

# PORTOBELLO

BEHAVIOURAL HEALTH

PORTOBELLO BEHAVIOURAL HEALTH  
COACHING HANDBOOK

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# ABOUT PORTOBELLO BEHAVIOURAL HEALTH

## The Portobello Approach

Portobello Behavioural Health is the leading provider of integrated case management, therapy and behavioural health coaching in the UK. We have extensive experience of working with clients from across the world, who require excellent care delivered professionally and discreetly.

We are trusted, recommended and retained by our clients to provide the highest levels of support in often complicated circumstances. Our extensive network of providers, contractors and suppliers are some of the most experienced practitioners in Europe, and means we can deliver bespoke solutions to complex cases. In this way we ensure that families, employers and colleagues receive the very best levels of care possible.

## Case Management

Case managers are responsible for individually planning and overseeing all elements of a client's treatment. The case manager provides oversight and supervision of recovery coaches, and is responsible for coordinating and providing a link between all parties involved in treatment, including other professionals, such as psychiatrists, educationalists or treatment centres. The case manager will tailor a recovery plan specific to each individual, which can be adapted as necessary, and can knowledgeably suggest relevant facilities, professionals and support groups. Case managers will answer questions, provide solutions, improve accountability, and deliver best practice levels of responsiveness. They are accustomed to dealing with complex support arrangements, and will tackle crises calmly, efficiently, and professionally, and help maintain stable routines afterwards.

## Behavioural Health Coaching

Our behavioural health coaches provide dedicated emotional and practical support to people with behavioural, mental health and/or addiction issues. They work with clients to improve their well-being, support recovery plans, and help develop healthy routines and social contacts. Coaches are often an important part of assisting someone settle back into life after they have returned from intensive treatment or residential care. They are selected on the basis of their suitability for a specific client, and we are able to draw on a wide pool of experienced and well-trained coaches to provide both ad hoc sessions as well as more intensive support, including live-in arrangements.

## Therapy

We provide therapy services from our offices in London and Surrey. Our therapists are highly skilled, experienced practitioners who work closely with case managers and coaches so as to ensure a full wrap-around service. We often provide therapy support to families and partners, as well, so that they can be helped through what might be a period of great change. In addition to one-to-one counselling, conducted both in person and by Skype, we occasionally run intensive group workshops for couples or individuals.

# DIFFERENCE BETWEEN COACHING AND CLINICAL WORK

Coaching is a vital service to help people in recovery or indeed generally in life. It can take a number of different versions from practical help i.e. help with organisation and logistics in life, through to practical/relational such as meal support. It can be very fellowship orientated in terms of help finding meetings, perhaps assistance in identifying a sponsor or a social group with one of the 12 step fellowships etc. Or it can be an almost purely relational arrangement where the main role of the coach is to form a bond and a connection with the client.

It is however not a clinical role and this is important. It is crucial to know the limitations of the role. Even if you are a qualified counsellor but working in the role of a coach, it is not a clinical role and you must not to make clinical decisions, recommendations, diagnosis or judgements. This is for the clients' interests but mostly for yours. Clinicians carry the responsibility and the liability of the decisions they clinically make. Should something go wrong they have their own indemnity insurance and the qualification to fall back on in the case of needing to mount a medical defence. As a coach you do not have those and as such would be falling outside of your role, job description and very possibly your insurance policy.

Do not fall into the trap of a client asking you for clinical opinions and giving them. In such instances it is always the case where you should suggest they consult the clinicians involved.

What do we mean by clinical? Coaches are not qualified to offer an opinion on diagnosis. You may have an opinion on whether someone is clinically depressed or anxious, you may have an opinion on whether some in ASD, ADHD or has a personality disorder. You are free to talk to our team about this, but do not talk to a client or their family about it, do not include it in notes and be prepared to have your opinion/s overruled.

Coaches and indeed counsellors are not qualified to discuss any change in medication or have an opinion on medication in general. This is again, a case where coaches should suggest that the client speaks to the relevant clinicians involved.

Slightly less defined but important is when one can stray into therapeutic realms. Suggesting that something might be linked to trauma or drawing clinical correlations is best left to clinicians. The coach's main job in this area is for clients to feel seen and heard; possibly challenged or comforted as appropriate. Even a certain amount of historical identification is fine, but it is the clinician's job to help the client figure out the clinical side of things.

# INTRODUCTORY MEETING/CALL

## GUIDELINES WITH NEW CLIENTS

Before we begin working with clients, we often have an introductory meeting, or a call if they are currently at a residential facility/out of the country.

The aim of this call is twofold, to allow the client to get an initial idea of who you are as an individual, your experiences and recovery pathway, and for you to begin building a picture of them and how you will be able to support them through coaching.

It is paramount that the coach and the client feel they can work together, relationships are central to care and that is also why we do an introduction, so that the coaching client is not thrown into a coaching relationship without first having a sense of who you are as a coach.

Aims:

- 1) To share appropriate experience within your recovery journey that the client may identify with. This may be any form of recovery you actively work, whether you have yourself been to residential treatment, how old you were/how long you have been in recovery.
- 2) To share with them what your role is as a coach, what your scope of work is and what it is not, and how long you have been doing it for.
- 3) To share what you do alongside your work as a coach, you may be a musician, fitness instructor, yoga teacher, back in further education, any passions or hobbies that are a part of your life.
- 4) To ask them how much they know about this process, what is their understanding of why you are having this call? If they do not have any background information on coaching or how the coaching role supplements their recovery then you explain which may look like one the following:
  - a. Coaching is a practical, solutions-based role designed to help you troubleshoot problems you encounter in your life.
  - b. As simply as possible it's about purpose and meaning, we aim to help people create the life they want to live, and figure out what might be standing in the way of them getting there.
  - c. It's not therapy, the focus is on building autonomy and responsibility whilst helping you navigate your life.
  - d. Our goal as coaches is to help you set up a recovery plan that you feel is right for you, introduce you to resources that you can use for your long-term wellbeing.
  - e. We have been through our own addiction/mental health struggles and have found a way through and that's how we try to help others.
  - f. It is a collaborative process, I want you to drive this and I'll be alongside you for encouragement, support, to listen and to identify. You can reach out to me at any point, it's not contained to within the times we see each other.
- 5) Leaving a safe place and going back to the relationships/environments where we struggled is a big transition, we want to be able to support someone as they make those life changes, so they know they are not alone.

- 6) How long/intense the coaching is, is dependent on a number of factors. I, as a coach, don't make those decisions, they come from the recommendations of your therapist/psychiatrist/residential clinical team, and in partnership with Portobello Behavioural Health and they agree an initial structure. If we begin working with each other, it's a conversation I like to have regularly, whether it's working for you, if not, how can we change it. I am here to advocate for you and will do so.
- 7) Ask them if they have any concerns about leaving treatment/beginning a recovery journey, if there are any upcoming events, or known situations where they have historically struggled where you and they can put together a plan to relieve the anxiety.
- 8) Ask them what they like to do, what have they missed doing, where do their passions lie?
- 9) If self-referred or motivated, ask what they would like to achieve through coaching, what does recovery/wellbeing look like to them?

## BRIEF

When working on a coaching job for PBH you will be provided with a brief; a series of aims and/or direction that will inform your sessions. Some of these will require explicit action and focus and others will be embedded into the relational style of our work.

Progress is often gauged by the brief, refer back to it frequently and use it to assess your coaching sessions when completing your reports, in the 'Is progress being made?' section.

If you believe that the brief you're working with can be adapted or evolve based on your experience of working directly with the client, we encourage you to raise that with your case manager or head coach. This also stands if you're discover that you may be unable to fulfil aspects of the brief, please flag with the team so adjustments can be made.

## REPORTS

Reports have to be completed after each session, even after a session is cancelled. Reports are filed online and can be found at [www.portobellobh.com/coach-report](http://www.portobellobh.com/coach-report). It can be completed on a computer or a phone.

### Do's and Don't

- Please do complete on the day of the session whenever this is possible
- If the client cancelled, do let the case manager or coach supervisor know immediately
- Do include hours done with the client and the date. Your invoices are cross checked against reports and records of your hours is critical to getting paid. Additionally, if you don't give an update, we don't know whether the client has been seen, we are then unable to update other necessary parties including family, therapist etc.
- Periodically do check in with the case manager or Head Coach about the initial brief

and refer to the brief in report writing

The style of reporting is necessarily objectively. Keep it factual, and avoid using opinions or phrases such as 'it seemed'. E.g., if the client looks sad, don't say the client appeared sad, but rather say that 'the client said she didn't feel talkative'. It's important for many reasons, but fundamentally it means that our reports cannot be open to varied interpretation if we make a wrong assumption! The reports usually look a little like this:

**Summary:**

'I met client at (x) time at (x) place, we went for a walk and spoke about the client's days. Client said they feel content with how their days have been but going out today is a nice change. We spoke about the client's love of travelling (e.g.) and client hopes to visit (x) at some point.

Client asked to avoid the crowded paths as they preferred the calmer ones.

**Outcome:**

Client engaged in our activity/was willing to take part/told me they wanted to learn to draw so we will do some drawing next session

We have arranged to meet (x).

## Objective vs Subjective reporting

Objective reporting would state factual evidence, 'the client's clothes were stained with old food', subjective would be 'the client looked like he hadn't washed in some time'. Now both statements may be true but it is vital that we note the factual (objective) rather than our sense or opinion which is subjective.

## Anything that includes a feeling, opinion, 'sense' is subjective

Objective – The client reported going to a peer support meeting but couldn't remember exactly which one he attended.

Subjective – I felt that the client wasn't being honest with me about attending a peer support meeting.

Subjective – I think that the client is doing well

Objective – The client has met the daily and weekly goals that he suggested.

# MEDICATION PROTOCOL

## We do not give any opinions on medication

Do not use terms such as administer/dispense in your work with a client who takes medication. You are there to monitor, you observe the client take the prescribed dosage. Terms such as administer are used in the care profession to describe an individual who has been trained to prepare and directly hand medication to an individual under their care.

## Permissible

- Handling/moving the box/bottle/packaging of medication.
- Handling sealed medication.

## Non-permissible

- Handing medication to a client whether in sealed container or not.
- Opening medication packets, removing medication from seals.
- Preparing medication in any way.
- Handling non-sealed medication.

## Summary

An unqualified individual may place a box of medication on a table, (it may be that the medication is stored in a secure place such as a lock box to prevent being abused/destroyed) and observe the client remove the necessary medication and take them.

# INVOICING AND EXPENSES

There are a few simple rules that coaches need to follow to ensure that invoicing works well for everyone concerned. Please note that by following these simple steps you will make life much easier for us and you are more likely to get paid promptly. If we receive invoices which do not follow these steps they will simply be rejected and asked to be resubmitted.

- 1) Invoices should always be sent to [admin@portobellobh.com](mailto:admin@portobellobh.com). This is very important - sending them to someone else in Portobello means they could get lost or delay payment.
- 2) Invoices must come to us as PDF attachments. If you need help about how to turn your invoices into PDFs get in touch and we can show you how. Invoices received in any other format will be rejected and you'll be asked to resubmit as a pdf invoice.
- 3) One client per invoice. One invoice per email. Use separate invoices for each client you use. Please send separate emails for each invoice. The reason for one email per invoice is that we forward each invoice we receive to the finance software which reads the



invoice and creates a bill for us to pay. If an email has multiple invoices, it will only pick one and create a bill from that potentially missing the other invoices. When we have emails with multiple invoices those invoices can easily get lost by the software. It is totally fine to include your expense receipts together with the invoice - that is no problem. Again, if we receive an email with multiple invoices on it, or we receive an invoice which covers work with more than one client it will be rejected and you'll be asked to resubmit it.

- 4) Please don't invoice for units smaller than 30 minutes unless there is an express agreement in place with the case manager/manager. Normally the minimum charge for face-to-face sessions is two hours and for online/telephone it is one hour. Occasionally the minimum charge is waived so it may not apply if this has been agreed in advance. After that, coaching is charged in 30-minute increments - so if you do 3.5 hours of coaching you charge for 3.5 hours. If you do three and a quarter hours you charge for 3.5 hours. If you do 3 and three quarters you charge for 4 hours etc. If you do 1 hour and 5 minutes, I would suggest you charge an hour - because charging 1 and a half hours would seem a bit much. Please use your common sense around this - what we don't want is invoices with quarter hours on - so please round up or down to the nearest half or full hour.
- 5) The times and dates on your invoices should match the times on your coach report. If the dates and times on the invoices don't match your coach report you'll be asked to either clarify the coach report or resubmit the invoice. You should receive a copy of the report to your email each time you complete it. We suggest using these copies to cross reference with your invoices before submitting them will eliminate 95% of invoice issues we need to deal with.
- 6) Make it clear on each invoice who the client is. Invoices without client names will be rejected. A first name is not sufficient (we have many clients and many of them have the same first name). If you are unsure what name to include on the invoice check with the person your coaching reports are going to.
- 7) Please list out the date of each session and the length of each session on that date, rather than just the total hours done over a date range. For example:

20/11/2021 - 2 hours - £80

21/11/2021 - 5 hours - £200

22/11/2021 - 3 hours - £120

Invoice total: £400

Each coaching session you do should have a corresponding coaching report. These should have the same date and length. We check the sessions you are invoicing for against the coaching reports we receive. If the date, times or details don't correspond it creates additional work and could delay things.

- 8) Expenses - please include the total amount of expenses on the same invoice as your coaching hours (as long as they are for the same client of course). Please include all receipts. Expenses without receipts won't be paid - so keep hold of those receipts. When sending us your receipts please keep the file size small - 100kb is fine for individual receipts, for snaps with multiple receipts it shouldn't be more than 1mb.

- 9) Please make sure that each invoice has a unique invoice number. What numbering system you use is entirely up to you but avoid using the same number sequence when starting working with a new client i.e don't go back to one. The easiest is to just do sequential numbers for each invoice you send in. We currently get nearly 200 invoices per month. Having a unique number for each invoice is important to help us track payments - especially if there is a problem. Not having a unique invoice number can also lead to an invoice not getting paid and occasionally the client not being charged for the work. Please, please, try your best to keep on top of your invoice numbering.

A final note about our payment cycle. As long as all the above is adhered to we will always pay your invoice within three weeks (except in very exceptional circumstances). Invoices are paid on the Thursday, two full weeks after it has been received. An invoice received on a Thursday will be paid 14 days later, invoices received on a Friday will be paid 20 days later, Saturday 19 days later etc... We make payment runs once a week to keep our admin manageable. Please note the payment date is calculated on the basis of when the invoice was received as opposed to the date on the invoice (the two don't always correspond).

## Travel expenses and mileage

It is important that you discuss with a case manager, Head Coach or a supervisor about expenses before starting a job. You need to know what, if any, expenses are allowable as part of the job. This clarity at the start of a job prevents problems and frustrations further down the line.

For certain jobs you may need to travel outside of London to see clients. In these instances you may use your car and there may be jobs where you use your car to transport clients. If this has been agreed in advance there is a specific allowance for car use which is calculated is on a per mile basis. It is your responsibility to keep track of how many miles you do as part of your journey (using something like google maps) and then adding the number of miles done to your invoice as an expense line. HMRC sets the maximum limit at 45p per mile for this. When putting in a mileage claim you need to set out the actual miles travelled. If the journey was not the most direct route (through your choice) then the direct route as indicated by google maps or similar should be charged for. Ultimately, we have to justify expenses to clients. All expenses are charged in full to the client and paid in full to coaches so being transparent and fair is important in order that we can justify invoices. Please always check with the PBH team member in advance who has booked you to do a job what expenses may be chargeable - we often need to pre-clear this with a client and this is especially true for travel expenses.

## Sample Invoice template

Below is an example of how an invoice should be set out and instructions on what should and should not be included.

Invoice templates are widely available on the internet. If you are after a quick and easy one in Word you can use [this template](#).

**ALL INVOICES MUST BE CONVERTED TO A PDF BEFORE BEING SUBMITTED, THIS IS A REQUIREMENT.**

**(PUT YOUR NAME HERE)**

# INVOICE

YOUR ADDRESS HERE

Enter your  
billing address

INVOICE # (INSERT NUMBER)

DATE: (INSERT DATE)

**TO:**

Portobello Behavioral Health  
24 Petworth Road  
Haslemere  
Surrey  
GU27 2HR

Number your invoices, partly for your own benefit as well. Ensure that no two invoices have the same number as they will be checked and signed off via the number. If you have any issues with an invoice, you will need it as reference.  
The date you insert here is the date you are sending out this invoice.

**COMMENTS OR SPECIAL INSTRUCTIONS:**

Sober Companion/Recovery coaching work with (insert client name)  
Rate: £40 p/hour (insert)

Include the client's **full name**, (John Smith, not just John or John S)

The rate you stipulate may vary depending on the length/style of job you are working on. Hourly, overnight, 24-hour or a fixed rate for weekly and travel jobs.

**Always date your coaching sessions**, whether they are a few hours or longer term. A weekly live in job would be dated from start to finish. (eg 10<sup>th</sup>-16<sup>th</sup> Jan 2022). Your invoices are checked against your coach reports to ensure that your invoices correspond to the work done correctly. (\*)

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
2	Date and time, (12/5/21 10am-12pm)	£40	£80
Expenses	Travel with client to appointment	£8.34	
TOTAL DUE			£88.34

If expenses have been agreed upon and signed off, you will need to attach them to your invoice. Receipts should be attached alongside your invoice. **If you have no receipts the expenses cannot be paid.**

Expenses are not always agreed upon by the billpayer. Always check before incurring them.

Total due, including expenses

Payment by bank transfer to be made via **ENTER YOUR BANK DETAILS HERE**

If you have any questions concerning this invoice, contact **NAME HERE**

Email: **ENTER YOUR DETAILS**

Phone: **ENTER YOUR DETAILS**

(\*) The quantity indicated here refers to the hourly rate above, the (2) is a 2-hour session. A 4-hour coaching session would be reflected by a (4) in the first column.

When working a flat/fixed rate job, such as a weekly live-in job. The rate would say 'weekly coaching at the fixed rate of £x', as opposed to 'coaching at the hourly rate of £x'. The first column (here denoted by quantity) would then reflect the number of *weeks* not *hours* done.

The description would still include the start and end date of each week you worked.

**It is your responsibility to ensure that the above information is correct as you risk not being paid for your work if it is not.**

# INSURANCE

Please make sure that you have your own indemnity insurance that covers you for working as a freelance coach. This is to ensure that you are protected whilst working within this role. There is a common insurance policy that we use and the details of which will be shared with you during your onboarding process. Keeping it up to date is your responsibility.

# EMERGENCY/HIGH RISK PROTOCOLS AND CONTACTS

Working with clients who are in crisis is a common part of your role as a coach, this will include clients in relapse, be it drugs or a mental health condition, such as psychosis, clients who have gone missing or who are hospitalised. The basic crisis protocol is this:

- Your safety comes first, if you feel unsafe you can step out/leave the situation and call your case manager.
- If you are not informed prior to beginning a job that carries the risk of volatility about history of violence or aggression, make sure you ask.
- You can ask for a colleague to join you.
- A covering coach can often be provided at short notice if you struggle with a client-based situation eg a client using drugs/drinking in front of you.
- Call the necessary emergency services
- You cannot physically stop a client from using, or take anything from them.
- If a client begins being inappropriate remove yourself from the situation, if you are working with a client of the opposite sex be aware of accusations that can arise from spending time with them in private.
- It is not your responsibility as a coach to make decisions about how to respond to a crisis, a coach is not an emergency service.
- It is your job to know the safeguarding protocol and subsequent resources that you can help your client access.

## Safeguarding, Suicidal Ideation and Self-harm

Ensuring that we have followed a safeguarding protocol to ensure our client's safety is a priority. Your own personal safeguarding was covered previously. It is important that you read and understand PBH's Safeguarding Policy which can be found here:

<https://drive.google.com/file/d/1bzZj-bBQkaWi956JYt20ZEooV87hH6ww/view>

In general, we work with a high-risk demographic. It's possible that most people we work with feel some level of suicidal ideation (desire to commit suicide) or urge to self-harm. This exists on a spectrum from a vague sense of 'things being easier if I didn't have to deal with

them', to a more serious level of planning how I might do it, to then actually trying to hurt myself.

Confidentiality is obviously totally key and of the utmost importance to all of our client work but it does have limits. As a general rule if we have a serious concern (which is ultimately a judgement call we make) that a client is posing a serious danger to themselves or anyone else we are potentially obliged to break the confidentiality to make the GP, psychiatrist, family, police or other relevant party aware. Where there is genuine risk, it is key to bring in medical professionals, such as psychiatrists and GPs. This is because ultimately responsibility for an individual's wellbeing rests with them, but also because they are best placed to make the judgement calls, so it is important we let them know if we have serious concerns.

If a client expresses suicidal ideation, clarify whether they feel they are a risk to themselves or others. If they make a joke about it, it is worth continuing to clarify with them as it is often a difficult topic to discuss. You can remind them that you have a responsibility for their wellbeing and that you have to feel confident they are not at risk. As it is a difficult issue to quantify it may help to ask the client to score how strong the feeling is between 1-10. Client's may not directly express suicidal thoughts but may use phrases like 'I just can't keep going anymore' or 'everyone would be much better off if they didn't have to deal with me', which are more indirect expressions.

If you are worried about a client, even if they have not said anything, don't be afraid to check with them. It is always better to err on the side of caution.

If you have any concerns at all even if a gut feeling, speak to either the case manager or to another colleague if there is no case management in place. Never feel worried about doing this, any level of risk around harm to self or others should be flagged.

In an acute crisis, where someone needs immediate help, a client can go to A&E and be seen by a medical professional or even call an ambulance potentially.

## In case of crisis options

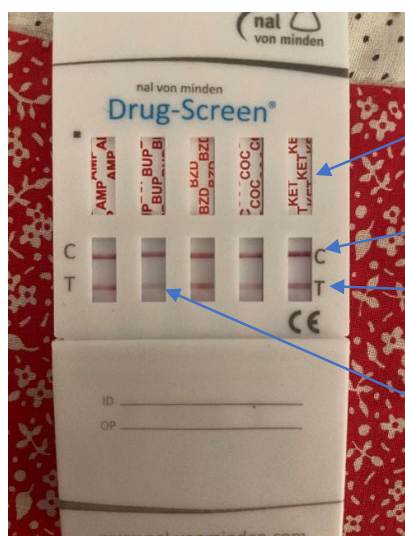
- Samaritans (116 123) operates a 24-hour service.
- Make an urgent appointment with your GP.
- Saneline 08457678000 (6pm-11pm)
- Rethink 08454560455 (Mon-Fri 10am-2pm)
- CALM 0800585858 (Everyday 5pm-midnight)
- Text SHOUT to 85258 (24/7 [www.giveusashout.org](http://www.giveusashout.org))
- Call Maytree 0207263 7070
- Go to your nearest Accident and Emergency (A&E) department.
- Visit [www.nhs.uk](http://www.nhs.uk). All areas have local mental health crisis lines where urgent help, possibly at home, can also be arranged. e.g. In South West London the mental health support line (outside office hours) is 0800 028 8000.

## TAKING HOLIDAY

As a freelance coach you don't need to submit holiday requests, however, if you are working with a PBH client, then you must alert the case manager or the head coach. This is to provide ample time to bring in a suitable support whilst you are away.

Some clients require more notice than others for this and this should be approached with diligence. Do not arrange for another coach to cover your work without discussing with your case manager.

# DRUG AND ALCOHOL TESTING



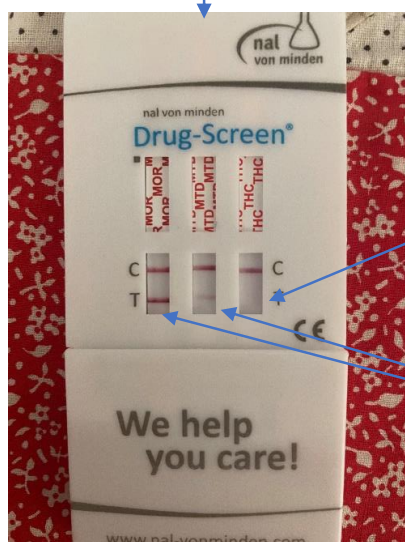
Abbreviation of narcotic being tested for (e.g., Ket = Ketamine)

Control line, if this line does not appear, the liquid you have tested is not urine, or has potentially been tampered with.

The outcome. If the 'T' line appears then the result is **negative**, meaning no presence of the drug has been detected and they have 'passed' the drug test. If there is no line present here, it indicates a positive test (fail) as it has detected the presence of the drug.

This faint line still **indicates a negative test** as it has detected no presence of the drug BUP (Buprenorphine) and constitutes a 'pass'.

These tests are double-backed, the images above and below are taken from the same individual test. Ensure you photograph both sides for your reports.



This test shows no line, indicating a **positive test** for THC (marijuana) as it has detected the drug. If the client has tested positive you should alert your case manager/head coach immediately, **do not wait until after the session when you send in your report.**

This is a second example of a faint line under MTD (Methadone) and is, again, a negative result. Here the line is easily visible, if faint. **If the line is not easily visible, and you are unsure of whether it is present, flag with your case manager/head coach.** N.B. The thickness of the line bears no reflection on the test. This individual has not used MTD more recently than morphine, when compared to the line present beneath MOR (morphine).

This method of reading drug tests also applies for the EtG alcohol urine tests, and other single-strip/single-strand drug tests.

What you see above in the documents is known as a 10-strand Multi Test, (it tests for 10 separate drugs on a single panel).

A single-strip drug test may not depict a **C** and a **T**, (due to spacing on the test) **but the results will appear in the same manner as the above 10-strand multi-test.** The top line will be the control and the line/lack of line below will give you your results.

- If a client tests positive for alcohol or drugs and they insist that it's not accurate please re-test immediately.
- Please ensure you have sufficient stock of the correct tests. It's the coach's responsibility to make sure you have sufficient test kits should a re-test be needed
- Photograph the test and log it with your report.
- Where possible, open-door testing is preferred
- If you haven't tested before, run through the procedure with the head coach



# ETHICAL CONSIDERATIONS/INTIMACY CONTINUUM/DISCUSSING MONEY

- Our general rule is that we do not pay for twelve step meeting attendance unless your client require assistance in getting, staying and being accountable about meetings
- If your client is a minor (see below) you need to attend the meeting and stay with the client. We do pay for this.
- We do pay a minimum charge which may technically include the time spent at a meeting
- If attending meetings is part of your initial brief, be aware that as the client becomes more integrated in the fellowship that this may change.
- It is on a case by case basis. Check out with the case manager/ supervisor.
- Sharing: if you are attending a meeting with a client, our preference is that you don't share and be aware of how much fellowship contact you have with your friends and fellows.
- Keep your clients confidentiality in meetings. Never reveal that you are with a client.
- Your role as a coach is not as a paid sponsor. However, some of your initial introducing them to the fellowship may contain sponsor-like duties.

Never handle illicit substances to dispose for a client, or someone else's medication as it is a controlled substance, if you are arrested you will be charged.

**Financial conversations:** Do not engage in conversations with your client or your client's family relating to payment/cost/fees for your work, direct them towards the company. This serves to retain the professional boundaries of your relationship with your client. The same applies for the number/intensity of sessions, speak with your case manager/head coach if you are asked by a client whether you can increase the hours. If you believe that a change can be made to the timing/intensity of the sessions please contact a member of the team before speaking to your client directly, often your client is not the direct bill payer.

Before beginning a job you will be given as much information as we are able to provide, but due to the nature of our work, this may change rapidly as the job proceeds.

**Receiving of gifts:** In order to preserve the professional relationship between you and your client, our policy is that our coaches do not accept gifts from a client. Your client may persevere and having outlined what the PBH policy is, if they continue to insist, it is suggested you let them know you'll raise it with the team/your case manager/supervisor and get back to them.

**On giving clients gifts:** if a long-standing client is celebrating their birthday for example, or a milestone along their recovery journey and you are considering gifting them something, please run it by your case manager/supervisor in order to check whether it is appropriate before doing so.

Coaches should be aware that they can contact their case manager for advice and assistance at any point. Use the resources available including the Head Coaches and other

experienced coaches if unable to get through to their case manager.

Must not enter into any financial ventures with a client, or a member of the client's family, including loaning of money/investments/employment.

Do not enter into a romantic relationship with a client or a member of the client's family.

## WORKING WITH MINORS

- If working with under 16 years' olds, do not leave them in meetings unattended
- There will be an agreed upon structure of how you work with any client, including hours and location. This will be put together with the families' involvement, and must be kept to.
- Any deviation from this plan must be raised with your case manager/supervisor and signed off by the family.
- Request confirmation from parent/legal guardian if the client informs you they have been allowed/permitted to do/go somewhere previously undiscussed.
- It's important to remember the legal and safeguarding information pertaining to working with a minor in regards to how you conduct yourself when with them. This includes how you interact with them verbally and non-verbally, where you hold your sessions and the suggestions you may make to them during your sessions.

Risk/safeguarding concerns should be raised immediately with your case manager or supervisor. Do not wait to write your report to raise these concerns. Do not promise them that you will keep anything a secret for them.

# GLOSSARY OF TERMS

MDT – Multidisciplinary Team (Meeting). A meeting of varied professionals involved in an individual's care

RC – Recovery Coach/companion

CM – Case Management

ED – Eating Disorder

ASD – Autism Spectrum Disorder

## Other widely used terms:

YWC/YWCC – Yes We Can Clinics, a youth clinic based in The Netherlands

S2S – Start2Stop, a residential secondary facility in London that also run numerous day and evening programs.

CBT – Cognitive Behavioural Therapy

DBT – Dialectic Behavioural Therapy

EMDR – Eye Movement Desensitisation and Reprocessing, a modality of trauma therapy.

NA/AA – Narcotics/Alcoholics Anonymous, 12 step fellowships.