

COUNSELLOR/THERAPIST SERVICE LEVEL AGREEMENT

1. Purpose

The purpose of this document is to briefly explain some key aspects of the role including:

- The therapist's role and responsibilities
- What the key performance indicators (KPIs) are for the therapist
- How these KPIs will be monitored and assessed
- What the referral process looks like
- How many clients the therapist will be allocated

2. Introduction

When providing therapeutic services, therapists must bear in mind the *Four Pillars of Mabadiliko Therapy* which underpins the ethos and the service we provide. These are **culture, ethnicity, identity** and **spirituality**. All of these play a key role and inform the way Intercultural Therapy is provided at M.I.T.

In addition to this, Mabadiliko Therapy's Five Stages to Healing Model labelled in Swahili, highlights the value placed on ancestry; Mabadiliko means Change in Swahili. The model illustrates the therapeutic process of change and healing by identifying and acknowledging the **root** cause and the impact this root cause has on the **mind**, bring to awareness and **process** the learnt information, **renew** the mind and **change** behaviours. The healing model as shown below is expected to be acknowledged within your practice and evidenced in supervision.





3. Therapist Role and Responsibilities

The overriding role of the therapist is to contribute to the delivery of a culturally sensitive psychological therapeutic service using their experience, skill, and knowledge to do the following:

- Provide mid-long term intercultural psychotherapy to at least 3 M.I.T clients on a rolling basis.
- Be aware of M.I.T's Four Pillars and Five Stages healing model and contribute to developing an evidence-based intercultural approach to psychological therapy.
- Maintain the highest levels of professionalism, empathy and confidentiality when dealing with clients, including storing session notes confidentially but making them available for supervision when requested.
- Commit to attending 1:1 and/or group supervision, team meetings and inhouse CPD training.
- Ensure public and professional liability insurance certificates are up to date; be correctly registered with the relevant authorities including HMRC and the ICO; and professional bodies such as BACP, NCS, UKCP BPS or equivalent
- Action client reviews including the use of the psychometric questionnaires. every 4 or 6 sessions as required depending on allocation.
- **You will be responsible for informing and preparing your clients for breaks***

This list is not exhaustive, they are subject to regular review to reflect changes in legislation, client needs and the company's objectives.

4. Therapist Key Performance Indicators (KPIs)

Therapist performance will be assessed using the following KPIs:

- Good time keeping of sessions (start and finish)
- Excellent professional communication with clients and company representatives
- Attendance of all supervision meetings and effective contributions
- No complaints or concerns noted by clients or the Director about performance
- Therapist is rated a minimum of 3 out of 5 for 11 out of 12 questions on the [client feedback form](#)
- Strong evidence of self-development (Performance reviews / Appraisals will be completed around 6-9 months, then annually)



5. Mabadiliko Intercultural Therapy (M.I.T) Responsibilities

M.I.T will:

- Determine and agree the number of clients to be allocated with the therapist
- Offer free compulsory 1:1 and/or group supervision (rescheduled missed supervision will be chargeable at the rate of £50 for 1 hour)
- Keep therapist informed of any changes of policy, available training and cancellations of any scheduled sessions
- Agree the level of client fees with the client and make these available to the therapist. Any changes to these fees will be communicated to the therapist
- Support the therapist in achieving and maintaining high standards of service and care through careful performance monitoring and assessment. Please note that all therapists are subject to a trial period of 6 months.

6. Client Responsibilities

- Clients must complete all forms sent to them as accurately as possible.
- Be open and honest about their experiences, perspectives and background
- Inform their therapist and/or the office of any cancellations in good time (minimum 48 hours' notice) and in writing via email

7. Allocation of Clients, Client Fees and Payments

- Therapists are allocated a minimum of 3 M.I.T clients who are allocated 16-36 sessions, to be seen at the Mabadiliko Intercultural Therapy Centre or online via zoom or alternative.
- You will be required to have your own zoom account and will need to email hello@mabadilikotherapy.com the link to be forwarded to the client
- **Clients can cancel up to 2 sessions** without it affecting their session allocation. After that cancellations are deductible.
- You will be required to track client attendance via the client register, which is to be submitted monthly with your invoice. (Please see client register and invoice template to be used)
- Additional clients can be allocated to therapists if required by mutual agreement which must be confirmed in writing.
- Client payments are made to M.I.T in advance. A 48 hour cancellation policy applies, a full fee is chargeable for cancellations within 48 hours.
- Therapist to remind/prompt clients to make payments ontime



- Clinet DNA's can be invoiced by the therapist, at the reduced rate of 25%
- The therapist's fee is contained in the contract of services agreement.

8. The Referral Process

- Clients typically self-refer via the Mabadiliko Therapy website <http://mabadilikotherapy.com> However, we occasionally receive referrals from third parties.
- The Director and/or alternative assessor arranges and conducts the initial assessment/consultation. The consultation notes are then emailed to the appropriate allocated therapist along with the screenings completed at point of referral. The screenings will be identified with the client code.
- On occasion you may be instructed to conduct the consultation for a client allocated to you, you will then need to email the completed assessment to beverley@mabadilikotherap.com
- The counselling contract/Terms & Conditions are on the referral form.
- Clients will be sent a Clinical Outcomes Routine Evaluation (CORE 10), Patient Health Questionnaire (PHQ-9) and Complex Trauma Screening 5.26 (CTS-5.26) with their referral forms.
- An additional psychometric questionnaire: Stress Symptom Checklist (SSC) is sent out if disclosures during the consultation or on the referral form suggest the benefit of additional screening.
- All screening questionnaires completed by the client at assessment will need to be reviewed periodically (every 4 or 6 sessions, depending on the referral type).
- You will be responsible for completing and reviewing the questionnaires with the client during the review session. All screening questionnaires are available as Google forms.
- LAMBETH SPECIFIC ONLINE SCREENNING LINKS WILL BE SENT TO YOU SEPERATELY
- You will be sent the google form links to send to clients accordingly, a PDF version of the completed forms will be sent to you when received.
- You will need to record the outcomes on the client formulation sheet



9. Breaks & Closures

- Dates of planned breaks are to be supplied in writing (via email) with as much notice as possible.
- Any emergency breaks must be reported to the Director **immediately**.
- The service will be closed for clients annually during the **last 2 weeks of December, 1 week during the Easter period including bank holidays and the last week in August**.
- You are encouraged to plan annual leave from other works to enable you to have full time of rest around this time, but it is not compulsory
- The service will run on other Bank Holidays outside of the above stated closures, but you are not obligated to work them
- **You will be responsible for informing and preparing your clients for breaks**

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This agreement is subject to (annual) review and changes may be made periodically. These will be communicated to you in advance

I have read, understood and agree to all of the above

E-Signed:

Print Name:

Date:

M.I.T Director:

E-Signed: *B. Weston*

Print Name: BEVERLEY WESTON