## Policy For Acorn Counselling Service when working with clients

## who are, or are at risk of self-harming or suicide

**Introduction**

This policy details Acorns’ procedure when working with clients who are vulnerable and at risk of or are experiencing suicidal thoughts, or self-harm.

Acorn recognises these clients as vulnerable and this policy is in line with legislation and principles contained within the Vulnerable Adults Health Act and the Human Rights Act.  As professionals working with people we all have a duty of care for those we come into contact with.

**Good Practice Procedure**

When a client discloses that they are suicidal the counsellor firstly needs to remind their client of the agreed contract between them. Within the contract it is agreed that their counsellor would be bound by confidentiality with exceptions and that this may be an instance where they are duty bound to disclose to another party as they have a duty of care to their client.

The counsellor will always share with their supervisor when a client has disclosed to them that they are self-harming or suicidal. This ensures that the appropriate course of action is ethically agreed and adhered to for the wellbeing of the client. This needs to be done at the earliest opportunity and actions considered could include sharing with other professionals as appropriate. For guidance of how to be with a client who has shared see the step-by-step guide below.

It may be that the appropriate course of action is to break confidentiality and wherever possible and appropriate this is to be done with the clients understanding and permission. The counsellor needs to be bear in mind at all times the vulnerability of a client and how it could impact them when faced with the possibility of another person being made aware of some of their personal issues.

The counsellor is to proceed with care and appropriate sensitivity.  It is important that they use clear and sensitive language helping their client become fully aware about why they are considering breaking confidentiality and what that may mean, for example; who are they considering sharing information with, what might they share and specifically say to that person and why do they feel that this is for the beneficence of the client.

It may be that there is an instance where the client is not face to face with the counsellor and they are on the telephone or have texted information about being suicidal or the intent to commit suicide.  It is important that the counsellor act with appropriate urgency, for

example if a client rings and says that they are suicidal and have acted out, i.e.; taken an overdose, the counsellor would need to call an ambulance first and then check this out with their supervisor later.

# Step by Step Guide to Follow

A useful step by step approach when working with clients who disclose self-harm or suicidal thoughts, feelings or behaviors can be remembered in the following the acronym:  **GATES**

Go through the **GATES** steps with your client:

**G - GP** - talk with them about going to see their GP, this is advice for anyone suicidal, self-harming or depressed.

**A - Assess** - Assess the risk, is there an immediate need for the counsellor to act? i.e. call the police or ambulance as appropriate.  Also assess by talking with the client about how likely is the client to act out on these ideas, are these feelings or are they planning to act on them?

**T - Talk -** encourage your client to talk, they are in relationship with us, they have opened up to us, they need ultimately to talk about these difficult feelings with someone who can be with them regardless of their depth and help them express themselves safely.

**E - Explore** - Explore how long they have felt this way, when did they last feel like this, how often do they self-harm, what do they do, what is the severity of the self-harm, what are the things that trigger these thoughts feelings and behaviours?

**S - Strategies** - what strategies could they come up with and explore with you as ways to cope when the feelings come. Some strategies that clients have come with in the past have been to identify something they can do whenever they are triggered into these thoughts. For example: wear a rubber band and ping it every time, talk to a friend or Samaritans when thoughts come, go out for a walk, put on an album of music that calms them, make an agreement with their counsellor to try and not self-harm that week and talk about how it went, breathe in deeply when thoughts are triggered and identify triggers and what is real, write this down on cards and carry with them and read them to remind themselves.

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