**Reference for Client: Summary Letter of Referral, Attendance and Engagement.**

Keep it brief, succinct, and business-like. Keep that professional distance. Others in your client’s life will write a reference for the client. You are writing a letter of a professional nature. Stay well clear of diagnosis or medical or quasi-medical terms. Be clear that you do not offer to write a risk assessment report or statement about the client’s likelihood of offending again. It is to be noted that Tim Bond, who writes about therapists and the legal process, says that therapists make the worst witnesses.  Whereas we want to open everything up, lawyers want to close everything down.

You could let them know that they can get a good risk assessment done. Please note that it is not good practice for the client’s therapist to be the person who assesses risk. This full risk assessment is a complex and detailed document, which is prepared by someone who has had specialist training in this kind of risk assessment and report writing. They usually cost the client several thousand pounds. One person who writes these is Terri Van Leeson [www.pathwayps.co.uk/associates/dr-terri-van-leeson.html](http://www.pathwayps.co.uk/associates/dr-terri-van-leeson.html). The client can arrange for a risk assessment to be written.

For your reference / letter - It is good practice to ask the client to sign a consent and disclaimer form for you to release the report. Remind them that regardless of how the report is commissioned, your duty is to public protection and the Court, and that your role is independent (in line with the standards and practice of BACP if you are a BACP member)

One therapist says, “I go through the report with them in session to make sure they are happy with what I am saying because I will be very honest about whether I think they are resistant to taking responsibility or not.”

Many therapists allow solicitors to comment on the letter. If the solicitor makes suggestions for change, **and** you agree with and can support their suggestions, then make amendments.

This letter is a great opportunity for you to influence the future of your clients’ lives which comes with it huge responsibility. However, if you are in any doubt then say very little or nothing or just stick to the observable facts.

It is worth remembering that the audience is NOT a therapeutic one, it is a punishment & retribution one.

Some judges will take your report into account. Others will not give it much consideration.

Things you might include are:

1. **Your Bio:** A brief professional biography for yourself relevant to this work
2. **StopSO:** State that: “The client has come via StopSO: The Specialist Treatment Organisation for Perpetrators and Survivors of Sexual Offences. StopSO has a UK wide network of psychotherapists and counsellors trained to offer therapy in the community to anyone at risk of committing a sexual offence (or re-offending) www.stopso.org.uk.”
3. **Facts about Attendance:** How long the client has been working with you, session dates, how many sessions attended. Make it really clear by giving the total hours.
4. **Presenting problems:** A brief description of the offending behaviours and current problem.
5. **Predisposing Factors:** A brief background from a psychotherapeutic perspective, including any underlying trauma, abuse, neglect or autism that may have led to specific behaviours.
6. **Precipitating Factors:** Optional: If you feel that something tipped the client over the edge into offending behaviour you can mention this. This could include loss of a job or relationship, increased use of alcohol, etc.
7. **Perpetuating Factors:** Optional: Anything that might contribute to the continuance of the problem, such as stress factors, sexual problems, lack of relationship, lack of friends or lack of work.
8. **Clinical measurements:** Optional:Any requests for specific tests. The scores pre and post-therapy (if known) and a brief explanation of the measures used and any further tests that have been requested or suggested (with contact details of who referred to, if known) e.g. Autism Spectrum Disorder (ASD).
9. **Identified risk**: This relates to harm *to the client*, such as suicidal behaviours, self-harm, neglect to take medication as prescribed. This is the place to categorically state that no other types of risk have been assessed, such as the client’s likelihood to re-offend.
10. **Treatment & Intervention**: Optional. A description of what the sessions provided – this can be generic or more detailed.
11. **Engagement:** An assessment of the client’s engagement with the issues and the progress made, i.e. turned up to all the sessions, willingness to discuss the offences, engaged with various activities and exercises, degree of self-awareness, significant insights gained, reported changes in thoughts and behaviours, remorse etc.
12. **Protective Factors:** Comment here on the client’s network of support and pro-social activities, e.g. partner knowledge and support, family support, friends and wider community support. Healthy hobbies and activities.
13. **Relapse Prevention Plan:** This refers to the actions and strategies agreed with the client to ensure that they deal with and resolve trigger events that keep them focussed on positive actions and away from their, previous, offending behaviour.
14. **Future Work:** You might mention your plan(s) for future work, if any, and what topics or issues that might cover.  You could also mention here if you have ended with the client, and the work is complete.