**JAMH Therapy Policy Updated 29/08/2021**

JAMH offers short-term therapy for anxiety (including trauma) or depressive conditions. There is a maximum of 12 sessions allotted (There is the possibility of short extension under exceptional circumstance – usually when measures show very promising results.)

**This means JAMH can only help people with a problem/s that is likely to be helped within this framework**. It is often better not to take on a more complex case if this means not being able to follow through the support. This also means that we do not take on clients as part of an ongoing treatment plan as we only take on when a discreet price of work can be done in 12 sessions.

To this end, we can rarely take on complex cases including personality disorder, eating disorder, complex trauma etc (see more specific criteria below).

We cannot offer couples therapy, art therapy, behavioural therapy for children, or addiction work. No can we work with people who lack the capacity to access our therapies e.g. some learning difficulties. These are beyond our funding remit.

Most of our therapists are counsellors and CBT therapists. Our top rate of pay is £70 for psychologists or EMDR practitioners or at our discretion. Clients can top up pay for higher-rated professionals if they wish.

**Clients with existing therapy**

If a client is seeing a JAMH therapist already, they could switch to seeing them via JAMH but would need to be triaged in the normal way.

If they are seeing a non-JAMHw therapist, we cannot support this unless the therapist wishes to be onboarded with JAMH.

**Therapists**

CBT: Either BABCP accredited (not mere member)

Counselling: BACP Member or Accredited

EMDR: Accredited

Psychologist: Chartered or HCPC

All must agree to attend free peer monthly supervision sessions with JAMH in addition to their own ongoing supervision in accordance with their accrediting body guidelines

**Triage therapy and discharge process**

Clients are triaged by the project manager and reviewed by the clinical lead. After they are matched, they are allotted 6 sessions to begin with. After 6 sessions and if client has requested then therapist can request another 6 sessions from the clinical lead.

If after discussion with therapist on the last session, the client is still not sure whether they need another 6 sessions or not, they may have 3 weeks in which to contemplate if they still need therapy. If they have not been in touch after this time they would have to be discharged.

If another 6 sessions are offered, then they would be automatically discharged at the end of the 12 sessions (there can be a slight extension in certain cases if recovery could be meet and there is a pressing need).

**Inclusion criteria**

JAMH welcomes a wide verity of presenting issues and tries to help wherever we can. However, there are limits to the help and support that JAMH can offer. Please be aware of the below especially when referring clients to JAMH.

**Risk**

The client should demonstrate the capacity and resources to manage the potential heightened distress involved in addressing psychological difficulties. A collaborative and fluid process of risk assessment must inform treatment where risk is identified. JAMH uses the Columbia-Suicide Severity Rating Scale to assess any risk the client may be pose to themselves. Where this is not clear at triage or with this scale, a more thorough assessment may be needed from the clinical lead.

If a significant risk is identified at triage, we may not be able to accept client until risk is lowered. This would also apply where the client is presenting a risk to others.

**Inclusion criteria**

Counselling:

General criteria:

* The client should have the ability to identify focused goals and work towards them in a limited time frame (12 sessions).
* The client should have the ability to self-reflect (psychological mindedness) on their issues and think about their own part in these issues. Why did these issues start? What is my part in them and what needs to change?
* The client should demonstrate commitment and have sufficient motivation to devote time, energy, thought and emotions to the therapeutic process.
* The client should be capable of taking ownership of their difficulties, (they are not forced, reluctant or coerced to attend).
* The client should have capacity to manage the potential distress involved in managing psychological difficulties.

Specific areas for counselling:

* Depression
* Relationship issues, including abuse and attachment
* Anxiety – especially if about a life event, rather than GAD, PTSD, OCD or phobias
* Bereavement – especially more complex cases such as multiple losses, or bereavement by suicide
* Loss – these covers much of our work; manifested in various ways
* Moderate/severe difficulties with self-esteem
* Bullying
* Significant life changing events
* Adjustment issues

CBT

General criteria:

* The client should have the ability to identify focused goals and work towards them in a limited time frame (12 sessions).
* The client should be able to be an active partner with the therapist and work collaboratively with them.
* The client should demonstrate commitment and have sufficient motivation to devote time, energy, thought and emotions to the therapeutic process.
* The client should be capable of taking ownership of their difficulties, (they are not forced, reluctant or coerced to attend).
* The client should have capacity to manage the potential distress involved in managing psychological difficulties.
* They should have the commitment and energy to do work in between sessions including diaries and homework set by the therapist.

Specific areas for CBT

* Depression
* Moderate to severe GAD
* Panic
* Agoraphobia
* Health Anxiety
* OCD
* Body DD
* Specific Phobias
* Hoarding
* PTSD
* Social Anxiety
* Long Term Health Conditions

**Areas JAMH does not work with:**

**Non mental health conditions**. This might include such areas as autism, parenting skills, normal reactions to life conditions etc.

**Addiction**

This includes drug or alcohol addiction where the addiction is the main presenting issues. Drug or alcohol use can also present a significant risk to themselves, and this might also exclude them from therapy.

Where the addiction is not the presenting issue, it would depend on the nature of the substance use. If it is high, this would also exclude them from being seen with JAMH as it would be a barrier to the ongoing therapy and a referral to drug or alcohol services would be recommended before enrolling in therapy.

Other addictions (gambling, gaming, pornography etc) would be seen on a case-by-case basis but a referral to specialised services may be recommended.

**Eating disorders**

Since people with an eating disorder present with significant risk to themselves they would not be able to be seen safely by JAMH and would be better off in an NHS setting where the risk could be managed by multidisciplinary team (psychiatrists, psychologists, therapists and dieticians).

Where the eating disorder is not severe or not the main presenting issue, then this would be decided on a case-by-case basis.

**Trauma**

Where there are symptoms of PTSD, JAMH can offer Trauma-focused CBT or EMDR.

Timeframe – if trauma is recent then head up train therapist can offer immediate work to help reduce symptoms or development of PTSD. If not recent then recommendation of 6-8 week wait is advised before commencement of therapy.

**Psychiatric condtions**

JAMH is unable to offer psychiatric diagnosis or any medication review. JAMH can offer general advice and support for private or NHS referral.

Where the client is has been an inpatient in a meatal health ward, they would normally be excluded from therapy until they were stable over a two-year period prior to seeking therapy and be in a stable condition.

If the client is seeking help with their symptoms of a psychiatric disorder JAMH would be unable to offer therapy as this would entail a specialised therapy such CBT for psychosis, which JAMH does not offer. However, if they had symptoms of a common mental health need in addition to their psychiatric condition, a discreet piece of work may be appropriate where they are suitable (see above).