



WORKING WITH

RISK

**IN COUNSELLING
AND PSYCHOTHERAPY**

1

INTRODUCTION

Chapter outline

This introductory chapter presents a context for the exploration of risk in counselling and psychotherapy. It presents risk as an integral part of the therapeutic process that is deserving of attention and exploration and then frames it as a relational process, as well as a factor that is worthy of a more discrete consideration. The importance of contracting is discussed in which the nature and form of risk, as well as therapist response to risk situations, can be explored. The chapter will then consider how the book is structured, offering a brief overview of each chapter and how they relate to practice.

BEGINNINGS

When we begin training as counsellors and psychotherapists we are often focused on all the good that can come out of successful therapy. After all, what is there not to like? People who are experiencing levels of distress or unhappiness come along to speak confidentially with a caring and compassionate therapist, and then feel better. Simply put. We know that things are typically much more complex than that, but the compelling nature of therapy has, in the early days at least, the potential to obscure the important realities of the therapeutic process. That is not to say that there isn't any truth in the optimism of the beginning trainee, but that as training progresses it is not untypical for trainees to go through a period of disillusionment as the contractual, ethical and professional responsibilities of being a therapist become clearer.

We are introduced to the concepts of ethics, law, social policy, procedural demands, as well as boundaries, contracting, challenge, and so on. Suddenly, the focus seems to move away from the beauty of the relational process, and instead shines a light on the 'workings out': those things that are actually integral to the therapeutic process and contribute to it being a safe and appropriate space. It is a bit like taking a watch apart: taken as a whole the watch represents an amazing synchronicity of a multitude of constituent parts working together seamlessly, the complexity mostly hidden. Take the back off the watch and begin to remove the dial, face, hands, winding mechanism, etc. and it quickly becomes obvious that each part, no matter how tiny and seemingly irrelevant, plays an integral role in the dynamic process of telling the time. Therapy for me is very much like that: the sitting together and talking with a client belies the complexity of the process that is actually taking place and each part of that process, no matter how tiny or seemingly irrelevant, has an integral role in the nature of the relationship and its outcome. So while the optimism of the beginning trainee is important and accurate (people do actually feel better because of going to see a counsellor or psychotherapist), the 'small print' as well as the 'headline' needs to be taken into consideration.

THE NATURE OF RISK

It is therefore at this stage, and in this context, that I would like to introduce the concept of risk, which is the focus of this book. For much of the time in therapy risk might be considered to be one of those tiny and seemingly irrelevant parts of therapy that has little to do with the overall experience of it, sort of ticking away in the background but not particularly significant in the process. And yet when we really think about therapy and stand back from the detail, risk is a significant feature from the very beginning: consider Alex below.

Alex

Alex is a 32-year-old man. He works as an advertising executive and, until six months ago, was in a happy relationship with his partner. This relationship was very important to Alex. He grew up in care, his mother having died when he was 11 years old and without him ever knowing his father. He has no siblings and no other extended family. While there have been lots of friendships, most have turned out to

be transient and unreliable. When Alex met Susie he was 19 years old and she was 22. Alex felt that they were close, happy, honest and connected. As such, Alex felt an unbearable devastation when he came home one afternoon four months previously to find Susie dead. She had taken an overdose and left a suicide note apologising to Alex, saying it wasn't his fault. Alex seeks out and makes contact with a counsellor.

Alex's situation is both shocking and distressing. With little support and a background of uncertain care and love, he has found himself in a situation unexpectedly that challenges the security and stability of his whole life. Risk is layered throughout Alex's situation and it is important for his counsellor to be mindful of this dynamic when meeting him for the first time. Risks in this situation include:

- Unexpected death of partner through suicide
- Traumatic bereavement and possibly lots of unanswered questions
- Little social support
- Death of mother when very young, resulting in Alex being placed in care
- No relationship with father
- Alex's own risk factors, including age, being male, bereavement, social isolation, uncertain attachments when young, etc.
- Alex's suicide potential
- Taking the step of speaking with a counsellor (confidentiality, shame, fear of being let down again).

Looking at risk in this way we can begin to move away from perhaps a binary understanding of risk (that there is risk present or there isn't), and instead consider risk as a multi-dimensional process, which incorporates states of being and shades of uncertainty. Risk is arguably an inevitable aspect of living and is contextually defined through our social, relational, cultural and demographic identity. Risk is perhaps always present in our lives and our choices and decisions in many ways centre around our capacity and willingness to negotiate risks: taking them, avoiding them, or finding ways of mitigating them so that they are reduced. We are in a constant process of being at risk in different ways and at different times.

We can apply this binary vs multi-dimensional understanding of risk to Alex's situation too. Do we see Alex as someone whose risk has to be assessed and managed in counselling, or explored, or seen as part of his existential struggle, or mitigated, or as something to be fearful of, or energised by? Is risk inherent in who Alex is, or rather is it part of his

everyday living – a thread that runs through his entire life that has simply become apparent through crisis? It is an interesting philosophical position to consider. My own professional background has included working for many years in adult mental health crisis services and my learning from that experience is that we are all but one heartbeat away from a crisis. Crises ultimately have to be negotiated and the associated risks faced, if we are able to do it.

Pause for reflection

- 1 Think of your own life currently. What are the risks embedded in your life?
- 2 How do these embedded risks differ from situational risks (that arise from a particular situation or circumstance)?
- 3 What is your relationship to the risks in your life (e.g. do you fear them, feel empowered by them, try to mitigate them, or seek them out)?
- 4 How might this shape who you are and your view of the world?

THERAPY AND RISK

In working with a multi-dimensional view of risk, which is my intention throughout this book, we need to pay careful consideration to the implications of that for the counsellor and psychotherapist. If we take Alex again: risk permeates Alex's situation and what he brings to his counsellor and, in many ways, Alex will need to explore and consider those risks as part of a process of change. However, Alex has sought out counselling perhaps because of the risks he identifies and, in doing so, is either consciously or unconsciously looking for something from his counsellor perhaps because he feels chaotic and uncontained. In response to his feelings he might want stability, security, predictability and perhaps containment. In other words, Alex does not need his counsellor to be as chaotic and uncontained as he might feel as that might only exacerbate his sense of crisis.

The task for us as therapists, therefore, is to find ways of achieving a careful balance: to enable sufficient space and movement in the therapeutic relationship to allow for risk (for that is where important exploration may take place), while offering sufficient containment and boundaries to help ensure the risk is not overwhelming or a threat to either the client or the therapist. Alex must be afforded the confidential

and respectful space to engage with and explore his feelings about Susie's death, in the context of his own childhood experiences, while at the same time he must be contained and held securely by appropriate boundaries. It is not an easy balance to achieve and many factors can tip the balance unhelpfully, including poor boundaries, lack of attention to boundaries, personally held views on the part of the therapist, anxiety and fear, and procedural demands inconsistent with the ethos and philosophy of therapy. These will all be explored further in later chapters.

PARAMETERS AND CONTRACTING

In thinking about containment and safety, counselling contracts help set parameters and expectations, as well as identifying and clarifying boundaries (Sills, 2006). Sills (2006: 5) states that, 'the therapeutic relationship, with its inevitable power imbalance and its capacity to arouse very deep and disturbing issues, is in particular need of structure and order to contain it. The contract helps to provide this structure.' I have previously outlined a number of reasons for contracting (Reeves, 2013b: 255). It:

- Helps clarify both practitioner's and client's rights and responsibilities
- Helps clarify the responsibilities (and rights) of the organisation (where therapy is provided by an organisation rather than an independent practitioner)
- Respects the client's autonomy
- Helps ensure that clients make an informed choice about entering into therapy
- Clarifies practical considerations, (e.g. fees, timings of sessions, venue, length of each session, number of sessions offered, implications for cancelled or missed sessions, endings, etc.)
- Helps set boundaries, such as confidentiality
- Helps the therapist reflect on their own competence to offer therapy to the client, given the client's needs and expectations
- Helps contain the process of therapy, which might be difficult or distressing for the client.

While some of the points above seem more procedural than relational (such as practical considerations), they are vitally important for the safety and security of the client. They all relate to mutual expectations of each other that are vital in the establishment of trust. For example, it may well have been for Alex growing up in care that the practical

boundaries were not always apparent: who represented the parent; what Alex might be able to expect from others; how long he might stay in any particular care home or foster placement; when his social worker might leave and be replaced by another. For Alex to know that his counsellor had taken the time and consideration to think about and make clear these issues might be the first important step in Alex being able to trust them.

I will refer to the contracting process throughout this book, paralleling perhaps how it should happen in therapy too. That is, not talked about right at the beginning and never mentioned again, but rather an important thread that runs through the therapeutic process and that can contribute to a sense of consistency and wholeness – as it will run through this book, holding the chapters and overall narrative together.

THE STRUCTURE OF THE BOOK

Early on I have tried to begin to name some philosophical parameters that are likely to underpin my writing about risk: that risk is an inevitable part of living; life is often typified by the relationship we have with risk; risk will inevitably and always be part of the client's presentation; and that working with risk in counselling and psychotherapy is an important therapeutic process rather than something simply to be managed and responded to. Our first stopping point after this introduction in Chapter 2, 'What Do We Mean by Risk?', looks at definitions and thinks about some of the issues raised here in a bit more detail. We will consider some legal and ethical parameters, but will also look at the importance of risk therapeutically.

In Chapter 3, 'Risk Assessment: Talking and Ticking Boxes', we will take the idea of risk as part of a therapeutic process and critically reflect on this in the light of current practice and its apparent evidence base. More specifically, we will explore the idea of risk assessment being a particular thing that we should do, and reflect on ways in which we might do it. The wider concepts around assessment and case formulation are more fully explored by van Rijn (2015), but here we will think specifically about risk and how the ticking of boxes (through the use of risk tools and questionnaires) sits alongside a dialogic approach to risk (where the exploration is embedded in the therapeutic narrative).

Chapters 4 ('Working with a Risk of Suicide'), 5 ('Working with Self-Injury and Self-Harm'), 6 ('The Danger of Violence and Harm to Others'), 7 ('Safeguarding and Child Protection') and 8 ('Mental Health Crisis: Danger and Opportunity') will all look at particular aspects of

risk that present most commonly in counselling and psychotherapy. From the risk of suicide and self-harm and violence to others, through to child protection and mental health crisis, we need to be mindful of both the therapeutic process and our responsibilities to our clients, as outlined in the contracts we have agreed and any procedures within which we work.

Chapter 9, 'Using Supervision to Manage Risks in the Therapeutic Process' looks at particular issues that might be present in the therapeutic relationship, including crossed boundaries (e.g. sexual, financial), exploitation of clients, lack of ethical thinking, as well as risks to us as therapists, such as poor self-care, burnout and vicarious trauma, and the role of supervision and other strategies in supporting us with these.

Chapter 10, 'Positive Risk-Taking', takes the starting philosophy outlined in this introductory chapter that risk is an important therapeutic process that can provide the opportunity for change, and develops it further. Here we will consider the concept of positive risk-taking. That is, working proactively and collaboratively with clients around particular risks and helping them to take responsibility for their own wellbeing and safety, where possible and appropriate. In many ways all counselling and psychotherapy is about positive risk-taking in that we actively work with risk all the time, but there are ways in which we can do that more specifically and interventions we might use to help support that process. Finally, Chapter 11 will work to bring the points made throughout the chapters together into a coherent framework for good practice.

A QUESTION OF MODALITY

My aim here is to write a book that is generally non-modality specific but more integrative of a number of ideas from practice. I must confess to an attraction to the idea from research that good outcomes tend to be linked more with the quality of the relationship than a particular intervention strategy (Gaston et al., 1998; Hovarth and Bedi, 2002). With that in mind, it is my intention to try to write in an inclusive way. My hope here is that, rather than articulating a specific model for what I consider to be good practice I will, instead, provide a number of ideas for readers to critically engage with. It will then be up to you to consider ways in which you might integrate those ideas you like and agree with in your work, and abandon freely anything else I might have written that you consider rubbish. I hope not to write much rubbish, but it is a sad

realisation I have had to address during my life that I am not always right. But don't tell anyone I said that.

AND FINALLY ... COUNSELLING OR PSYCHOTHERAPY?

It is always a challenge for anyone sitting down to write a book about counselling and psychotherapy to think about which terminology to use. Spinelli (2006: 38) writes that: 'Some have suggested that the main distinction between psychotherapy and counselling is that while the former requires clients to recline on a couch, the latter only provides an armchair.' Even in this playful attempt to consider differences there are challenges, in that most psychotherapists will provide a chair as well! I have discussed elsewhere (Reeves, 2013b) what I consider to be the differences and similarities between the two terms, accepting that some will see clear differences and others no difference at all. For the purposes of this book I would like to repeat what I have said previously, that I will refer to 'counsellors' and 'psychotherapists' and 'counselling' and 'psychotherapy' to acknowledge that, regardless of the actuality of the situation, people define themselves using these terms. I will also use terms like 'therapy', 'therapist' and 'practitioner' for example, simply to facilitate the flow of text.

Chapter summary

In this introductory chapter we have considered a number of aspects of risk and how we think about risk as a working concept. More specifically, we have seen that risk is an everyday feature of all our lives, in some shape or form, and that our challenge is to find proactive and positive ways of engaging with it. Within the context of therapy specifically, risk is often seen as a binary concept – that risk either exists or it does not – rather than risk being present for clients in a multi-dimensional way. As such, it is helpful to think of risk as an important aspect of therapy that, with care and attention, can provide a fertile space for clients to explore the issues that have brought them to therapy and consider key points of change and insight. That is, risk can positively be worked with rather than simply be something we think has to be managed away. Finally, we have considered the overall structure of the book and the different types of risk that we might encounter in our work.