

## Policy & Procedures

**Confidential to CiC**

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### **CiC**

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### **Management of cases**

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### **Out of hours contact for emergencies only**

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## The purpose of this manual

The purpose of this manual is to provide you with some background information about CiC, to inform you of our services and the policies and procedures which apply when working with us. This is intended to signpost routes for support, ease administration and ensure consistency of approach. We keep our systems and practices under review and any development or changes are notified to our network as they are made.

Please note how the following terms are used:

“**network practitioner**” refers to all professionals working for CiC: in the main counsellors and psychotherapists of all modalities and for example, psychologists and analysts.

“**client organisation**” refers to the funding bodies who contract for services with CiC.

“**client**” refers to the individuals, couples or groups who receive support from CiC’s services.

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## Qualifications and recruitment

All counsellors and therapists engaged by CiC:

- are interviewed prior to recruitment
- will provide two satisfactory references
- will have access to suitably appointed consulting rooms
- will have a dedicated telephone line (land or mobile) with an appropriate out of office recorded message, to include the counsellor’s name.
- are professionally qualified through a recognised training and will provide evidence of this
- have experience as independent practitioners after qualification
- have undertaken additional training and be experienced in short term therapy models
- will provide evidence of training and experience for any specialist work they undertake
- for telephone counselling will have a dedicated line for use by clients, a quiet confidential work space
- will be members of a recognised professional body and be working to their code of ethics
- will be in clinical supervision with a qualified and experienced, independent supervisor
- Provide a copy of their indemnity insurance certificate
- have experience of the wider working world
- have knowledge of local resources for “referral on” when this is required
- agree to engage in our case management process with our clinical team
- will keep us updated with their continuing professional development and training
- will provide evidence of or undergo a Criminal Records Bureau (DBS) check

## About CiC

CiC is an independent, private company working to support organisations and their employees through counselling and related services including training and business consultancy.

While our presence is predominantly within the UK, we also provide services internationally for a significant number of clients. Since our launch in 1988, we have developed our own extended network of qualified professionals who have been selected for their expertise.

CiC's services are continually under review and development; we are committed to keeping up-to-date with the latest research and practice thus ensuring the highest standard of service delivery and meeting the needs of a demanding market place.

Our network practitioners deliver the majority of our services and we depend on professionalism and commitment from the people who work with us. In return we aim to offer the support of our in house clinical team as well as the containment provided by working for an established and valued organisation. Client work is demanding and time limited managed work can be experienced as particularly challenging. We encourage you to contact us with any concerns or queries as they arise.

We very much appreciate your feedback to help us to improve our practitioner and client support and function more effectively.

### **An overview of our services**

We offer a range of services - for example:

- Employee Assistance Programmes
- 24 hour telephone advice line
- Managerial consultancy help line
- Structured counselling; face to face, telephone and on line
- Specialist Cancer Counselling
- Managed referral services
- Traumatic incident support
- Business continuity planning
- Stress audits
- Training for client organisations
- Executive coaching
- Mediation

### **Relevant services in more detail**

#### **Employee Assistance Programmes**

A CiC EAP contract might include some or all of the following service elements.

## **24 hour telephone advice line**

CiC provides a 24-hour, free phone advice line providing a full information and counselling service to offer practical advice and support to clients with workplace and personal issues.

The clients covered by our contracts can access advice on legal, financial and family issues for example;

- neighbour disputes
- housing problems
- consumer issues
- financial problems e.g. tax, death duties
- help with debt management including individual debt management programmes
- family care including disability, elder and child issues

We also have a team of people who will undertake research on behalf of callers for information such as how to find an NHS dentist, registering with a doctor, local after school clubs.

The above are for example only; we strive to improve our support and the range of help is continually developing. Please consider these additional services and how they might support our clients while you are working with them.

This 24/7 free phone service is purchased by most of our client organisations.

## **Managerial consultancy help line**

In addition to the 24-hour advice line, CiC operates a managerial consultancy helpline for people with line management responsibilities. During office hours, any caller with responsibility for others has access to our clinical management team to seek advice on dealing with specific people issues.

## **Structured counselling**

Our counselling and therapy programmes usually provide short term counselling sessions of 50 minutes. In the majority of cases there will be an advice line assessment of the client's suitability for referral to a network practitioner for a pre-agreed number of sessions. These sessions should be delivered on a once weekly basis, on consecutive weeks of the short term contract, except in certain circumstances. All such cases to be discussed with a Case Manager at CiC.

## **Managed referral services**

More and more organisations are using counselling services as part of their attendance or performance management policies. Managed referrals often require complex reporting. Please follow the CiC guidelines provided with the referral. Clients referred via a managed scheme will be aware of the reporting requirements prior to referral.

## **Traumatic incident support**

CiC has its own critical incident service provided by a team of senior practitioners with extensive experience in the field. Critical incident work usually requires practitioners to go on site at short notice to work with groups and individuals. Traumatic incidents are monitored and supervised by CiC's clinical management team. During an intervention our counsellors may identify individuals or groups who need further help. Where appropriate these clients will be referred to our network of specialist counsellors who have particular expertise in the areas of post-trauma counselling and for example EMDR and CBT.

## **Business continuity planning**

As well as our in house expertise CiC work with teams of external professionals in the field of business continuity. Client organisations draw on our experience of human factors for both crisis management and recovery work to help them deal with the unexpected.

## **Stress audits**

CiC undertakes surveys of stress levels in client organisations by using recognised and validated tools to analyse the responses of a representative sample of staff. The outcome is a stress audit report identifying patterns and trends with recommendations for action, which can be used by management to develop effective stress reduction strategies.

## **Learning and development for client organisations**

Areas covered include:

- pre retirement planning
- managing change
- supporting employee carers
- dealing with difficult people
- counselling skills for supervisors and managers
- advanced counselling skills for HR, OH and senior managers
- identifying and supporting people under stress or at risk
- stress management
- crisis intervention and trauma support
- business continuity planning
- the effects of bereavement, separation and loss
- bullying and harassment
- substance abuse
- executive coaching
- mediation
- bespoke training programmes

## **Service evaluation**

CiC measures practitioner feedback as well as our clients' self-reported levels of well being before and after counselling. This provides us with clinical and management information for evaluation purposes and for statistical reporting to our client organisations. In order to improve our practice and verify its effectiveness, we are committed to continuous service evaluation.

## **Reporting**

Our corporate services team provide client organisations with quarterly and annual reports. These reports provide anonymous statistical data on service uptake generated from the information provided by you and our clients. These reports provide management information on themes and trends with recommendations for action.

## **The Web Portal**

All counsellor administration is accessed and completed via the CiC web portal.

## Our expectations of network practitioners

It is important that as professional members of CiC's service delivery team, all network practitioners should be aware of the extent and limit of their responsibilities when working with CiC clients.

Not all of CiC's client organisations purchase the full range of our services. To support the client fully, network practitioners need to check with the clinical team about the specific services to which each client is eligible. We ask you to remember that our 24-hour advice line can be extremely helpful for clients and offers a range of practical solutions.

You need to take particular care when being briefed, for each case check the number of sessions, and any contract or referral requirements.

Network practitioners should not make private contracts with CiC clients. Please provide our client with longer-term therapeutic resources as appropriate. A network practitioner's contract with CiC prohibits them from entering into a private counselling arrangement with a CiC client until at least three months has elapsed since the end of the EAP work.

EAP work is complex, the counselling is funded by a third party, usually an employer, and the client/counsellor relationship is likely to activate transference issues that might not be explored or even acknowledged in the EAP work. Therefore the boundary of the short term work should be held firmly. It is only with the clinical manager's authorisation, and in exceptional circumstances that a continuation is considered. If a continuation is agreed then a formal waiver form must be requested, completed and submitted to CiC. By accepting a client from CiC you have agreed to adhere to this policy. Please be advised that non compliance harms the therapeutic alliance.

You should never suggest to clients that they request further sessions from their employers. Please manage the clients expectations and maintain focus on the short term contract. Any requests must be discussed with CiC and authorisation, if appropriate, will always come from us and follow our confidentiality guidelines and contractual requirements.

As a consequence, any extension of sessions arranged between CiC clients and network practitioners beyond the original contract will not be recognised and may lead to suspension or dismissal from the CiC practitioner network.

We ask you to make prompt return of all paperwork and claims for payment when each case is closed. Paperwork should be returned to us even when a client does not take up the referral. Delays cause problems for our reporting and inevitably delay payment. Claims for work completed more than 60 days earlier can only be processed in exceptional circumstances.

## Confidentiality

Providing a work-related counselling service commonly elicits worries about confidentiality. A client may need reassurance that their employer will not be told they are receiving counselling and that no identifying information will be passed back to their organisation. However, some managed counselling schemes require CiC to report on our client's progress. When this is the case, clients will have been fully informed and agreed to this prior to referral to you. The status of the referral will be advised by CiC on matching.

Our client records contain minimal personal details and are kept for security and monitoring purposes. All documentation, both paper and electronic, provided to you needs to be kept securely and meet the requirements of the data protection act and your professional body.

In addition, network practitioners are expected to have answering services with personalised and professional outgoing messages so that when a potential client calls, he or she knows they have reached the right number and can feel comfortable about leaving a message. The telephone number and any messages left on the answering service should not be shared with anyone else.

You are expected to have your own independent clinical supervision arrangements in place and we expect that all clients will be presented with due regard for their privacy and confidentiality. Sessions with our clients need to take place in a private, accessible and appropriately furnished consulting room.

## Exceptional circumstances

On occasion, there may be pressure from a third party to discuss a case – for example; from an employer, a relative, a friend, GP, union official, solicitor or other legal representative.

CiC retain clinical responsibility for all clients. Please do not therefore discuss any matter relating to a client with anyone other than your clinical supervisor and CiC's clinical team without our agreement. If at all possible, CiC will gain a client's written consent whenever there is a need to breach confidentiality.

Particular examples of when a breach of confidentiality may be needed are when:

- 1) A client's medical or other health or social care practitioner needs to be involved.
- 2) There is a risk of harm to self or other.
- 3) There is a legal requirement.
- 4). There is a need for the GP to manage an ongoing referral i.e. psychiatric

There may be occasions when a client agrees to contact being made with a third party. If this should occur, again - please discuss this request with CiC before agreeing to any action on behalf of the client.

## Third Party Enquiries

Any enquiry from a third party, or request from the client to make contact with a third party e.g. GP, employer including OH, HR, line manager, a solicitor's request for case notes, must be referred to the clinical team and will be responded to by us.

## Clinical policy and guidelines

We undertake to maintain high standards in both our ethical and clinical practice. These are the hallmarks of our work and mean that we expect you to complete all necessary documentation which can then be used for evaluation and analysis. These documents form part of our audit and quality control processes.

We ask you to remember when working for CiC that most clients refer themselves, they are employees or relatives of an employee working for one of our client organisations. You therefore need to be familiar with contemporary employment procedures and trends in a broad sense. Many clients will present with specific workplace issues that need to be addressed in context. We encourage network practitioners to seek support and guidance from us whenever they feel it is necessary. Clients must be given accurate information about their needs and some important issues discussed as early as possible for example:

- is counselling likely to meet their needs?
- is short-term work likely to be suitable for them?
- should they be referred on, for example, to one of the following?
  - open ended work with a new therapist
  - treatment through a specialist agency
  - treatment in a medical setting

A key element in the success of the counselling rests on an effective assessment and by the end of the first session, the network practitioner and the client will, wherever possible, have agreed a focus for the work.

Transference and countertransference, evidence of ambivalence, resistance, collusion or acting out might be issues and used to inform your thinking. It is these areas of the work that might form part of your case management discussion or supervision.

If there is a possibility that the client presents with issues requiring long-term work, is considering or is curious about further work, this must be highlighted as quite separate from the present work and will need to be undertaken with a different therapist.

We ask you to attend to the working and therapeutic alliance. This is especially important for clients in short term work as powerful attachments can easily and quickly form making it hard for the client to end with you and move on to a new therapist.

## Supporting CiC's clinical policy

As a commercial company, CiC must be able to maintain clinical standards and be confident that the clinical policy has the support of all of our network practitioners. If a network practitioner seriously breaches our clinical policy, there will need to be an investigation and this may result in suspension or dismissal from the network. If we receive feedback or have any concerns about a practitioner's

consulting room or practice, we will arrange a telephone interview to discuss the issues, if we agree that any actions are needed for the practitioner to remain on our network, these will be agreed with the practitioner and confirmed in writing. CiC will require follow up evidence that all sanctions have been carried out, e.g. further photographs submitted. Complaints are investigated in line with our complaints policy and procedure. A copy of this is available on request.

## **An overview of the process: referral to case closure**

The following stages give an outline of the process involved:

1. The client contacts our 24 hour telephone advice line
2. In the majority of cases we carry out a telephone assessment of the client's needs and suitability for referral
3. We match the client to a suitable network practitioner who is briefed on this clinical assessment and provided with the client's details
4. The network practitioner's name and contact details are given to the client
5. The client contacts the network practitioner to arrange their first session (in some cases we might ask you to contact the client)
6. We ask network practitioners to complete the GHQ28 in the first and final sessions
7. Following the first session, the network practitioner submits Monitoring Form 1 via the portal and will contact CiC's clinical team by email to book a feedback consultation if there are any concerns
8. Further sessions follow, up to the maximum number agreed in advance with CiC
9. Then ***either***
  - the client has finished the work**or**
  - further support is identified and the client is referred on
10. The network practitioner submits the case closure form and GHQ28 (final) to CiC. Case closure forms should be submitted even when the client doesn't take up the referral
11. CiC agree payment, claims are processed by us once per month
12. The case is closed

### **Client follow up**

CiC will provide all clients who have attended counselling with a post-counselling questionnaire and evaluation form which we ask them to submit directly to CiC.

### **Clinical assessment of couples**

In most cases, it is not possible for CiC to carry out a full "couples" assessment before referral and so any practitioner agreeing to work with a couple must undertake an assessment of the couples' suitability for short term work.

## Accepting clients

Clients will be accepted for counselling referrals provided they:

1. have freely referred themselves or with agreement, have been referred by a third party usually their employer
2. are not already receiving counselling or therapy from other sources
3. accept the terms of the CiC counselling programme

## Referrals and the matching process

The majority of our clients self refer although Occupational Health professionals, Human Resource managers, line managers or another third party might refer clients to us. Clients will generally indicate their desire for counselling when calling the advice line and often tell the telephone adviser a certain amount about the presenting issue. In most cases an assessment will be carried out during this call. All calls are logged and on the basis of the available information, a network practitioner is allocated.

We are concerned with the following criteria when matching a new client to you:

- the client's specific requirements and circumstances
- your profile and availability
- your location and that of your potential client

A CiC telephone adviser will get in touch with you and brief you with an outline of the client's situation, perceived needs and any specific clinical requirements as well as the contractual parameters for the case.

If you accept the referral, your new client is given your contact details and will call you. We ask that you make the first appointment as soon as possible. Our contracts with client organisations usually specify time limits between contact and first appointment so please notify us if there are reasons for any delay.

We will send both you and your new client confirmation of the referral. Please contact the clinical team if you don't receive this.

Referrals to network practitioners are made on the understanding that clinical accountability will be to CiC only, unless otherwise agreed in advance. We attempt to allocate clients to network practitioners on an equitable basis. Please note that CiC cannot guarantee a regular rate of referral and we are unable to pay retaining fees.

## Clinical management

Clinical management is the framework which enables us to meet our responsibilities to our clients and client organisations. It also provides essential support to network practitioners alongside their own independent supervision. If you have any concerns at anytime, please request a case discussion. This process is integral to the operation of our service, and ensures smooth service delivery.

- A clinical management discussion might include:

- routine clinical and presenting issues
- consideration of additional or alternative support or interventions which maybe necessary
- management of issues of complexity, for example risk to self or others and addictive problems
- agreeing to vary the client's contract
- the involvement of other agencies, for example the client's GP or employer
- liaison on behalf of clients with third parties
- referral on for further therapy or other treatment

Details of our email address and phone numbers are at the front of this document.

## **No contact or failure to show**

### **No contact from your new client**

Please inform the clinical team if you do not hear from your new client within three days. We will investigate and try to resolve any problems.

### **Your client fails to show**

Please contact the clinical team as soon as possible and we will agree with you what to do next.

## **Our policy on cancellations**

### **Client cancellations**

For a cancellation to allow a rescheduled session the client must give you at least 24 hours notice, otherwise it counts as one of their sessions. CiC will pay for one cancellation per referral.

### **Practitioner cancellations**

If for any reason you need to cancel an appointment with a CiC client we ask you to do this in a timely and professional manner. In the case of personal circumstances such as illness, bereavement or any other emergency impacting on your ability to practice please call us.

We will contact the client on your behalf and provide temporary holding or re-refer the client to a new practitioner.

## **Risk cases**

We have a very careful procedure for individuals considered to be at risk.

Where the client presents in crisis or you feel unsafe or alarmed, please contact the CiC clinical team and inform them of your concerns. Risk issues may come to light during the telephone assessment and we will flag these to you - or during the sessions. Such cases include, for example, those at risk of harm to self or others, psychiatric problems, drug and alcohol problems and post-trauma cases.

If you consider medical assistance is required even as a precaution, please alert the clinical team and we will gain the client's written consent to contact their GP unless we consider there is an overriding matter or risk. The client's GP holds ultimate patient responsibility.

If you have any concern about a child being at risk this might need to be reported to the appropriate authorities. Clinical management and supervision are essential in these cases and the clinical team should be contacted without delay so we can agree any necessary actions to be taken by CiC.

## **GP Consent Form**

In certain circumstances you may be required to complete a GP consent form (available on the portal). This will usually be in consultation with CiC.

## **Emergencies**

On the rare occasions that the emergency services are needed to safeguard a client or someone else the circumstances usually mean that you will need to call the emergency services directly and inform CiC as soon as reasonably possible.

If a client is in need of an emergency psychiatric assessment or admission to hospital, the counsellor should call the client's GP. If that is not possible, the local community mental health team (CMHT) should be contacted. If that is not appropriate, please call the emergency services and inform CiC as soon as possible.

If the client is potentially subject to the 1983 Mental Health Act, (i.e. "sectionable"), no signed consent is necessary. A GP with an approved social worker or member of the police force have powers under the Act.

One of our senior clinicians is always on duty. Details of our email address and phone numbers are at the front of this document.

Where ever possible these circumstances should be discussed with the clinical team, if practicable, prior to action being taken. We do, of course, recognise that this may not be possible in these exceptional circumstances.

## **Referral on**

We ask network practitioners to identify as soon as possible any client who needs referring-on. A speedy referral on is usually in the best interests of the client and may need to happen after the first session. In such cases, please contact the clinical team to discuss.

Clients who require long term or other types of therapy on the recommendation of their assessor or network practitioner will be referred to an appropriate service or individual. We expect you to have good knowledge of your local resources – practitioners and services. Where necessary please consult with CiC's case managers for guidance and support.

Following the referral-on, the client becomes responsible for the cost of additional counselling or other services since these will be outside the contract we have agreed with our client organisations. CiC's responsibility for the client ceases.

## **Ethics**

We contract the delivery of our professional services to you, our network of qualified professionals and we expect you to work within the ethical principles and framework of your professional body, for

example the BACP, BPC, the UKCP or, if outside the UK, an equivalent organisation. In addition, your delivery of professional services is governed by a duty of commercial confidentiality required of all our employees and network practitioners and by the terms of your contract and signature to our confidentiality agreement.

Occasionally, you may find yourself with a conflict of interest. We ask you to be sensitive to this possibility and to inform the clinical management team as early as possible so that the situation can be reviewed and a satisfactory way forward agreed.

## **Audit**

From time to time we, along with other agencies in the public and private sectors, are subject to internal and external audits. Clinical audits will be conducted by qualified personnel with current clinical experience, working within a professional code of clinical ethics. Such audits generally include the examination of company documentation and this can include clinical notes.

## **Research and evaluation**

In order to improve our services and practice and verify its effectiveness, we are committed to a continuous evaluation of our work and from time to time we may engage in formal research.

Our Clinical Director is happy to discuss any request from you to use our clients for your own research. Please note that you will need prior written agreement before engaging in any research based on CiC clients.

## **Our affiliations and professional memberships**

CiC is a member of the Employee Assistance Professionals Association and adheres to their standards of practice and professional guidelines.

We have corporate membership of the British Association for Counselling and Psychotherapy (BACP). We are also members of the BACP's Association for Counselling at Work and the Telephone Helpline Association.

We are an ISO 9001:2000 accredited organisation.

## **Complaints**

The CiC complaints policy and procedure will be used for all complaints relating to network practitioners and CiC staff or departments.

## **Related documents**

Please ask if you would like a copy of the following:

- leaflet given to clients about our service
- CiC equal opportunities policy
- CiC complaints policy

## CiC reporting forms

These are provided with each referral and can be found on the CiC web portal – please ask if you would like copies in a different format.

### Sent to the Client

- Statement of Understanding

### Sent to the Counsellor Portal

- General Health Questionnaires (GHQ1 and GHQ2)
- Monitoring Form 1
- Closure Form
- Claim Form

## Further references

### The BACP's Ethical Framework for Good Practice in Counselling and Psychotherapy

[http://www.bacp.co.uk/admin/structure/files/pdf/ethical\\_framework\\_web.pdf](http://www.bacp.co.uk/admin/structure/files/pdf/ethical_framework_web.pdf)

### The ACW's Guidelines for Workplace Counselling

[http://www.counsellingatwork.org.uk/acw\\_guidelines\\_web.pdf](http://www.counsellingatwork.org.uk/acw_guidelines_web.pdf)