Service Model for the Choices Counselling Service

Aim:

Choices was established in 2012 and is a dedicated Counselling Service for GBMSM who present as vulnerable on account of risk taking behaviour, current or historical physical or sexual abuse, substance misuse, homelessness.

Choices aims to address the psychosocial determinants of sexual risk taking behaviour by providing behaviour change and therapeutic interventions using a range of modalities to enable GBMSM to make more positive choices in relation to their sexual health and relationships.

Outcomes for MSM:

Choices works towards achieving the following outcomes in the NHSGGC GBMSM Strategic Sexual Health Plan:

- GBMSM understand their emotional and physical needs and are able to negotiate and maintain relationships
- GBMSM have the resilience and self-efficacy to manage their relationships, including ending those that they do not want
- GBMSM have the knowledge and resources to have enjoyable and pleasurable sex safely

Choices Interventions and Client Pathways

Referrals are accepted from Sandyford services, external Agencies and Self-referrals. The service provides:

- An initial assessment appointment to determine if the client meets the Choices criteria (see Appendix 1) and if Counselling is an appropriate service for the client.
- If appropriate, the client is placed on the Choices Counselling waiting list. If it is assessed as not the right service for the client, alternative services are discussed with the client and actioned as required.
- Clients are offered weekly of fortnightly counselling appointments up to a maximum of 12 sessions. A range of Counselling modalities, e.g. CBT, Trauma therapy are available to suit individual client needs.
- Up to three Listening Ear appointments can be offered to the client as a means to facilitate engagement with Choices or to address immediate need prior to allocation to more intensive Counselling interventions.

Counselling Assessments:

An Assessment appointment, with either of the two Choices Counsellors, will be offered as soon as possible and linked to the client's availability. If appropriate, they will then be allocated to a Counsellor based on the mode of intervention required for ongoing therapy. The Counsellors will meet weekly to allocate any remaining clients where there is not an initially obvious allocation or where a second opinion is needed.

Counselling Engagement:

Clients who have completed an assessment and been placed on the Choices waiting list, will be offered a first Counselling appointment. If they do not attend, a follow up initial appointment will be arranged. Should this be missed, in the majority of cases, no further appointment will be offered at that time but a note may be flagged on the Virtual Diary to re-offer an appointment should the client contact either the Clinical or Counselling service in future.

In some cases where clients do not attend or, during the initial assessment, there is sufficient concern about their vulnerability, the Choices Team may contact the GP or the Referring Agency. This may mean the assessment is not completed in a single session but is incrementally built up over a series of engagements.

Governance:

Governance will be provided by the Senior Counsellors at SCASS and routine reports on service use and client and service outcomes will be reported to Sandyford Management Team as required.

Appendix 1:   Choices Counselling Service Criteria:

Reason for Referral	

Risk	• In previous 12 months:
	   o UAI with 2 or more men
	   o UAI based on poor self-efficacy
	   o Any rectal STI on 2 separate occasions
	• PEPSE
	• Reluctant testers/support to test.

Violence & Abuse	• Unresolved Domestic Abuse • Unresolved Rape & Sexual Assault • Current experience of Prostitution • Unresolved Childhood Sexual Abuse • Ongoing Physical & Emotional Abuse
Substance Misuse	• Current problematic drug user incl NPS • IDU • Recreational drug use – chemsex • Recreational drug use - other
Accommodation	• Homeless • At risk of homelessness
Emotional Wellbeing	• Self-esteem & confidence • Mental Health concerns • Coming Out