

1.7.4 Therapy Engagement Policy

Related guidance

England

- [Regulation 11: The positive relationships standard](#)
- [Guide to the positive relationships standard](#)

Wales

- Regulation 15: Personal plan
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/15/made>
- Regulation 18: Provider assessment
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/18/made>
- Regulation 33: Access to health and other services
<https://www.legislation.gov.uk/wsi/2017/1264/regulation/33/made>
- National framework for well-being outcomes
<https://gov.wales/topics/health/socialcare/well-being/?lang=en>

Additional Guidance

- [Health Care Professions Council – HCPC framework](#)
- [HCPC Standards of conduct, performance and ethics \(2008\)](#)
- [HCPC, Standards of proficiency Practitioner Psychologists \(2015\)](#)
- [HCPC, Standards of proficiency Art Therapist \(2013\)](#)
- [British Association of Counselling and Psychotherapy- BABCP Ethical Framework](#)
- [United Kingdom Council for Psychotherapy – UKCP Ethical Principles and code of conduct \(2009\)](#)
- [British Association of Behavioural and Cognitive Psychotherapy framework](#)
- [British Psychological Society - BPS, Code of ethics and conduct \(2009\), individual professional guidelines for supervision by division](#)
- [Young Person's Therapy Agreement](#)

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1. Principles

Integrated therapeutic care is central to the service delivered by Bryn Melyn Care. This essentially means that young people are looked after and managed in a consistent way based on therapeutic principles across the three strands within the organisation.

Integrated therapeutic care involves:

- The allocated clinician working closely with the Care and Education teams, providing input from a psychological and therapeutic perspective, to support the care and management of young people;
- Identifying a young person's suitability and readiness for therapy and making individual therapy available to the young person where appropriate.

Integrated therapeutic care is **not dependent** on the young person taking part in individual therapy sessions. The clinical team has an important role in working with the care and education teams to support and advise on the care and management of the young person.

Furthermore, when a young person is engaged in individual or group therapy, engagement with the consultation process will still be required. Some therapeutic approaches will require the care team to be part of the therapeutic process. The idea that therapy does not simply occur in the therapy room should be held in mind.

Some young people may not be ready to access individual therapy and this must be respected. It is also appropriate at a defined point to no longer offer individual therapy sessions.

2. Responsibilities

Once a young person's individual needs for direct therapeutic work have been identified, it is important that the whole team around the child work together in order to support the young person to gain the most out of therapy.

2.1 Responsibilities of the Clinical Team

The therapist should support the young person to engage in therapy in any possible way that is helpful for the young person within the boundaries of safe and ethical practice. This could involve a number of home visits, visits to the therapy room, showing pictures of the therapy room and meeting in a different location if required.

The therapist will always try to provide the young person with therapy slots which fit with their wishes and other activities and education. However, this may not always be possible and, when this is the case, it would be explained to the young person.

The therapist should always discuss the nature, boundaries and process of therapy (contracting) with the young person. Contracting can be verbal or written. Appendix 1 provides an outline for therapy contracting.

The therapist will provide a written summary of each session, based on clinical judgement of what is appropriate to be disclosed. This will be available to the care team usually within 24 hours of the session being completed unless there are extenuating circumstances.

The therapist will, where appropriate, ask the care staff attending therapy sessions to complete exercises or reflective practice which links to the therapeutic process.

The allocated clinician and therapist should ensure that there are sufficient attempts to engage with the young person before withdrawing sessions.

The allocated clinician and therapist will discuss with the young person and the care manager/care team if they are considering stopping therapy. The final decision about withdrawing or ending therapy will be clinically-informed.

2.2 Responsibilities of the Care Team

Members of the care team are responsible for motivating the young person to attend and take part in therapy sessions. However, refusal to attend should not be linked to sanctions. Neither should activities should be offered to replace therapy.

Care staff are responsible for ensuring a young person is taken to a therapy session. In the event that a session has to be cancelled, the carer should inform the therapist and Allocated Clinician as soon as possible. Care staff are jointly responsible for managing the planning of sessions with the young person and therapist. Care staff should share information on the session timings with education and ensure this is planned in to avoid timetable issues. If a young person refuses to attend a session and is not timetabled into school then a suitable alternative arrangement should be made.

After each session a written update will be sent to the care home to inform them of how the young person has been in the session. It is the care staff's responsibility to ensure they have read this as it can help the care team support the young person, especially if they have had a difficult session.

If, prior to a session a young person has been highly aroused, anxious or had any incidents or reasons which may impact on the therapy session, the care team should inform the therapist by phone or email prior to arriving. A management plan can then be discussed.

Care staff should remain close by when a young person is in therapy. The level of proximity and support will differ for each child. This should be planned with the therapist prior to the start of therapy sessions.

Care staff should be prepared to undertake suitable reflective practice whilst a young person is session. This could be completing their reflective journal or an activity set by the therapist to aid the therapeutic work and integrate the process with therapeutic childcare practice.

The young person's progress will be discussed in therapy and it will also be discussed with the care team. Discussion with the care team will only be about themes in therapy, and not the content of what the young person says, although there will be exceptions to this rule (please see "confidentiality").

Staff should always be aware of their own judgements about therapy and avoid any comments or actions which may be interpreted by the young person as not valuing the therapeutic process.

2.3 Responsibilities of Education

Education staff are responsible for liaising with the care team and clinical team to ensure therapy sessions are planned for and accommodated. The clinical will always try to accommodate the education timetable, however, this may not always be possible.

Education staff are also responsible for motivating the young person to attend and take part in therapy sessions. Alternative activities should not take precedence over therapy sessions.

Staff should always be aware of their own judgements about therapy and avoid any comments or actions which may be interpreted by the young person as not valuing the therapeutic process.

Education staff should endeavour to be part of team around the child meetings to ensure that integrated practice is achieved and a holistic view of the young person is formed.

3. Confidentiality

The therapist respects the young person's privacy and only shares information if it is believed that the young person or another person is at risk of being harmed. In this case the information would be passed on to an appropriate person and discussed with the integrated care team. The therapist will discuss with the young person which people need be informed. Any potential new disclosures will be checked out with the Social Worker. In some cases it will be relevant to contact the local Safeguarding Board.

If the young person creates any artwork during the art therapy sessions this will be kept safe for the duration of therapy. When the therapy finishes the young person can then decide if they want to take the artwork away or leave the artwork to be safely stored.

The therapist will keep records about the content of the therapy sessions. These records will be kept locked away in an office and only the clinical team can see them. When the young person leaves Bryn Melyn Care any records of therapy sessions or remaining art work will be marked as confidential and archived centrally with the young person's file in accordance with industry standards.

Sometimes it can be helpful for the therapist to talk with care staff and teachers at the young person's school about something that has come up in therapy. This will be discussed with the young person before the information can be shared.

The young person is free to talk about the sessions to care staff and other people if they want to. Care staff should only engage in conversation about the content of therapy if the young person instigates the conversation, and they must remain sensitive to their thoughts, feelings and privacy.

4. Unified Response to Non-Attendance

If the young person is unable to attend a therapy session due to illness or another reason please contact the relevant therapist to inform them as soon as possible so that the cancelled session can be rearranged.

Coming to therapy can be hard work. Sometimes the young person may feel like they are unable to attend or may feel like stopping therapy. It can be useful to try to help the young person to come to the therapy space – even if it is just to tell the therapist that they don't want to talk at that time.

4.1 Unified Response to Persistent Non-Attendance

Stage 1

If a young person refuses to attend individual therapy sessions, the therapist may initially make visits to the young person's home to meet with them less formally to attempt to establish a relationship. The therapist will work closely with the care and education teams to look at how motivation might be increased to engage in therapy.

Stage 2

If the therapist forms a view that the young person's reluctance to attend is unlikely to change in the short to medium term and that offering sessions is no longer helpful the therapist will discuss this fully with the clinical lead. A three-way meeting will be called between the clinical team, care team and education (where relevant) to discuss the young person and their response to therapy.

Stage 3

Following the outcome of this meeting, the therapist will make a decision in conjunction with the clinical lead to either continue with therapy sessions or cease to offer individual therapy sessions.

The final decision will remain clinically informed.

Stage 4

The therapist will inform the RCM, the relevant Regional Manager, and the Social Worker.

This will be written into the young person's Care Plan by the RCM.

5. Integrated Therapeutic Care without Individual Therapy

The therapist will work closely with the Care and Education Teams, advising from a therapeutic perspective on the young person's care and management. Please see Clinical Consultation Policy.

6. What Happens if/when the Young Person Changes their Mind

If the young person's position changes and they decide to re-engage with therapy, they will be allocated to a suitable therapist in line with their clinical needs.

7. Safeguards

The Head of Clinical Service will have oversight of and involvement in any decision to withdraw individual therapy sessions.

The Head of Clinical Service will report to the Heads of Care and Senior Management Team regarding any issues around therapy engagement or provision.

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