

This policy outlines the basis for providing therapy remotely to support service users.

## 2. AUDIENCE

This policy is intended for:

- Counsellors and Therapists
- Independent Sexual Violence Advisers (ISVAs)
- Service users
- Group Facilitators
- Supervisors

## 3. RELATED DOCUMENTS

This policy should be read alongside:

- This organisations code of conduct
- This organisations IT policy
- This organisations confidentiality policy
- This organisations data protection/GDPR policy
- This organisations social media policy

## 4. DEFINITIONS

For the purposes of this policy, the following definitions apply:

### 4.1 Service User

The individual who receives support from the organisation. This includes survivors and their family or friends. The terms 'person', 'client' and 'victim' are included also in this definition.

### 4.2 Remote Therapy and Support

The range of psychological and emotional counselling, therapeutic approaches and support provided to service users, via online meeting tools (e.g. zoom, MS teams) or telephone. This includes group work.

### 4.3 Practitioner

A professional providing therapy and support to a survivor. This includes Therapists, Counsellors and Group Facilitators.

### 4.4 The Organisation

For the purposes of this policy 'the organisation' refers to Clean Slate.

## 5. BACKGROUND

The Covid-19 pandemic and national lockdown required organisations to rapidly change the delivery of services. Face-to-face therapy was no longer possible, and many practitioners have responded to this by delivering their services online, through platforms such as zoom and MS teams, or over the telephone. This policy outlines the different considerations that a remote delivery approach requires in comparison to face-to-face delivery.

## 6. GUIDING PRINCIPLES

The organisation offers a range of client-centred support services for survivors, which may include for their families. There are no time limits placed on survivors to come forward to seek support as the organisation recognises how the societal stigma of rape and sexual abuse places a burden on the survivor's ability to find the courage and strength to pursue this option.

The organisation recognises that many survivors do not come forward and seek support due to several reasons. This may include feeling challenged to engage with practitioners in unfamiliar surroundings and where they feel there is a likelihood of meeting someone they may know. A model of only face-to-face services may not allow accessibility for all survivors, for example, housebound survivors, those who are frail or vulnerable due to age, disability or through having medical conditions or social phobia.

The organisation approach is inclusive and innovative to ensure all survivors can access support in a way that they feel comfortable and safe.

The organisation recognises the need for safe and ethical remote working.

If possible, it is recommended that practitioners should gain sufficient experience of face-to-face support before undertaking remote support.

## 7. DATA PROTECTION

As with face-to-face support, practitioners using technology have a legal duty to comply with the Data Protection Act and General Data Protection Regulation as there is an ethical responsibility to safeguard service users from unauthorised disclosure of information.

## 8. INFORMED CONSENT

As with face-to-face support, service users must be informed about the nature of the service being offered. Practitioners should also make clear the circumstances in which confidentiality can be broken, i.e. if it becomes apparent that there is a risk of harm to the service users or others or where there is a legal duty of disclosure. You can share confidential information without consent if it is directed by a court, or if the benefits to a child, young person or vulnerable adult that will arise from sharing the information outweigh both the public and the individual's interest in keeping the information confidential.

## 9. SAFETY

Practitioners should take reasonable steps to ensure that service users are in a safe, physical and confidential environment and are informed about the safe use of technologies, e.g. that adequate security measures are needed to protect sensitive information held electronically, and that it is highly inadvisable to place confidential data on publicly accessible sites such as Facebook and other web-based media.

It is important for the service user to have access to local support in the event of an emergency. In this regard, the service user should have an arrangement to receive support from a supportive friend, family member, GP, mental health practitioner if the need arises. As with face-to-face support the practitioner should obtain the contact details of the service users GP and/or another responsible individual.

The following measures are also recommended to ensure the safety of the practitioner and the service user:

- Nicknames should be used during an online meeting. This is especially recommended in group sessions.
- Attendees should **not** share personal contact information in a chat function during online group sessions.
- Attendees should **not** take screenshots, photographs or record the session. This restriction may be added to the client contract.

Practitioners should not be held responsible if service users do not follow the advice given in this policy. This information should be present on any electronic confidentiality form sent to the service user to read and then return to confirm their agreement. Failure to adhere to the policy could lead to the cessation of remote therapy and support.

## 10. HOW TO GET STARTED

### 10.1 Technology

Any device used to provide on-line video support should have anti-virus, firewall, encryption and spam blocking software.

Password protection for access to computer and email accounts is essential. Digital software should be used that requires a password and user i.e. for the host (practitioner) in order for them to safely schedule in meetings - e.g. Zoom.

At the outset of remote therapy, the practitioner and service user should agree how to proceed if a technology breakdown occurs, arranging, for example, to try to reconnect in five or ten

minutes. In case reconnection isn't possible, there should be an arrangement to phone or e-mail with a view to re-scheduling the session.

## 10.2 Ethical Considerations

Practitioners need to consider their own boundaries and limitations when working remote, just as they would in face-to-face work with service users.

Practitioners should be realistic about their own level of competence in certain contexts when assessing service users for remote therapy. Some mental health issues, including psychosis, severe personality disorders, may prove intractable to remote support.

Practitioners should report any concerns about the service user's mental health issues to their supervisor. A decision should then be made about whether to continue with remote therapy.

## 10.3 Initial Assessment

Steps should be taken during assessment to ensure that information gained from service users is equivalent to that obtained in face-to-face work with service users.

As part of the initial assessment, service users should be given all the information necessary to avoid any misunderstanding about what can and cannot be done when providing remote therapy. This information to service users should include:

- information on issues relating to privacy and safety online;
- the importance of using a personal computer with firewall and anti-virus protection installed;
- the importance of encryption for ensuring that information received is confidential (encryption is the process of encoding a message or information in such a way that only authorized parties can access it); and
- the importance of using a private space for remote support (a safe, quiet place without others in the room).

The initial assessment should identify service users who are suitable for (and are likely to benefit from) remote therapy.

It is important for the practitioner to be aware of the service users challenges and/or any disabilities and if a service user seems unlikely to benefit from this approach, procedures should be in place to guide them towards appropriate help.

## 10.4 Contract

The establishment of a contract can help to reduce the potential for misunderstanding or disagreement between the service user and practitioner and can serve as a useful reference point if conflict or misunderstanding arises.

## Clean Slate Policies

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The contract, which sets an agreement between the service user and practitioner, is the foundation of the relationship. It provides information for the service user who will then know what to expect. It also establishes the boundaries of the therapeutic relationship and is designed to ensure that the service user understands how the practitioner is going to work.

The contract should manage the service users' expectations of remote therapy or support. What can realistically be expected by the service user and what may be achievable through remote therapy.

An example contract is available in [Appendix A](#).

## 10.5 Professional Indemnity Insurance

The organisation should have the requisite indemnity insurance to support service users remotely.

# 11. APPENDIX A - EXAMPLE CONTRACT

## EXAMPLE Remote Counselling Support Contract

- Ethics:** All counsellors' practice under the ethical framework set down by the British Association for Counselling and Psychotherapy (BACP). This means that we are committed to working with you in a way which empowers you to identify what choices you have available to you and what resources you already possess.
- Contributions:** Any contributions or funding will be agreed at consultation/assessment.
- Notice of Cancellation:** [INSERT HERE] notice is required to cancel a session without incurring a cancellation contribution.
- Missed Sessions:** If you miss a session and do not contact us we will write to you, if you miss [INSERT HERE] consecutive sessions without contacting us we will write to you again letting you know that if you miss the next session and we still do not have contact from you, we will not be able to keep that session open to you and you will need to join the waiting list.
- Confidentiality:** Therapists have an obligation to use regular and ongoing supervision to enhance the quality of their work. This means that we speak to an external consultant about our work, but you will be anonymous within this process. Confidentiality is strictly held between you and your counsellor and their line manager who are bound by the same code of ethics and confidentiality as set down by the BACP.
- Limits to Confidentiality:** We are committed to maintaining the highest level of confidentiality. Exceptions to this policy are where it is reasonably believed that the health and safety of an individual(s) is a risk and/or where we are legally obliged to disclose material for example in the case of child protection and drug trafficking. In such circumstances our commitment is to always discuss this situation with the client and consult on the next step forward. We are committed to empowering the client to take effective steps to resolve any difficulty.
- Consent GDPR/Data Protection:** We will inform you if we ever need to share your information. We need to explain why information needs to be shared and who will see your information. We will also need to inform you of how it will be used and the implications of sharing that information. We agree (counsellor and client) that contact through text messaging/email should not contain clinical information. An example text or email would be "I am running late" or "unfortunately I will have to cancel my session this week".
- Length of Remote Counselling Support:** We provide [INSERT HERE] min sessions counselling support on a weekly basis at the same time and day each week (length of session will be discussed at consultation). The purpose of the sessions is to empower clients to find their own resources. If at the end of agreed number of sessions the client feels they still need further support they will be invited to go back on to the waiting list to wait for another counsellor to be available.
- Drugs and Alcohol:** In order for you to be able to fully participate in the session, please do not take any substance that alters your mental functioning, except prescribed medication for at least twelve hours prior to your session. We recognise that at times the use of alcohol and drugs can be a coping mechanism. In such circumstances our aim will always be to explore more effective and caring ways for you to cope. If you are taking mind altering substances, please let your therapist know about it and feel free to discuss it in the session.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Counsellor Name: \_\_\_\_\_

Counsellor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Each party is to retain a copy)



## 12. VERSION HISTORY

It is recommended that this document is reviewed at minimum every 3 years. However, legal or technological updates may need to be incorporated more frequently.

Version	Date	Approved by
1.0	02/02/2021	Nadia Brown – Project Manager