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Introduction

PTSD Resolution operates from a virtual office and the “Team” are all self-employed contractors.

Document Control

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Document Approvals

Responsibility	Name	Date
CEO	Charles Highett	Oct 2023

Risk Policy

Overview: This policy is designed to guide therapists and PTSD Resolution admin staff (staff) in their decision making over client risk. It is laid out in a general format as therapists work in different ways. There are two elements to our risk policy: training in risk management; and responses to escalating concerns about a client.

Training: Risk training about self-harm has recently become one of the mandatory courses for the Part Three qualification to become a human givens therapist. Training in the management of suicide risk is also available as a CPD course through Human Givens College as well as other training providers. Part of our induction for new therapists to PTSD Resolution is to ensure they have undertaken training in suicide risk management.

Escalating concerns: There is a balance between client safety and confidentiality which will vary between cases. Part of the CPD detailed above is to help therapists and staff understand this balance. The table below should be used as a guide if a therapist has concerns about their client's level of risk. Please note that although the table is laid out in a certain order suggestive of a stepped approach, this is a guide only: therapists or staff may feel it necessary to skip some stages and escalate concerns directly to one of the entities listed at the end of the table. Please note: to help the clinical and administrative work in managing risk, therapists and staff are reminded that they can update the client's risk status easily on Pragmatic Tracker via the 'Profile' page.

Individual or Group	Comments
Client's own support network	The client's ability to make use of supportive individuals should not be overlooked. They may have previous experience of helping the client. It may be that the client is revealing their risk status to friends or family who may not have previously known.
Therapist or Staff Supervisor	The therapist or staff may feel it necessary to discuss the client's situation with their supervisor, even if it is regarding a client that may not have come to supervision before.
PTSD Resolution	The therapist can contact PTSD Resolution if they need extra support or guidance.
GP	A therapist may advise their client to book a GP appointment. The therapist may communicate directly with the GP by letter (if the situation is not urgent) - the therapist will already have sent a letter to the GP at the start of treatment. Other services often require GP referral in the first instance.
Secondary Care and other statutory agencies	Sometimes the client may need help from secondary care. The client may already be seeing a CPN, in which case the client will already have the necessary contact information. If the client is not already involved with secondary care services then in most cases a GP referral is required. But in some areas, a client can self-refer to a primary care mental health service and get a referral from there but this is dependent on postcode. The easiest way to establish what services are available is to search online using the search term '[Client's local area, town or city] Primary Care Mental Health Team'.
Out of hours: Samaritans, NHS 111	In the time when the client is on their own or having to wait, it is advisable to give them the contact information for organisations they can contact if they

	need help during those times. NHS 11 and Samaritans are important numbers for them to have but the client may also respond well in a crisis to particularly supportive people who are aware of the client's situation and who are able to respond (such as those who might be listed at the top of this table).
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The process above can be used to populate the 'risk plan' part of the client's Pragmatic Tracker information.

Other Risk: The information above has focused on the risk the client may pose to themselves but clients can also pose a risk to others, including the therapist. In these cases the therapist should take account of the following:

Choice: Therapists are not obligated to commence or continue treatment with a client if they have concerns for their own safety. The client may have a history of violence or may have difficulties controlling substance misuse. Whilst problems such as these do not in themselves bar the client from treatment, the precise way in which they manifest themselves may give a therapist cause for concern. If a therapist wishes to discontinue treatment of a particular client or wishes to raise a concern about the risk a client pose to others then they are advised to contact the PTSD Resolution office. If they have concerns outside of PTSD Resolution office working hours then they should contact their supervisor. If a therapist believes that a member of the public may be at immediate risk then they should contact emergency services.

Lone Working: A specific, stand-alone policy for lone workers is normally used for institutions where lone working is unusual. For PTSD Resolution therapists the situation is different as most therapists in private practice are lone working on a regular basis and for the most part it will be in conditions over which they have a suitable degree of control, such as a room in their home or a rented treatment space. In these cases the conditions that apply for any other client entering your home or office apply equally to PTSD Resolution clients.

Some clients request a home visit. As stated above, the therapist will judge this request based on their normal protocols: some therapists in private practice never do home visits, some will accept them on a case-by-case basis. If the therapist has any concerns or questions about a home visit to a client then they should speak with the PTSD Resolution office.