UNIVERSITY OF PROFESSIONAL STUDIES, ACCRA

COUNSELLING POLICY AND PROCEDURES

UNDERLYING PHILOSOPHY

Counselling at University of Professional Studies, Accra is offered to assist students to develop appropriate skills and attitudes and resolve problems in academic, psychological, emotional, and/or social contexts. Counselling is done within the framework of the whole University community, involving staff and parents as required. The Counsellor works within a team-based framework meeting regularly with Heads of Schools, Senior Staff and Pastoral Care teams.

A flow chart outlining the Counselling procedures and associated record keeping at UPSA accompanies this document.

1. REFERRALS

1.1 Students

Counselling is generally on a voluntary basis. However, situations may arise where the University will request a student to attend counselling, for example, in relation to behavioural issues.

1.1.1 Referrals for Internal Counselling

Referrals may be made:

- By College staff.
- By self.
- By a parent.
- By community members.

1.1.2 Referrals for Outside Counselling Where the University, in its discretion determines it is appropriate, a student (through their parents/caregivers) may be requested to attend for counselling/treatment by external care providers. The rationale for such request may be that the student requires an intervention that is not deemed appropriate for the Counsellor to provide. This may occur for a number of reasons, such as the nature of the required intervention or the degree of involvement required. In making such a request, the following guidelines are to be followed:

- the request will be discussed with the student and their parent/s and the rationale explained
- the student and their parents will be provided with the name(s) of one or more suitable practitioners but they may consult whoever they wish
- the Counsellor will facilitate the referral if requested and, with consent, will be entitled to provide such reports to the external care provider as are in the University's opinion reasonably necessary
- the Counsellor will be entitled to receive reports from the external care provider as are reasonably necessary to satisfy the University team (Counsellor, College Principal, Heads of School) that the issues that required the attendance at the external care provider have been satisfactorily resolved or are being managed to the University's satisfaction. The parents and the student will be expected to accede to a request by the College for outside counselling unless

reasons are produced which establish, to the University's reasonable satisfaction, why such a course is inappropriate.

1.2 Parents

It may be deemed appropriate by the College Principal, Heads of School, other senior staff or Counsellor for the Counsellor to see a parent(s) in relation to issues affecting their child.

1.3 Staff may consult the Counsellor. However, in seeing staff, the primary role of the Counsellor is to provide short term intervention only and, where appropriate, will refer the staff member to an outside care provider. Staff should be aware that if they consult the Counsellor in a formal counselling situation then their name will be included on the weekly list provided to the Heads of School.

2. THERAPIES/INTERVENTIONS

2.1 Types of Therapies/Interventions

In dealing with a student, the Counsellor will provide recognised interventions. These may include cognitive, behavioural, family, narrative, and solution-focused approaches. In many cases the given intervention will be a blend of approaches which focus on supportive, short-term, problem-centered outcomes.

2.2 Duration/Frequency of Consultation

- Unless specifically requested by a student, consultation with the Counsellor will generally be during class time. Hence, the likely duration of each consultation will be for the duration of a lesson (maximum). It is the responsibility of the student to ensure that appointments do not clash with scheduled assessment tasks.
- frequency of consultation will be dependent on the nature of the issues as determined by the ounsellor. Where it is necessary for a student to be seen at least weekly over an extended period, consideration will be given, at the University's discretion, to requesting the student (through the student's parents) to consult an external service provider at the cost of the parents and in accordance with the guidelines in 1.1.2 above.

2.3 Joint Interventions

Where appropriate, joint interventions may be provided. Such situations may include the involvement of other appropriate staff. On occasions groups of students may be seen by the Counsellor and other appropriate staff.

3. CONFIDENTIALITY

3.1 Students

Students will be informed that discussions with the Counsellor are in confidence, except where in the reasonable opinion of the Counsellor:

- there is a concern that the student will cause them self harm
- there is a concern that the student will cause harm to another person
- the student discloses criminal activity such that it may impact on the welfare of the student or others or the reputation of the University.
- the student discloses that he/she has suffered harm or the Counsellor reasonably suspects that the student has suffered harm, sexual abuse or neglect
- it is otherwise required by law (eg in evidence in court) Further, it will be explained to students that the above exceptions are required by law, or for the University to discharge its duty of care to students, or for Senior Administration of the University (as referred to in paragraph 4.2

below). It will further be explained that the Counsellor will regularly provide to the Heads of School a list of those students who have been seen by the Counsellor.

4.0 Release of Information Policy:

Before a student is seen by a mental health professional in Counseling Services, they must sign a release that includes the following information:

- All communication between a client and a counselor, psychologist, or psychiatrist is confidential and will not, except under the circumstances explained below, be disclosed to anyone outside of Counseling Services unless written authorization to release information is given. A Release of Information Form will need to be signed to have a Counseling Services professional staff communicate information to anyone. A record is kept of a client's work with us. It contains information a client has provided to Counseling Services in writing as well as counseling notes from client sessions. As of Admission, records are kept in perpetuity, meaning they are kept indefinitely in secure electronic form. Previous to Admission, records were destroyed after a period of 7 years from an individual's last visit. Counseling Services files never become a part of the permanent UPSA educational record.
- Most limits to confidentiality are to ensure safety. If there is evidence of imminent danger of harm to the client or other(s), we must take action. If a client describes abuse of a child or elder, the information will be reported to the appropriate agency. It is possible a court order may require release of privileged communication.
- Counseling information cannot be released to the following without the client's consent:
    - parents or guardians, spouse, siblings, or significant other
    - another doctor, lawyer, or health organization
    - insurance company, disability payment source, or state agency

4.1 Procedure:

- A client may review his counseling record in the confines of the Counseling Services office with a counselor and only by appointment.
- A client wishing to grant release of information to another party must complete the Release of Information form.
- There is no charge if records are released directly to another physician or health care facility, or another entity of UPSA.
- A summary of a client's counseling record may be prepared by a client's Counseling Services therapist. A summary is a written document created by a therapist based on the contents of the chart describing the counseling episode.
- Records may be faxed or mailed. A cover sheet or letter must be affixed to accompany all documents.
- The legal counsel of UPSA may wish to review cases involving probable legal action before the information is released. In a legal case, the whole chart is copied at the written request of the legal counsel. Counseling Services will not release any medical information obtained from another clinic, hospital, or private physician if marked "not for secondary disclosure".

- Counseling Services will not release records pertaining to alcohol/drug use, mental health, HIV/AIDS, abortion, and sexual assault unless the written consent is signed.
- In cases of immediate transfer by ambulance or police of a client to any emergency facility or hospital, appropriate information can be sent with the client, including photocopies of clinical notes and identification information. This material should be provided for continuity of care. Also in these cases, all attempts will be made to contact the emergency contact person(s) supplied by the client on his/her Client Intake Questionnaire form or at the client's verbal request to contact such persons as so designated.
- Pages of the chart with the stamp "re-disclosure is prohibited" may accompany records released by the records technician. The recipient of the information is then prohibited from using the information for other than the stated purpose and will prevent disclosure to a third party.
- Fees may be waived by permission of the Director of Counseling Services.

5.0 Student Complaint / Grievance Policy

Student complaints are handled largely through the existing chain of command. Given the existing laws regarding confidentiality and psychological/health services, a therapist/health service provider is restricted in terms of what he or she can disclose. If a student has a complaint about an employee or consultant of Counseling Services or Health Service, he or she is directed to speak with that employee's director, or if necessary, the immediate supervisor of the employee. The complaint should initially be lodged informally by speaking with someone in the department. However, the complaint can be lodged more formally in writing first to the Director within five (5) working days of the incident. The written complaint or grievance should include a description of the incident, date, time, and persons involved in the complaint.

After receiving the grievance, the director shall then respond within five (5) working days of the date that the grievance was signed and filed. If the student is not satisfied with the outcome of that discussion or response, he or she is directed to the next higher level of administration. In each case, careful consideration is given to the emotional stress the student may already be in as well as any complications arising from a possible mental or physical illness. If a complaint comes from a non-student, it is handled administratively first by the director, then by the Dean of Student Affairs, and finally, if necessary, the Pro- Vice-Chancellor. The Director reserves the right to consult with the General Counsel of the University around issues or complaints that may have legal implications. Documentation of a student complaint would become part of the confidential record.

If the student is not satisfied with his or her current therapist or health care provider, he or she can request another therapist within the department at no charge or accept a referral to another provider outside the university. Any costs incurred by the student seeking these services outside of the university are not covered by the university.

Any complaints, if found to have merit, will be used in the supervision of the employee involved to improve the person's skills and function. If the complaint is significant, the student may take

legal action as prescribed by current statutes. Each week the clinical staff meets in a case conference to discuss problematic cases to ensure quality of service to the student.

6.0 Code of Ethics

(a) The helping relationship constitutes the effective and appropriate use of helper's skills that are for the benefit and safety of the client in his or her circumstances. Therefore as unit of the University Students Services we will:

i. Offer a non-judgmental professional service, free from discrimination, honouring the individuality of the client

ii. Establish the helping relationship in order to maintain the integrity and empowerment of the client without offering advice.

iii. Be committed to ongoing personal and professional development

iv. Ensure client understanding of the purpose, process and boundaries of the counseling relationship.

v. Offer a promise of confidentiality and explain the limits of duty of care.

vi. For the purpose of advocacy, receive written permission from the client before divulging any information or contacting other parties.

vii. Endeavour to make suitable referral where competent service cannot be provided.

viii. Undertake regular supervision and debriefing to develop skills, monitor performance and sustain professional accountability.

ix. Be responsive to the needs of peers and provide a supportive environment for their professional development

x. Not act as or practice legal counsel on behalf of or to a client when practicing as a counsellor or act as an agent for a client

xi. Not initiate, develop or pursue a relationship be it sexual or nonsexual with past or current clients, within 2 years of the last counseling session.

xii. Be responsible for your own updating and continued knowledge of theories, ethics and practices through journals, the association and other relevant bodies.

7.0 Code of Practice

(a) This Code applies those values and ethical principles outlined above to more specific situations which may arise in the practice of Counselling. Many clauses and/or sections of the Code are inter-related and this should be kept in mind both when reading and applying the Code.

7.1 Issues of Responsibility

(a) Counsellors take responsibility for clinical/therapeutic decisions in their work with clients.

(b) Counsellors also have responsibilities to associated parties, i.e. any individual or organisation other than the client/s with whom the Counsellor interacts in the course of rendering a counselling service, This is inclusive of but not limited to:

i. client's' relatives, friends, employees, employers, caregivers and guardians;

ii. other professionals or experts;

iii. representative from communities or organisations.

In reference to the Code of Ethics and Practice what applies to the client(s) also applies to associated parties.

(c) The counsellor-client relationship is the foremost ethical concern. However, counselling does not exist in social isolation. Counsellors may need to consider other sources of ethical responsibility. The headings in this section are intended to draw attention to some of these.

7.2 Responsibility to the client

(a) Client Safety

i. Counsellors must take all reasonable steps to ensure that the client does not suffer physical, emotional or psychological harm during counselling sessions.

ii. Counsellors must not exploit their clients financially, sexually, emotionally, or in any\ other way. Suggesting or engaging in sexual activity with a client is unethical.

iii. Counsellors must provide privacy for counselling sessions. The sessions should not be overheard, recorded or observed by anyone other than the counsellor without informed consent from the client. Normally any recording would be discussed as part of the contract Care must be taken that sessions are not interrupted.

(b) Client Self-determination

i. In counselling the balance of power is unequal and counsellors must take care not to abuse their power.

ii. Counsellors do not normally act on behalf of their clients. If they do, it will only be at the express written consent of their client, or else in exceptional circumstances.

iii. Counsellors do not normally give advice.

iv. Counsellors have a responsibility to establish with clients at the outset of counselling the existence of any other therapeutic or helping relationships in which the client is involved and to consider whether counselling is appropriate.

Counsellors should gain the client's permission before conferring in any way with other professional workers.

(c) Breaks and Endings

i. Counsellors work with clients to reach a recognised ending when clients have received the help they sought or when it is apparent that counselling is no longer helping or when clients wish to end.

ii. External circumstances may lead to endings for other reasons which are not therapeutic. Counsellors must make arrangements for care to be taken of the immediate needs of clients in the event of any sudden and unforeseen endings by the counsellor or breaks to the counselling relationship.

iii. Counsellors should take care to prepare their clients appropriately for any planned breaks from counselling. They should take any necessary steps to ensure the wellbeing of their clients during such breaks.

(d) Responsibility to other Counsellors

i. Counsellors must not conduct themselves in their counselling-related activities in ways which undermine public confidence either in their role as a counsellor or in the work of other counsellors.

ii. A counsellor who suspects misconduct by another counsellor which cannot be resolved or remedied after discussion with the counselor concerned, should implement the Complaints Procedure, doing so without breaches of confidentiality other than those necessary for investigating the complaint

(e) Responsibility to Colleagues and Others

i. Counsellors are accountable for their services to colleagues, employers and funding bodies as appropriate. At the same time they must respect the privacy, needs and autonomy of the client as well as the contract of confidentiality agreed with the client

ii. No-one should be led to believe that a service is being offered by the counsellor that is not in

fact being offered, as this may deprive the client of the offer of such a service elsewhere.
iii. Counsellors must play a demonstrable part in exploring and resolving conflicts of interest between themselves and their employers or agencies, especially where this affects the ethical delivery of counselling to clients.
(f) Responsibility to the Wider Community Law
i. Counsellors must take all reasonable steps to be aware of current law as it applies to their counselling practice not only Federal Law but the particular laws of their State or Territory. This includes those legal rights that refer to client rights protected under laws and statutes of the Commonwealth, State or Territory in which the Counsellor provides counseling services.
Resolving Conflicts Between Ethical Priorities
i. Counsellors may find themselves caught between conflicting ethical principles, which could involve issues of public interest. In these circumstances, they are urged to consider the particular situation in which they find themselves and to discuss the situation with their counselling supervisor and/or other experienced counsellors. Even after conscientious consideration of the salient issues, some ethical dilemmas cannot be resolved easily or wholly satisfactorily. In all such cases careful and complete notes should be kept – especially in relation to what consultation has taken place and with whom.

8.0 Anti-Discriminatory Practice
(a) Client Respect
i. Counsellors work with clients in ways that affirm both the common humanity and the uniqueness of each individual. They must be sensitive to the cultural context and worldview of the client, for instance whether the individual, family or the community is taken as central.
(b) Client Autonomy
i. Counsellors are responsible for working in ways that respect and promote the clients ability to make decisions in the light of his/her own beliefs, values and context.
(c) Counsellor Awareness
i. Counsellors are responsible for ensuring that any problems with mutual comprehension due to language, cultural differences or for any other reason are addressed at an early stage. The use of an interpreter needs to be carefully considered at the outset of counselling.
ii. Counsellors have a responsibility to consider and address their own prejudices, stereotyping attitudes and behaviour. They are to give Confidentiality is a means of providing the client with safety and privacy and thus protects client autonomy. For this reason any limitation on the degree of confidentiality is likely to diminish the effectiveness of counselling.
(b) The counselling contract will include any agreement about the level and limits of the confidentiality offered. This agreement can be reviewed and changed by negotiation between the counsellor and the client. Agreements about confidentiality continue after the client's death unless there are overriding legal or ethical considerations. In cases where the client's safety is in jeopardy any confidentially agreements that may interfere with this safety are to be considered void (see 3.6 'Exceptional circumstances').

8.1 Settings
(a) Counsellors must ensure that they have taken all reasonable steps to inform the client of any limitations to confidentiality that arise within the setting of the counselling work, e.g. updating doctors in primary care, team case discussions in agencies. These are made explicit through clear contracting.

(b) Many settings place additional specific limitations on confidentiality. Counsellors considering working in these setting must think about the impact of such limitations on their practice and decide whether or not to work in such settings

8.2 Exceptional Circumstances

(a) Exceptional circumstances may arise which give the counsellor good grounds for believing that serious harm may occur to the client or to other people. In such circumstance the client's consent to change in *American Counselling Association* – Code of Ethics and Practice
Page | 9 Version 8 - July 2012 the agreement about confidentiality should be sought whenever possible unless there are also good grounds for believing the client is no longer willing or able to take responsibility for his/her actions Normally, the decision to break confidentiality should be discussed with the client and should be made only after consultation with the counseling supervisor or if he/she is not available, an experienced counsellor. (b) Any disclosure of confidential information should be restricted to relevant information, conveyed only to appropriate people and for appropriate reasons likely to alleviate the exceptional circumstances.
The ethical considerations include achieving a balance between acting in the best interests of the client and the counsellor's responsibilities under the law and to the wider community. (c) While counsellors hold different views about grounds for breaking confidentiality, such as potential self-harm, suicide, and harm to others they must also consider those put forward in this Code,
as they too should imbue their practice. These views should be communicated to both clients and significant others e.g. supervisor, agency, etc.

8.3 Management and Confidentiality

(a) Counsellors should ensure that records of the client's identity are kept separately from any case notes.
(b) Arrangements must be made for the safe disposal of client records, especially in the event of the counsellor's incapacity or death. (c) Care must be taken to ensure that personally identifiable information is not transmitted through overlapping networks of confidential relationships.
(d) When case material is used for case studies, reports or publications the clients informed consent must be obtained wherever possible and their identity must be effectively disguised. (e) Any discussion of their counselling work with other professionals should be purposeful and not trivialising.
(f) Counsellors must pay particular attention to protecting the identity of clients.

8.4 The Code of Ethics and Practice

is intended to provide standards of profession conduct that can be applied by the ACA
(Inc) and by other bodies that choose to adopt them in Ghana. Depending upon the circumstances compliance or non -compliance with the Code of Ethics and Practice
may be admissible in some legal proceedings. The helping relationship constitutes the effective and appropriate use of helper's skills. That are for the benefit and safety of the client in his or her circumstances. Therefore, as members (regardless of level) of

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(c) The counselor -client relationship is the foremost ethical concern. However, counselling does not exist in social isolation. Counsellors may need to consider
other sources of ethical responsibility. The headings in this section are intended to draw attention to some of these.
(c) **Breaks and Endings**
i. Counsellors work with clients to reach a recognized an end when clients have received
the help they sought or when it is apparent that counselling is no longer helping or when clients wish to end.
ii. External circumstances may lead to endings for other reasons which are not therapeutic.
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iii. Counsellors should take care to prepare their clients appropriately for any planned breaks from counselling. They should take any Australian Counselling Association
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i. Counsellors must not conduct themselves in their counselling-related activities in ways
which undermine public confidence either in their role as a counsellor or in the work of other counsellors.
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(g) **Resolving Conflicts Between Ethical Priorities**
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could involve issues of public interest. In these circumstances, they are urged to onsider the particular situation in which they find themselves and to discuss the situation with

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