



Professional Practice Building - Part 1

Session 8: Managing the Risk of High-Risk Clients in Private Practice

Webinar Follow-up Question and Answer Session with Camille Grier

Question from Lynn Duffy

Would you 'reward' client's nonpractice of risky behaviors? Is there a screening or assessment you would use?

Answer from Presenter

An incentive program may be helpful once the treatment plan has been developed. The client should come up with the list of potential rewards that may be motivating for them to work towards. I have attached a risk assessment screening for use. (<https://www.ccsme.org/wp-content/uploads/2017/01/A1-FASM.pdf>)

Question from Allison Gunn

You mentioned being aware of your own need to prove progress to a family member. How would you recommend a counselor respond to a parent who has not acknowledged the psychoeducation you have tried to provide already?

Answer from Presenter

It would be beneficially for you to note the types education presented use during the sessions when it is just you and the parent. Clarifying the information and their understanding and disconnect at the same time in a supportive manner. It would also be helpful to confirm and clarify their expectations regarding service delivery.

Question from Delores Livingston

How often do you see the client initially per week? How do you gauge when you no longer need to see the client in counseling?

Answer from Presenter

Depending on the assessment during the initial appointment I will determine and communicate with the client the frequency of sessions they may benefit from, explaining to the reason. If they risk is high, I will recommend weekly visits. Once the identified risks behaviors have reduced then I reevaluate the frequency of the sessions needed. I would communicate client's progress each and the plan of action moving forward each session.

Question from Marlene Travis

Can you share how you have handled any liability issues from client, family (if a person dies), etc. I'm concerned about being sued. It feels like we might be being asked to have a crystal ball when it comes to predicting suicide.

Answer from Presenter

Documentation is very important, it will be vital to record detailed interventions and agreed upon risk reduction behaviors from the clients. If possible, include any stakeholders, friends and family members that the client has



given consent for you to talk to and include them in the therapeutic process, giving the updates as to what the client agreed upon to reduce risk behaviors.

Question from Allen Vosburg

The high-risk behavior models use are important; how do you know when to move to another model if needed? What do you look for to make the move a positive one?

Answer from Presenter

It will depend on where the client is in the process, assessment should be done on a consistent basis to determine if the interventions and models used are benefiting the clients progress. I would also discuss with the client the need to change the therapeutic approach if they are not responding to the interventions and model you are currently using.

Question from Chelsea Fowler

Where can you obtain the SI instruments you mentioned?

Answer from Presenter

http://www1.psykiatristod.se/Global/Psykiatristod/Bilagor/EIPS/DSHI_ClinicalChangeVersionsIandII_Final.doc

https://harvardmagazine.com/sites/default/files/SITBI_LongForm.pdf

Question from Chelsea Fowler

I do see the need for a harm reduction instead of a no harm contract. However, if you don't have the client sign a no harm contract - how does that affect your liability as a counselor?

Answer from Presenter

I would document in detail a crisis safety plan where the client has identified triggers, contacts and coping mechanisms they could have with them to remind them of alternative behaviors to engage in to possible reduce the risky behaviors. As they continue in therapy and rapport is built, we would begin addressing measuring the reduction of harmful behaviors including specific language in their treatment plans. This allows everyone involved to determine if the client is making progress and or if the treatment approach must be modified.

Question from Chelsea Fowler

If a teen client is engaging in self harm either by cutting, substance abuse or unsafe sex - then when do you tell the parents?



Answer from Presenter

I am very open with the teen, explaining to them in the beginning of the things you would have to disclose to their parents and the reason why. Typically, I work with the teen very closely throughout the session to build rapport at the same time encouraging them to discuss the risky behaviors with the parent prior to end of the session. I bring the teen and parent back together and give the teen the opportunity to disclose their risky behavior patterns with their parent in a safe environment.

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