

## Policy and Procedure for Client Assessment

According to the British Association of Counselling and Psychotherapy (BACP), counselling aims to provide an opportunity for the client to work towards living in a more satisfying and resourceful way.

The assessment aims to support the client's involvement in this understanding. The assessor partly does this by checking the client's understanding of counselling as the assessment proceeds and evaluating whether counselling or psychotherapy at New Road Psychotherapy is right for them.

The core values underpinning assessment are respect for uniqueness and diversity and support for clients to recognise and build on their needs. We promote the right to choose, privacy, confidentiality, protection, and well-being.

The outcome of an assessment will vary according to the client's needs. The client may want to focus on developmental issues, address and resolve specific problems, make decisions, manage crises, develop personal insight and knowledge, work through emotions or inner conflicts, or enhance relationships with others.

The assessor's role is to conduct the session and refer the client in ways that respect their values, personal resources, and capacity for self-determination.

All clients who seek therapy at New Road Psychotherapy are required to attend an assessment session to identify their current needs.

Prospective clients can book their assessment session online or directly with the centre. Assessments can be conducted remotely or face to face and are booked as 50mins sessions.

If a client presents with immediate risks or is deemed unsafe to engage in therapy, a refund will be issued, and appropriate signposting will be provided.

Ex: Local NHS Mental Health line, local "Place of Safety".

We currently have seven assessors. All assessors must have a minimum of 2 years, post qualifying experience. To be a member of B.A.C.P or equivalent professional body whose codes are maintained and to have professional indemnity insurance and DBS.

Prospective clients can book their assessment session online or directly with the centre.

Once the assessment is completed, a client profile is created on our GDPR secure online system, where the assessment is uploaded.

Once the client profile is created, our clinical Manager will review the assessment and refer the client, as appropriate, to a trainee in placement or a private therapist.

The clinical manager will hand over the client by phone or email. If the referral is to a trainee, the handover will be more in-depth, allowing the trainee to discuss any queries. Trainees are also encouraged to discuss the assessment in supervision before meeting with the client.

If a client wishes to work with a different practitioner or a trainee feels they are working outside their ability limits, collaborative support will be provided to refer the client to a more suitable practitioner.

Please see the Assessment form on page 3.

## Conclusion

At New Road Psychotherapy, we are dedicated to creating a just and equitable society where everyone is treated with dignity and respect. We recognise that this requires ongoing commitment, effort, and steadfast resolve to be an actively inclusive organisation.

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**Contact Information:** If you have any questions or concerns about this policy, please email the centre manager at [admin@newroadpsychotherapy.com](mailto:admin@newroadpsychotherapy.com).

**Review and Revision:** This policy will be reviewed annually and updated as necessary to ensure it remains relevant and effective.

**Effective Date:** 4 June 2024

## Counselling / Psychotherapy Assessment

Strictly Confidential

Today's Date: Assessor Name:

Name:

Address:

Contact Number:

Email:

Age: Date of Birth:

Gender Identity:

Who can we contact in case of an emergency?

Preferred method of initial contact: Email ☐ Phone ☐ Text ☐

Method of Meeting: Face-to-Face ☐ Online ☐

Preferred price range: Low Cost £25 ☐ £50-£60 ☐ £60+ ☐

Individual Therapy ☐ \*Couple Therapy ☐ \*Group Therapy ☐

\*Not always possible on the low-cost service

How did you hear about the service?

Are you in paid/ voluntary employment?

Are you registered with a GP surgery – name and address?

Have you been to therapy before? How was your experience?

Are you currently receiving any form of therapy or psychiatric help? Under the Mental Health services?

Are you being prescribed or taking any medication that could affect your mood or behaviour (such as hormones, contraception, or any psychiatric medication?)

Are there any physical issues that you feel are relevant to discuss?

*(The therapy rooms are based on the 1st, 2nd and 3rd floors. Unfortunately, we cannot guarantee availability on any one floor, and we will do our best to accommodate you. Is there any reason you cannot climb stairs to the 2nd or 3rd floors?)*

Relationship Status?

Who do you live with, and are there any issues with your living situation?

Brief description of relationship to Parents or Stepparents now?

Siblings / Step Siblings - No siblings

|    |        |                          |         |                          |           |                          |       |                          |         |                          |
|----|--------|--------------------------|---------|--------------------------|-----------|--------------------------|-------|--------------------------|---------|--------------------------|
| 1. | Sister | <input type="checkbox"/> | Brother | <input type="checkbox"/> | Step/Half | <input type="checkbox"/> | Older | <input type="checkbox"/> | Younger | <input type="checkbox"/> |
| 2. | Sister | <input type="checkbox"/> | Brother | <input type="checkbox"/> | Step/Half | <input type="checkbox"/> | Older | <input type="checkbox"/> | Younger | <input type="checkbox"/> |
| 3. | Sister | <input type="checkbox"/> | Brother | <input type="checkbox"/> | Step/Half | <input type="checkbox"/> | Older | <input type="checkbox"/> | Younger | <input type="checkbox"/> |
| 4. | Sister | <input type="checkbox"/> | Brother | <input type="checkbox"/> | Step/Half | <input type="checkbox"/> | Older | <input type="checkbox"/> | Younger | <input type="checkbox"/> |

Do you have children?    Yes ☐    No ☐

Do you have stepchildren?    Yes ☐    No ☐

Give 3 words/phrases you would associate with your memory of childhood?

Did you grow up with any religious or philosophical beliefs? Do you have any philosophical, spiritual, creative, or psychological guides that support you in your life now?

What is your friendship group like?

Are you happy with your diet/ relationship to food?

Are you managing to exercise?

What is your relationship to social media?

How are you sleeping these days?

Do you dream much?

How much alcohol (if any) do you drink each week?

Do you use recreational substances other than alcohol?

How would you describe your relationship to anger?

On a scale of 1 (not anxious) to 10 (very anxious), where would you place yourself generally over the last week?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

On a scale of 1 (not depressed) to 10 (very depressed), where would you place yourself generally over the last week?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Do you physically harm yourself or others?

Do you ever feel suicidal, or you don't want to be here anymore?

If you do, are you ever close to acting it out, or do you have any plans?

Is there anyone who you feel understands you?

What brings you here today / what do you want from counselling?

How might you undermine getting what you want from counselling?

Assessor - Request to continue working with clients? Yes ☐ No ☐

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