COUNSELLING SERVICE

Confidentiality

and

Data Protection

One of a Series of Self-Help and Information Leaflets available on

www.reading.ac.uk/counselling
www.reading.ac.uk/counselling

SELF HELP INFORMATION ON OUR WEB SITE:

- Student Counselling
- Staff Counselling
- Service Levels and Professional Standards
- Confidentiality and Data Protection
- Crisis Resources
- Despair and Suicidal Thinking
- Supporting the Suicidal
- Self Injury
- Panic Attacks
- Anxiety
- Depression
- Insomnia
- Eating Disorders
- Study Problems
- Homesickness
- Bereavement
- Telephone Helplines
- Websites and Leaflets
- Books and Tapes
- Counselling Providers
- International Student Support
- Study Skills – a range of study guides

For further information and consultation

📞 0118 975 1823  Reception [Northcourt Avenue]

📞 0118 378 8658  Reception [Bulmershe Court]
Summary

Both confidentiality and data protection are complex issues. This leaflet addresses them both in some detail. In addition, any counsellor can discuss matters further with you. However most people want no more than a quick overview of our professional practice. This page provides just that.

Your record with us

- Part I is a handwritten brief note of each visit to us. Part II is a computer database containing statistics for management purposes.
- Paper records are kept for 6 years and then destroyed. All computer data is erased within 6 years – most within 3 years.
- You are entitled to see your records.

Your right to Confidentiality

- We will not normally disclose any information about you to anyone without your consent.
- We may do so in exceptional circumstances:
  - Where not to do so would break the law
  - Where you have put yourself or others in serious danger
- If we have to disclose information we will strive to disclose the least information necessary in the circumstances.

Introduction

We want you to get the best service possible from the University Counselling Service. The more you know about how we operate, the more informed your choices will be in how you use us. Underlying such choices is the trust you have in your Counsellor and the Counselling Service systems. This leaflet aims to make as explicit as we can what happens to the personal information you give us.

We keep a confidential record of all our transactions with you. The record is kept in two parts.

Your Confidential Record Part 1 - A record on paper.

This contains:

- Your signed consent for us to keep your records under the conditions specified.
- The' intake data' form you fill in on your first visit in which you tell us your name, address, subject of study, year of study, etc.
• A list of dates on which you consulted, and codes, such as A 632, which tell us what category of problem you discussed with us. These codes help us provide resources appropriately.

• Also in your record are sheets of paper on which your counsellor makes notes. These notes will often be no more than a few lines per consultation, but could exceptionally run to several pages, especially for an initial assessment of the problem.

Security arrangements differ from site to site but generally files are encased in an A4 transparent plastic file binder and held in a locked filing cabinet behind a double locked door with the whole area in addition being security protected when unattended within a multi-locked building which is itself protected by University Security patrols.

Your record might also contain material such as:

• A letter from your GP, tutor, etc., where you have asked them to supply us with information, or refer you to us.

• A copy letter from us to you, or to your tutor, a university committee, etc., where you have requested this and signed your consent for us to write to them.

• Any additional form or survey we might ask you to complete.

**Your Confidential Record Part 2 - A record on computer**

This is a coded summary record made for the purpose of statistical analysis. It tells us what we are doing and helps us manage the service. Your name and address are not held on this record. The ‘key’ (a number) which links it to you is held separately. The computer record is firewall protected. The data derived from these records is published every year in an appendix to our annual report. No one can be identified from this data.

**Why do we keep records?**

• To protect you: To treat you professionally requires us to identify problems, record what we do to help you alleviate them, and monitor effectiveness.

• To protect us: In the event of query we need facts – whom we have seen, what we have done, etc. [See later references to confidentiality]

• To protect the University: You might want us to write to someone such as a Local Authority to justify financing you to repeat a year of your course, or to an Examinations Board considering your appeal. We are unlikely to remember precise details without a record.

• To protect the public: We are accountable to both the University and the Higher Education Funding Council for ensuring money is spent in a professional way.
**Will we see you without keeping a record?**

- No, unless you simply want to clarify your understanding of confidentiality etc., before deciding whether or not to proceed with counselling. If as a consequence you wish to go elsewhere for counselling we will on request offer you information on local counselling resources.

**To what standards do we keep records?**

We are registered under the Data Protection Act, and the Service operates under the Ethics of the British Association for Counselling and Psychotherapy with regard to records. A copy of the complete ‘Code of Ethics and Practice’ will be found on the notice board. However, normally, no information about you will be given to anyone without your signed consent. Paper records are kept for 6 years, and then destroyed. All computer data is erased within 3 years.

**Can you see your own record?**

Yes; we have operated an open access policy since 1980. Make your request in writing to the Head of Service. Before anyone is allowed to see any record the Head of Service must fulfil a legal duty of care to:

a. Ensure the person making the request for access is entitled to access.

b. Review the record itself to ensure anyone else’s right to confidentiality will not be compromised by such access.

c. Ensure access is granted in a professional manner.

You may view the record but not alter it, so normally a counsellor will accompany you while you view, as witness. You may request alterations to correct any factual inaccuracy on our part. You may make notes if you wish. You may not remove the file from the room in which access is provided.

**A Professional Manner - What does "to ensure access is granted in a professional manner," mean?**

Exercising a duty of care means ensuring that seeing any information in the file is not likely to traumatisate the client. An example:

*Fred consults about a phobia, and tells his Mum he has done so. She writes to the counsellor saying he had an older brother who died as a baby but he doesn't know this and could it be relevant? It is not. However, Fred asks to see his record. The letter from his Mum cannot be destroyed; it is part of the record. The counsellor delays access, explains the situation to Mum, and*

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1 All the case examples quoted are based on real cases from the University of Reading Counselling Service practice. Personal details have been changed to protect our client’s confidentiality.
ensures Fred has heard about his brother direct from his Mum and Dad before granting access.

Our duty of care also means ensuring your counsellor or in default another counsellor, is on hand to clarify the record should you wish.

**Duty to Third Parties.** What does "to ensure anyone else's right to confidentiality will not be compromised by such access" mean?

The same duty of care applies to information about third parties. Any data about third parties within the record will be withheld to preserve the confidentiality of the third party unless the consent of the third party has been obtained for you to see this. The example below illustrates how this applies:

Susan asks her home GP to refer her to the Counselling Service. He does so but not only does he write appropriate and helpful information about Susan's problems and medication but, unfortunately, mentions the affairs of another mutual patient/client in the same letter. Susan asks for access to her record. The counsellor, realising Susan could thereby be given inappropriate access to sensitive personal information about a third party, delays while consulting the home GP. The original letter is removed from the file and a photocopy substituted with the paragraphs not relating to Susan blanked out. A letter from the counsellor is attached explaining what has been done. Susan ends up with access to all her own information, but not to that of anyone else.

But what about when the issue is not information about third parties but information written by third parties which is about or refers to you? Usually there is no problem to you having access to this. However, we must exercise the same duty of care in such a situation.

Where we are unsure whether access to a letter or report written by a third party might cause serious harm to the physical or mental health of the client, or that of any other person, we will write to the original sender of the letter or report, and often current psychiatrist/GP, seeking confirmation that access through us will not do harm. The original writer of a letter might anyway quite legitimately request that they show (and explain) the letter in question to the client. In such cases delay is inevitable.

**Confidentiality**

The written information you give us and what you discuss with your counsellor is confidential to the Counselling Service. Within the Counselling Service your file may be seen by our Secretary/Receptionist and counsellors may sometimes discuss a case with another counsellor. The Duty Counsellor needs access to all files when clients arrive in an emergency. We also require counsellors to discuss a sample of their caseload with an external expert consultant as a matter of good practice in quality assurance, but this is done anonymously. Other than this your counsellor will not normally contact anyone about you without your written consent. We will not respond to questions from friends, family or tutors concerning you or indicate that you are attending the Counselling Service.
However, confidentiality is a qualified right, not an absolute one and there are certain circumstances in which a counsellor may break confidentiality without the client’s express permission. No counsellor will do this without a great deal of reflection, assuming time is available for that. To break confidentiality a counsellor must act within the law and have a legitimate objective, such as the protection of life and health, or the prevention of a serious crime. A counsellor will normally consult a colleague and may also take independent professional advice before proceeding. Every effort is made to ensure the action is both reasonable and proportional. Professional codes (e.g. the BACP or BPsS Code of Ethics and Practice) help to inform such actions, as does being informed by legal advice. In almost all cases of disclosure the client is aware of it immediately, but should that not be the case we will seek to inform the client in a manner appropriate to the particular situation.

The circumstances in which a counsellor would make such a disclosure include:

- Where the counsellor would be subject to civil or criminal legal proceedings if the information were not disclosed to a court (i.e. a counsellor cannot be required by an employment contract to break the law for you).

- Where the counsellor believes the client or a third party is in serious danger. The most common cause for our disclosure is when in our view a client is in serious danger of suicide or death from self-harm. Considering whether life is worth living, and despairing that it may not be, is a common and important task of late adolescence. In a University Counselling Service clients often have suicidal thoughts or intentions. We seek to persuade people to engage in treatment which reduces the risk to them and others but we cannot enforce treatment or the seeking of it nor insist that our clients inform others about their state of mind.2 We have particular concern in these circumstances when a client, due perhaps to misuse of drugs or alcohol, may act in an unstable or impulsive way and therefore be at additional risk of temporarily losing the ability to take responsibility for their actions. If we believe someone to be in imminent danger or particularly unstable we will seek to persuade them to see their GP immediately, or as soon as possible if we believe the danger not to be so acute. We will also normally write to or otherwise contact a client’s GP in these circumstances to flag up our concern.

2 A section of the Mental Health Act provides for compulsory detention and treatment in certain circumstances, a formal independent team of health professionals having to examine such a person, and then concur in invoking that section of the Act. The most frequent outcome of a judgement to invoke the Act is 28 days detention in a Mental Hospital for observation. We would never be part of that formal independent health professional team. Suicidal intent and ideation are not evidence of mental illness per se and people are very rarely ‘sectioned’ because they want to kill themselves. When they are, it is because it is concomitant with treatable mental illness and the person is judged to be no longer able to take responsibility for their actions.
Where otherwise justice would not prevail. This might be a situation where the client is likely to give permission to disclose were they able to do so.

Mary is in hospital undergoing serious treatment. Her parents do not wish to distress her further with letters from the University regarding her case going to Failures Committee. We agree to give evidence without her personal request or knowledge so she can be permitted to repeat a year when well again.

To prevent serious crime: It may be mandatory to report if a client is currently abusing a child and it may also be mandatory to report where a client tells us that someone else is abusing a child.

Signed Consent. When we say, "Normally no information will be given to anyone without your signed consent" do we guarantee no disclosure without your signature?

No. It has to be accepted that for justice to prevail each circumstance must be looked at in its own right. An example:

Anna telephones her counsellor in a panic: she has just realised she will be thrown out of University tomorrow as her case goes to The Senate Committee on Failures in Examinations without any mitigating circumstances. Will the counsellor provide a report to the Committee outlining the huge impact her depression had on her concentration? Yes, we will. But there is not time for her to sign the normal form agreeing to such disclosure. We decide to act on her word and without her signed consent.

Normally, of course, we would not disclose without a signature.

Duty of care to the community

It is perhaps obvious by now that it is not always easy to make decisions about breaking confidentiality. However, some of the most complex decisions relate to a counsellor’s duty of care to the community, as well as the immediate client. The cases which follow help to illustrate the point:

Hacking

Daniel has seen the counsellor four times about volatile moods and obsessive thinking. He suddenly discloses that he has been running departmental computers day and night to break passwords and is able to read the e-mails of fellow students who he believes are gossiping about him, and regularly does so. He is almost at the end of his BSc course and the counsellor (and later consultant psychiatrist) judge him as highly likely to continue hacking when he takes up a job. He refuses to report himself. Following much reflection and discussion it is decided to inform computer services of the password breach so

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[3] See also our Evidence for Appeals ‘ Policy and Practice on Evidence to Failures Committee/ Appeals(QAS 10.07.01) available from reception or any counsellor.
a new username and password can be issued to those affected but not to disclose Daniel's name, on condition he continues treatment. It is judged it is better to get his continued co-operation in treatment (so preventing probable more serious hacking) rather than "break faith" with him. The latter would ensure he was so angry at this that he might become more dangerous and would never enter treatment again. In other words, one is concerned for future third parties too.

Arson

George confesses to the counsellor that he is the person regularly setting fire to waste paper in an academic department - a person the police, fire brigade, campus security, and all members of the department concerned are desperate to find before serious damage is done and people are killed. George refuses to give himself up. He is terrified by his own actions but even more terrified of loss of control to others. Eventually, after hours of working with his counsellor he agrees his parents should know the facts and look after him. They are told by the counsellor. His parents immediately call the Head of Department and subsequently arrange hospital treatment. No further action is taken by University or police. The counsellor had actually decided to disclose without George’s consent if no other way forward could be found. In the event, this was avoided.

Attendance - Will you tell anyone I attend the Counselling Service?

No, not normally. However, disclosing attendance, and attendance only, may be an example of the kind of low-level proportionate response to community issues referred to earlier.

David is the subject of many complaints from other students in a hall of residence. He is causing them severe distress and disrupting their attempts to study. They want him out, now. The warden would normally require David to leave the hall in such circumstances but David will not even talk to him nor, temporarily, anyone else either (part of his problem). The counsellor decides that to confirm to the warden that David attends the Counselling Service is very much in his interest rather than immediate ejection from hall. The counsellor does so. The warden neither requests nor gets any additional information. This information is sufficient to turn a disciplinary offence into a welfare issue, and greater discretion for the warden. Within a few weeks all has settled down again, and David is grateful for what was done on his behalf while he was acting irrationally.

Attendance - Will you tell anyone I do not attend the Counselling Service?

No, not normally. We do not follow up non-attendances as a matter of routine. However, disclosing to a referrer (such as a GP, tutor, or warden) the non-attendance of a client may be appropriate risk management in certain circumstances.
Over several months Tom's tutor has noted his loss of motivation and at an end of term interview enquires about it only to be told Tom frequently feels suicidal. They agree Tom will attend for counselling and the tutor makes the referral call while Tom is with him, Tom speaks to the service reception to agree the time - two hours later to see the Duty Counsellor. Tom does not turn up and makes no contact. The Duty Counsellor has never met Tom but has picked up enough to feel it important he or some other professional gets to do a risk assessment with Tom sooner rather than later. He calls the tutor who made the referral to say Tom did not turn up.

The tutor calls Tom's warden who finds him in his room in despair that anyone could help him and drunk. When Tom is sober, the warden brings him to see the Duty Counsellor, who diagnoses severe clinical depression. A combination of medication from the Duty Doctor and therapy from the Duty Counsellor over a period of weeks remove Tom from the risk list, and in a few months he is back to his old self. Tom thanks everyone for ensuring his passive despair did not permit him to 'fall through the University welfare net.'

Compensation Claims - Will you provide Reports for the purpose of Compensation Claims, etc.?

No, not normally. If you consult us about, say, post-traumatic stress disorder, or depression, or something similar following a trauma (say, a car accident) we will do a routine clinical assessment for the purpose of treatment. This is not intended for the purpose of any claim, which you may eventually decide to make against others for financial compensation. Assessment for compensation requires a different and time-consuming approach. Should you wish the latter, numerous outside psychologists and psychiatrists specialise in providing evidence for compensation. You should consult them. We will not therefore normally supply your solicitor or representative or claims organisation with such information, nor enter into correspondence with them.

Data Disposal

Paper records are burnt or shredded as confidential waste. Should a computer reach the end of its life, hard drives are 'overwritten' by an authorised member of IT Services prior to disposal, rather than data just being 'deleted'. This ensures the data is really destroyed.

Questions?

If you have any questions, any counsellor will be pleased to clarify the issues for you.

Your assurance of the highest possible quality of professional care is that every case is dealt with on an individual basis, informed by the factors outlined. This leaflet is revised periodically to take account of changes in the law and recommendations on 'good practice' by professional bodies. We reserve the right to make minor updates to practice in between updates to this leaflet.
COUNSELLING SERVICE

Counselling Providers

One of a Series of Self-Help and Information Leaflets available on

www.reading.ac.uk/counselling

Last updated 20.10.03
Mental Health Information
www.reading.ac.uk/counselling

“About Counselling” Series
- Student Counselling
- International Student Support
- Staff Counselling
- Service Levels and Professional Standards
- Service Objectives
- Confidentiality and Data Protection

“Crisis” Series
- Crisis Resources
- Despair and Suicidal Thinking
- Supporting the Suicidal
- After Suicide and Attempted Suicide
- Self Injury
- Panic Attacks

“Common Problems” Series
- Anxiety
- Depression
- Insomnia
- Eating Disorders
- Homesickness
- Bereavement

“Further Resources” Series
- Telephone Helplines
- Websites and Leaflets
- Books and Tapes
- Counselling Providers

“Academic” Series
- Study Problems
- Study Skills – A range of Study Guides

“Trauma” Series
- Disasters and Critical Incidents – Counselling Service support
- Traumatic Incidents – Post Traumatic Stress
- Traumatic Incidents – Key points for University Managers

For further information telephone the University of Reading Counselling Service:
☎ 0118 975 1823 Northcourt Avenue ☎ 0118 378 8658 Bulmershe Court
Introduction

All members of the University Community, whether currently registered students or members of staff, are entitled to use the University Counselling Service free of charge for help with psychological and emotional problems. We provide short term Counselling, and in the majority of cases this allows us to assess someone’s difficulties and to provide support in overcoming them. However, some people may wish to find treatment for a family member who is not eligible to use our service. Some members of the community are employed by private firms on campus with no contract to use free facilities. Also, some people would benefit from long-term psychotherapy for chronic problems, or having used the Counselling Service to help with immediate difficulties wish to undertake a longer term exploration to understand more about themselves. This leaflet is designed to help all these people. In trying to decide if some sort of “talking cure” would be helpful for you or your family it may also be useful to refer to other sources of information given in our leaflets” Telephone Helplines”, ”Websites and Leaflets” and ”Books and Tapes”.

Types of Treatment

Over recent years there has been a proliferation of different psychotherapies based on different theoretical models of the mind. There are innumerable types of Psychotherapy and Counselling on offer. Here we outline just some of the approaches that you may come across.

Psychoanalytical and Psychodynamic Therapies

These approaches are all based on psychoanalytic theories of mental functioning that recognise that we all have impulses, perceptions and thoughts of which we are not consciously aware. Conflict in these hidden aspects of our minds can give rise to disturbance and symptoms.

In Psychoanalysis the analyst listens carefully to what the patient has to say and then offers an understanding for the patient to consider. Treatment is intensive and long term, usually four or five days a week for several years.

Psychoanalytic Psychotherapy is derived from psychoanalysis and is less intensive. Sessions usually are once to three times a week. Psychoanalytic therapies can be very helpful to people who want to understand more about themselves as well as dealing with distressing symptoms. They are particularly applicable to people who feel that their difficulties affect them globally and over a long period, even though there may be some immediate problem that is prompting them to seek help at a particular point in time. Psychoanalytic therapy is usually one to one, but the same theoretical ideas are often used in Group Therapy which may particularly helpful for people who would benefit from sharing experiences and supporting one another in a group. People who choose these types of therapy may:-

- Feel anxious and unable to cope with life
- Experience an underlying sense of sadness or dissatisfaction
- Lack confidence or feel they are not adequately fulfilling their potential
- Experience difficulty making or sustaining relationships or are repeatedly drawn into unhappy partnerships
- Find it hard to come to terms with a life change such as bereavement, divorce or job loss
- Express emotional problems through physical symptoms

**Psychodynamic Counselling** uses the same theoretical ideas but may focus on more immediate external problems and be more practically based and short term than psychoanalytic psychotherapy.

**Cognitive /Behavioural Therapies**

There are many types of therapy that concentrate on helping people change their behaviour and thinking, that are based on scientific principles and have proved to be very useful in overcoming mental distress and curing troubling symptoms over a wide range of problems. Although there are many different trainings and techniques employed, therapies that work using these principles are commonly known as **Cognitive Behaviour Therapy** (CBT). Clients and therapists work together to identify and understand problems in terms of the relationship between thoughts, feelings and behaviour. The approach usually focuses on difficulties in the here and now and relies on the therapist and client developing a shared view of the individual’s problem. This then leads to the identification of personalised, time-limited therapy goals and strategies which are continually monitored and evaluated and there may be tasks to do between sessions. Sessions are usually weekly and last an hour. An average number of sessions is 10-15.

Cognitive and behavioural approaches are often used by Counsellors too.

**Cognitive Analytical Therapy**

This type of therapy is derived from a synthesis of cognitive and psychoanalytical approaches. Its aim is to link the problems someone now faces with their earlier life experiences. This is used to help them arrive at a clearer understanding of unmanageable feelings and how these play a role in maintaining present difficulties.

It is a flexible approach with an emphasis on collaborative work between therapist and client. It is much briefer and more focussed than psychoanalytic psychotherapy (about 16 sessions) and uses active methods such as diary keeping and letter writing.

**Humanistic Therapy**

These therapies are based less on a theoretical understanding of mental processes and more on the nature of the relationship between the client and the therapist. By exploring and understanding the client’s experiences in an accepting and non-judgmental atmosphere the therapist can help them to increase their awareness of themselves which can be transferred into everyday life. This is an optimistic approach based on helping people realise their potential.

Counsellors often use a humanistic approach.
Systemic and Family Therapy

This approach can be used with individuals as well as couples and families and other groups. The focus is on the relational context, and patterns of interaction and meaning. The aim is to enhance individual well-being and the functioning of the system as a whole. By definition this type of therapy is particularly useful for couples and families. It has been shown to be a helpful approach for teenagers with eating disorders and their families.

Hypnotherapy

Hypnosis in itself has no therapeutic value. It stands in relation to treatment as anaesthesia stands to surgery. Competent and professionally trained doctors, dentists, psychologists and psychotherapists who may sometimes judge the use of hypnosis a helpful adjunct to therapy may be found by consulting The British Society for Medical and Dental Hypnosis (www.BSMDH.org.uk) and the British Society for Experimental and Clinical Hypnosis (www.BSECH.com)

Counselling or Psychotherapy?

There is a large area of overlap between those using the title of Psychotherapist and those called Counsellors. On the whole Psychotherapists have undergone a longer training than Counsellors and their work is more appropriate for those with long standing and/or more global problems.

Counsellors use many of the same approaches in their work as Psychotherapists but they may focus more on helping their clients to cope with problems of relatively recent occurrence and/or external rather than internal difficulties.

Evidence Based Treatment

Since the late 1950s efforts have been made to research and develop the talking therapies as well as examining the evidence for them. Some of the therapies have been subject to intensive research and development, others have had little attention. The costs of research and development in this very complex field are huge and perhaps unsurprisingly the current evidence is therefore patchy at best. One might bear in mind the absence of evidence is no more than that, it does not necessarily mean some established methodology does not in fact actually work.

In considering whether or not to engage in counselling or therapy, and if so, then what type of counselling or therapy, one might bear in mind that after qualifications, the most important issue is whether you get along well with the counsellor or therapist. An initial visit to such a professional to check this out is helpful.

We draw your attention to “Choosing Talking Therapies” (2001) published by the Department of Health (www.doh.gov.uk/mental_health/choosing.htm) and also to “Treatment Choice in Psychological Therapies and Counselling” – evidence based
clinical practice guidelines also published by the Department of Health (www.doh.gov.uk/mentalhealth/treatmentguideline.htm)

You might also like to consult: Roth A and Fonagy P What works for whom? Hamilton Press 1996 and the “clinical and scientific section” of www.ipa.org.uk

Free treatment

Free treatment for mental health problems is available through the NHS. You cannot refer yourself directly to the appropriate specialist department (Clinical Psychology, Psychotherapy or Psychiatry) but must first consult your GP. In fact a discussion with your GP is often the best starting point. Some mental health disorders are best treated by medication and others by a combination of medication and psychotherapy or counselling. Your GP will not only have access to other NHS services but also may have their own Counselling Service and also may be aware of reputable and appropriately qualified private practitioners in the area. There is often a long wait of several months for an assessment and then a further long wait for psychotherapy treatment in the NHS.

Privately funded treatment

Some members of the University Community choose to pay for private treatment rather than use the free facilities. This often means that they can be seen much more quickly than in the NHS and a wider range of therapies is available. However, at present anyone is entitled to call themselves a Counsellor, Psychotherapist or Psychologist (but not Chartered Psychologist which is a legally restricted term) and even if they are qualified, qualifications vary enormously and may represent anything from a brief correspondence course to years of rigorous training. Therefore we do not recommend that you choose someone from Yellow Pages or newspaper adverts. It is important to find someone reputable, who is properly qualified to provide the treatment which you need. You will need to find a practitioner who has a vacancy to see you, at a price that you can afford on an ongoing basis, and at a time and a place which is practical for you.

Neither the Counselling Service nor individual members of staff can formally recommend outside practitioners as this opens the possibility of legal liability should a complaint arise. However, staff can often give informal information about a practitioner whom they know. It might be useful if you have been seeing a Counsellor in the University Counselling Service to discuss with them who it might be helpful for you to approach. Together with this sort of guidance from a professional we suggest that you use the Professional Registers listed at the end of this leaflet. Copies of these are available in Local Libraries and in the Counselling Service.

Procedures vary, but usually when you contact a private practitioner, if they have a suitable vacancy (not always the case as these services are in heavy demand) they will invite you to an assessment interview. This is the opportunity for you and the Counsellor/Therapist to decide if you wish to work together. (Being well qualified does not mean that you will get on with someone). Usually you will have to pay for
the assessment whether you decide to continue or not. Fees vary tremendously so it is always worth asking what they are before going for an assessment.

**Local general counselling organisations**

**Wokingham and District Counselling Service**
50 Reading Road, Wokingham, Berkshire RG11 1EH  ☎️ 0118 978 7879
This organisation operates a sliding scale of fees dependent on people’s means. They run their own training scheme for their Counsellors. A senior Counsellor will see people for an initial assessment and then they will be referred on to one of the Counsellors for ongoing work if appropriate.

**Number 5 Young Peoples Advice and Information Service**
2-4 Sackville Street, Reading  ☎️ 0118 901 5668
Trained Volunteers staff this organisation so its services are free. You may phone in for an appointment or drop in. The target age group is 14-25 but they do see older clients as well.

**Local Specialist Counselling Organisations**

**Relate**
281 Basingstoke Road, Reading RG2 0JA  ☎️ 0118 987 6161
This organisation specialises in problems in relationships, past or present, and will see individuals as well as couples.

**Reading Branch of Cruse (Bereavement Care)**
English Martyrs Community Centre Liebenrood Road, Reading  ☎️ 0118 958 8133
This organisation provides support for the bereaved through counselling, social activities, and practical advice. They also run specialist support groups.

**Neutral Zone- Drug Services**
156 Oxford Road Reading RG1 7PJ  ☎️ 0118 939 1452
Offers information, advice, support, and counselling on all aspects of drug misuse. They also run a needle exchange and provide access to treatment programmes.

**West Berks Community Alcohol Team**
342 Oxford Road Reading RG3 1AP  ☎️ 0118 958 9557
A free service (run by the NHS) which offers detoxification where appropriate, individual counselling sessions and a variety of groups to help overcome alcohol dependence.

**Psychotherapy organisations and reduced fee schemes**

There are several Psychoanalytic Psychotherapy organisations based in London who offer an assessment and referral to a therapist. Some of these have qualified
psychotherapists working in the Reading Area. These organisations are listed in the *BCP Register of Psychotherapists* and the *National Register of Psychotherapists of the UKCP* (see the section on Professional Registers at the end of this leaflet) The Counselling Service may know of vacancies locally with a psychotherapist in training who can see patients at a reduced fee.

**Counselling and Therapy for couples**

**Relate**
281 Basingstoke Road, Reading RG2 0JA  ☎ 0118 987 6161

This organisation specialises in problems in relationships, past or present, and will see individuals as well as couples. They offer counselling for any couple experiencing difficulty in their relationship. There is a waiting list and a sliding scale of fees is charged.

**The Tavistock Marital Studies Institute**
Tavistock Centre, 120 Belsize Lane, London NW3 5BA  ☎ 020 435 7111  [www.tmsi.org.uk](http://www.tmsi.org.uk)

They offer consultation and psychotherapy for couples. Any couple can apply. Fees are charged.

Some individual Counsellors and Psychotherapists also work with couples.

**Counselling and therapy for families**

**West Berks Adolescent and Family Unit**
This is an NHS unit in Wokingham. Referral is via your GP.

**Professional Registers**

Professional Groups all have their own criteria for accredited membership and their published Registers give details of the ethical standards to which their members are committed to work. The Counselling Service usually has copies of Registers and Directories and they can often be consulted in Public Libraries.

**The British Psychological Society**
St Andrews House, 48 Princes Road East, Leicester LE17DR  ☎ 0116 254 9568  [www.bps.org.uk](http://www.bps.org.uk)

The *Register of Chartered Psychologists* Chartered psychologists are qualified to specific standards defined by the BPS. Of particular interest to those looking for a psychotherapist or a counsellor are those who are either clinical psychologists or counselling psychologists. The register only exists on the web and searches for a particular type of psychologist in a particular geographical area can be made online.
The Directory of Chartered Psychologists. This is the version of the Register which gives details of which services are provided in which geographical area. You will find a copy in most libraries.

The United Kingdom Council for Psychotherapy
167-169 Great Portland Street London W1W 5PF
☎ 0207 436 3002
www.psychotherapy.org.uk

The National Register of Psychotherapists gives details of psychotherapists who have achieved a certain level of qualification. The register is organised in different sections for different types of psychotherapy e.g. psychoanalytic, cognitive etc.

The British Confederation of Psychotherapists
West Hill House, Swains Lane London N6 6QS
☎ 0208 7267 3626
www.bcp.org.uk

The BCP is an association of psychoanalysts, analytical psychologists, psychoanalytic psychotherapists and child psychotherapists who have trained with organisations which meet specific standards. The BCP Register gives a list of psychotherapists in geographical areas.

The British Association for Counselling and Psychotherapy
1 Regent Place Rugby Warwickshire CV21 2PJ
☎ 0178 857 8328
www.bacp.org.uk

The BACP publishes a Counselling and Psychotherapy Resources Directory. This is a useful list of organisations and individuals practising as counsellors in different geographical areas. Whilst qualifications are listed there is no specific level of qualification necessary for inclusion in the directory.

British Association of Behavioural and Cognitive Psychotherapists
Globe Centre, PO Box 9, Accrington BB5 2GD
☎ 01254 875 277
www.babcp.com

This association publishes a list of accredited practitioners in the Directory of Accredited Behavioural/Cognitive & REBT Psychotherapists. This can also be searched on the web.

The Association for Cognitive Analytic Therapy
ACAT, 3rd Floor South Wing, Division of Academic Psychiatry, St Thomas’ Hospital, Lambert Palace Road, London SE1 7EH.
☎ 0207 188 0692
www.acat.me.uk

Full information is available on the website.
**How do I contact the Counselling Service?**

Call in or phone

<table>
<thead>
<tr>
<th>First Floor, The Health Centre</th>
<th>0118 975 1823</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Northcourt Avenue</td>
<td></td>
</tr>
<tr>
<td>Reading RG2 7HE</td>
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</tbody>
</table>

The Health Centre at Northcourt Avenue is almost opposite St. Patrick’s Hall. Enter by main door, go straight through reception and up the stairs. Turn right at the top of the stairs and follow the signs to the Counselling Reception. [Reception closed between 1-2 pm for lunch.]

**Routine appointments are available Monday to Friday between 9am and 5pm**

A Duty Counsellor is available each day (term time) to deal with urgent “non-routine” difficulties and emergencies.

<table>
<thead>
<tr>
<th>First Floor, The Health Centre</th>
<th>0118 378 8658</th>
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<tbody>
<tr>
<td>Bulmershe Court</td>
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<tr>
<td>Woodlands Avenue</td>
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<tr>
<td>Reading RG6 1HY</td>
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</table>

The Health Centre at Bulmershe fronts Woodlands Avenue. Joint Reception with the Health Centre is on the ground floor on the right as you go in the front door. [Reception closes at 1.30 pm]

**Routine appointments are available Monday to Friday between 9am and 5pm**

NB There is no Emergency cover at Bulmershe. If urgent, please contact Northcourt Ave site.

**Who is there to help?**

<table>
<thead>
<tr>
<th>Counselling Service Team</th>
<th>Secretary/Receptionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivienne Purcell</td>
<td>Fay Elsey</td>
</tr>
<tr>
<td>Liz Edwards</td>
<td>(Bulmershe Court - mornings only.)</td>
</tr>
<tr>
<td>Shahnaz Raven</td>
<td>Heidi Gilhooly</td>
</tr>
<tr>
<td>Angela Taylor</td>
<td>Janet Richards</td>
</tr>
<tr>
<td>Judy Turner</td>
<td></td>
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<tr>
<td></td>
<td>Linda Whitrick (Northcourt Avenue)</td>
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</tbody>
</table>

**Other ways to contact the Counselling Service**

**University Health Centre**

0118 987 4551

Please ask for Counselling Reception. At night the Duty Nurse may be able to help 0118 987 4551/2

**TYPETALK**

0800 515 152

National Telephone Relay Service, for the deaf, hard of hearing, people with speech difficulties, restricted vision and limited mobility.

**For further information visit:** [www.reading.ac.uk/counselling](http://www.reading.ac.uk/counselling)