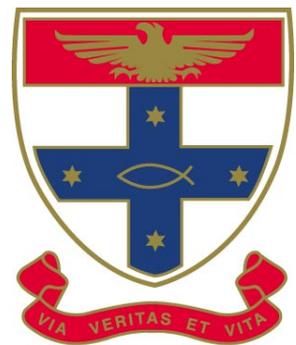

COUNSELLING TEAM POLICY



St Francis Xavier College
Established July, 2008
Ratified by College Board September, 2008
Amended April, 2012
Ratified by College Board May, 2012

St Francis Xavier College Counselling Team

Mission Statement:

Within the context of a holistic educative approach, we provide a professional and confidential counselling service to St Francis Xavier College.

We aim to provide a compassionate and client-centred approach that builds confidence and capacity to learn.

In response to a diverse range of needs, we work collaboratively with staff, students, parents and community agencies.

Through enhancing emotional, social and developmental wellbeing, we aim to encourage educational engagement and ability, in order to assist with fulfilling student potential.

1. THE COUNSELLING TEAM

1.1 *Composition of Team*

The Counselling Team comprises College Psychologists and Counsellors. Team members are appointed by the College Principal. They are trained, credentialled members of their respective Professional Associations. The Principal appoints one member of the Team to act as Team Leader. Team members are responsible to the Principal through the Deputy Principals – Heads of Campus.

1.2 *The Counselling Service*

The Counselling Service seeks to improve the social, emotional and developmental wellbeing of students. Frequent presenting concerns include:

- depression
- anxiety
- anger
- peer relations
- bullying & discriminatory behaviour
- conflict
- emotional regulation & expression
- self awareness
- family relations
- health concerns
- academic concerns

Strategies utilised by the team include group and individual counselling, collaboration with community services, consultation with parents and staff, and psycho-educational testing and assessment. Team members take a client-centred approach to working with students to achieve a range of outcomes:

- maintaining student engagement in school
- fostering interpersonal skills, communication & self awareness
- support for families
- student advocacy
- conflict resolution & mediation
- study skills & goal setting
- resilience & life skills
- developing healthy relationships with peers and families
- behaviour management
- problem solving skills
- emotional management

Team members also work with staff individually or through the provision of Professional Development to improve student wellbeing and academic achievement for students with a broad range of abilities.

1.3 *Psycho-Educational Assessments*

The College Psychologists work collaboratively with the College's Education Support Team to facilitate students' academic engagement and success. Their role includes the investigation, assessment and reporting of cognitive, achievement, and social and

emotional functioning for students identified with special needs. They consult with staff, students and parents to develop individual education plans to best meet the identified needs.

1.4 *College and Campus Wellbeing Teams*

Members of the Counselling Team are represented on the College and Campus based Wellbeing Teams. Together with other members of the Wellbeing Teams, the counsellors contribute to proactive whole-school and specialised programs to enhance student wellbeing.

2. COUNSELLING PRINCIPLES & PRACTICES

2.1 *Enhancing Adolescent Development and Help-Seeking Skills:*

The College Counselling Service complements the College's commitment to the pastoral and welfare needs of our College community. By promoting help-seeking behaviours as a proactive means of meeting life's challenges, St Francis Xavier College encourages students to utilise this support network. In recognition that this service operates within a school context, a central tenet of the service is to maintain and enhance students' engagement with their learning.

A number of principles are important when working closely with adolescents in the counselling context:

- Building a positive relationship with students based upon openness, trust and respect;
- Working towards engaging students so that they choose to participate in sessions;
- Recognising that all students are entitled to access the counselling service;
- Respecting students' right to choose whether they wish to participate in counselling;
- Encouraging students to make their own decisions, and supporting them by providing the information and skills necessary to assist them with decision-making;
- Respecting students' decisions unless their own or another's personal safety is at risk;
- Respecting students' rights to privacy and confidentiality while accounting for the limits to confidentiality;
- Resisting the urge to provide advice or the answers;
- Offering an open referral policy, where students may seek support as they require;
- Assisting students to develop skills in communication, problem solving, conflict resolution and decision-making;
- Encouraging students to accept responsibility for their actions and future.

2.2 *Restorative Practices*

The Counselling Team supports the College's commitment to a Restorative Approach to pastoral care and discipline. Restorative approaches seek:

- To promote the physical, psychological, emotional and spiritual wellbeing of students.
- To promote, nurture and protect healthy relationships and good order among members of the community.
- To educate students towards self-directed constructive behaviour.

- To encourage respect, healing and restoration both for those who are harmed, and for those who cause harm through wrong doing.
- To enable students to take personal responsibility by developing skills of reflection and empathy with others, and by enabling them to be accountable for the real consequences of any wrongdoing.

2.3 Client-centred Therapy

Client-centred therapy is a humanistic approach which values the client's construction of reality and uses this as a basis for understanding the client. It is characterized by genuineness, unconditional positive regard and empathic understanding of the client, thereby helping the client to explore and clarify his or her own worldview.

It is an approach which emphasises the individual therapeutic needs of the client to establish goals and guide therapeutic progress. It values a deep respect for the individual and a confidence in their ability to grow.

2.4 Other Therapeutic Interventions

In responding to the needs of individual clients, counsellors will draw upon a range of theoretical orientations and evidence-based practices. These may include, but are not limited to, cognitive behavioural therapy, narrative therapy, brief solution-focussed approaches, family-systems approaches and functional-behavioural assessments.

3. ETHICAL DECISION-MAKING

Members of the College Counselling are legally and ethically accountable to various Victorian and Federal Laws and to team members' respective Professional Associations as proscribed in their Associations' Codes of Ethics and Ethical and Practice Guidelines. In particular we reference:

- The Child and Young Persons Act (2005) (Victoria)
- The Health Records Act (2001) (Victoria)
- The Australian Association of Social Workers Code of Ethics (1999)
- The Victorian Association of Family Therapists Code of Ethics (2005)
- The Australian Psychological Society Code of Ethics (2007)
- APS (2000). Standards for the Delivery of School Psychological Services.
- APS (2007). Guidelines on Confidentiality.
- APS (2003). Guidelines on Reporting Child Abuse and Neglect, and Criminal Activity.
- APS (1998) Guidelines for the Use of Psychological Tests
- APS (2004). Guidelines on Record Keeping
- AASW (2004). Code of Ethics

As members of the College community we are also accountable for upholding the College's Mission and policies. Of particular relevance to the Team are:

- Mandatory Reporting Policy (2007)
- Student Pastoral Care Policy (2008)
- Anti-Bullying Policy (2007)
- Education Support Policy (2006)
- Privacy Policy (2007)

- Student Drug Policy (2006)
- Concerns and Complaints Procedures Policy (draft 2008)

The standards of practice outlined above govern the ethical decision-making often required in this role. Ethical dilemmas arise when the principles outlined above are in conflict. Under these circumstances a counsellor in doubt about the right course of action should consult their clinical supervisor, and a colleague from the Team or (where confidentiality limits allow) a member of the College Executive. Such consultations should be documented.

As an overarching principle, psychologists and counsellors have a legal duty of care and an ethical obligation to place the client's wellbeing as our primary responsibility. When referring a student for psychological or counselling assistance the person making the referral must recognise the psychologist's or counsellor's responsibility, in consultation with the client and relevant stake holders, to determine the most appropriate assessment and treatment strategies.

The school psychologist or counsellor has a responsibility to deliver the assessment and treatment that is appropriate for each individual's particular need or situation, within the constraints of a college counselling service.

Whilst many students will be effectively treated with short-term or single-session therapy, it is important for the practitioner to use their clinical judgement to determine suitable length of therapy on an individual basis, with consideration to the constraints of the College environment. Referral for therapy or support agencies outside the College will be facilitated where possible and appropriate.

4. CONFIDENTIALITY

4.1 *Definition:*

Confidentiality is a general standard of professional conduct that obliges a professional not to discuss information about a client without their consent. It implies an explicit contract or promise not to reveal anything about a client except under certain circumstances agreed to by both parties.

Counselling staff aim to provide to students a service which is confidential. The issue of privacy is a significant one, especially to students. It is quite clear that students will not share their personal concerns with someone they feel they cannot trust. It is therefore essential that counsellors safeguard the details of consultations between themselves and students for both the wellbeing of the student and the counselling service itself.

In most cases counsellors will actively encourage students to provide permission to pass on relevant details, particularly to their parents, House Coordinator or Care Group Teacher. The details, however, will remain confidential if so requested by the student.

Within the limits of confidentiality there is provision for counsellors to consult about individual cases with counselling team colleagues and external clinical supervisors where deemed appropriate.

4.2 *Limits of Confidentiality*

All students should be informed of the exceptions to the confidentiality rule, preferably prior to any disclosure. This refers to those situations in which counsellors are legally and ethically required to pass on information. In general, confidentiality may be breached when there is a significant risk of harm to the student or to others. These might include the following circumstances:

- Disclosure of physical or sexual abuse or neglect – ie Mandatory Reporting
- Disclosure of significant self harm or suicidal ideation
- Disclosure of drug use on school premises
- Disclosure of significant harassment or bullying
- Disclosure of involvement or intended involvement in criminal activity
- Disclosure of significant health issues.

Counsellors may also be required to release information by order of a court.

When a counsellor is required to breach client confidentiality it is important that the student be informed of the intended breach, the reason for the breach and to whom their information will be given. Ideally this would occur prior to the intended breach. In the case of a significant disclosure of a risk of harm to the student requiring a Mandatory Report to the Department of Human Services, the Principal must be notified.

5. RECORD KEEPING

5.1 *Client Records*

Counsellors are required to make and keep adequate records of client consultations. At a minimum these must record the student's name, the date of each consultation, those present and a brief account of the main issues discussed. Similar records should be kept in regard to meetings and significant telephone conversations with parents, staff, and external service providers regarding the student.

All records collected while the client was less than 18 years old must be retained at least until the client attains the age of 25 years. For adult clients, the records must be kept for a minimum of seven years.

5.2 Confidentiality of Client Records

In recognition of the requirements of the Privacy Act and the Health Records Act and the various Professional Codes of Practice, counsellors have a legal and ethical obligation to safeguard the confidentiality and privacy of their clients' personal information gathered during the course of the counselling relationship. This obligation requires provisions to maintain confidentiality in the collection, recording, accessing, storage, dissemination and disposal of information.

5.3 Storage, Ownership, Access to and Destruction of Client Records

Counselling client records should be stored in a locked filing cabinet in a secure office, separate from other school files.

At all times these records remain the property of the College. Counselling Team members, however, retain responsibility for the confidentiality of the files. Access to the records may be only through one of the members of the College Counselling Team in accordance with appropriate ethical and legislation requirements.

Counselling records will remain with the College when the counsellors cease their employment. All closed files (i.e. students who have left the College) should be returned to the Team Leader for archiving. The files will be securely and confidentially archived until due for destruction seven years after a minor turns 18. The Counselling Team Leader is responsible for the annual destruction of archived files.

Counselling clients are entitled to access and read their files under the guidance of the counsellor.

5.4 Counselling Statistics

Each term the Counselling Team Leader will make a presentation to the College Executive which includes a statistical summary of counselling clients (de-identified) and sessions, presenting issues and major themes. Counsellors record daily de-identified client statistics for every student into a specified data base.

5.5 Psychologist's Client Records

Psychologist's clinical and assessment files will be kept confidential as dictated by APS Guidelines. Only Psychologists will have access to these records.

6. CONSENT

6.1 Informed consent:

Psychologists and counsellors are required to fully inform clients regarding the assessment or counselling service they intend to provide. This is done by providing, in plain language, an explanation of the nature and purpose of the procedures they intend using, clarifying the reasonably foreseeable risks, explaining how information will be collected and recorded, advising clients that they may participate, decline to participate or withdraw from the service, explain confidentiality and its limits, and any other relevant information. An informed consent form is available and can be signed by the student where applicable.

6.2 *Minors and Consent*

Before undertaking a counselling relationship, the counsellor should seek the consent of the young person, and with the consent of the young person, and, where appropriate, their parent or guardian.

The Counselling Team will always endeavour to work collaboratively with parents and students. It should be noted that the Privacy Act (1988) and the Health Records Act (2001) acknowledge young people's rights to the privacy of their own health information and to making decisions regarding their privacy where they are competent to do so. Parents and guardians do not have automatic access to all health information relating to a child in their care. Within the limits of safety, therefore, the counsellor has a responsibility to determine, on an individual basis, the capacity of an adolescent to consent or to withhold consent for a health service, and their capacity to make informed decisions about who should have access to this information – including the student's parents. Factors influencing a young person's capacity to consent include:

- The young person's age and level of maturity
- Their understanding of the relevant circumstances including potential risks and benefits

When counsellors are in doubt about a young person's capacity to consent they should consult with their peers or supervisor, and document any decision. As always the principle of the best interests of the child is paramount.

7. REFERRALS

There are several referral pathways for students to access the College counselling service:

7.1 *Student Referrals*

Students are encouraged to voluntarily seek out support from the counselling service. They can do this via a request to their House Coordinator or Care Group Teacher, or directly by calling in to the counselling offices at recess or lunchtime and requesting an appointment.

7.2 *Parent Referrals*

Parents are also encouraged to contact the service with any concerns they may have. They can directly request an introduction to the Counselling Service for their child. Our Pastoral Associate in particular works to support College parents and families in a wide range of circumstances.

7.3 *Staff Referrals*

Classroom Teachers: In line with the College's Pastoral Care Policy, classroom teachers are asked to firstly direct any concerns about a student's wellbeing to the

Care Group Teacher or House Coordinator. They will have a sense of how the student is progressing overall. If they share the classroom teachers' concerns – the Care Group Teacher or House Coordinator should then make the referral to the counselling service. This ensures that the Care Group Teacher and House Coordinator are kept informed of teacher concerns.

Care Group Teachers/House Coordinators/Head of Campus: If a teacher or parent presents concerns about a student which may warrant a referral to the counselling service, two issues should be considered:

1. Is the student open to a counselling referral? If in doubt, a staff member should speak to the student about this option. Counselling is a voluntary service which is most effective as a partnership between client and counsellor. If students are hesitant, teachers can suggest an introduction to one of the counsellors, after which students can make up their own minds. Students have the right to decline the service at any point.

2. Does the student have parent consent for counselling? It is the counselling team's preference that parents be informed of the referral so that together we can work to support the student. This is most easily done by the Care Group Teacher or House Coordinator before counselling starts.

Referrals from all staff should be made on the Counselling Referral Form in the Staff Handbook. Additional copies of the Form are kept on the bookshelves in the staffroom.

8. SUPERVISION

There is an expectation that Team Members will participate in professional supervision and professional learning in keeping with the requirements of their respective professional organisations.