Grounds For Referral Policy

General Overview:

Grounds for referral are grounds (reasons) for a person being referred away from philosophical counselling.

Philosophical counselling is a counselling-style consultancy designed to use philosophical techniques to help improve a client's critical thinking and self-reflective abilities. It can be useful for persons with ordinary or ubiquitous problem(s) or concern(s), examples of which are detailed below. Note that while the list of problem(s) and concern(s) below is extensive, it is by no means an exhaustive list.

Ordinary or ubiquitous problem(s) or concern(s) are hereby defined as the kinds of problem(s) or concern(s) that most people will experience at some point during their lives, and are not necessarily mental illnesses that need to be treated by a medical and/or mental health professional. For example, breaking up with a long term partner can be difficult and emotionally distressing to the point that a person may seek out professional services to vent their emotions. The situation in this example is not inherently a mental illness, nor is it a particularly unusual/uncommon occurrence. Therefore, breaking up with a long term partner is one example of an ordinary or ubiquitous problem or concern. This is only one example of many problems or concerns which would be suitable for philosophical counselling.

However, a person claiming to hear voices in their head that tell them to harm others is not an ordinary or ubiquitous problem or concern as this is unusual/uncommon and is therefore not a suitable problem or concern for philosophical counselling and should a person present to the philosophical counsellor with such a problem it would constitute immediate grounds for referral. This is only one example of many problems or concerns which would be unsuitable for philosophical counselling.

The purpose of this document is to inform prospective clients about what can be addressed and what cannot be addressed through philosophical counselling. The examples within this document are to give an idea of what can and cannot be addressed through philosophical counselling. The particulars of a prospective client or client's problem(s)/concern(s) may feel unique, and that is ok. That is why all prospective clients, including returning prospective clients, must have a preliminary consultation before beginning philosophical counselling in order for the philosophical consultant to ascertain the nature of the prospective clients' problem(s)/concern(s).

Philosophical counselling is not mental health counselling. It is not a diagnostic, advisory or treatment service for mental ill health. As such, this document also contains an extensive list of examples of problems or concerns which are not suitable for philosophical counselling and would therefore constitute grounds for referral. This document also contains an extensive list of problems or concerns which would be suitable for philosophical counselling. While the below lists of problems and concerns are extensive, they are by no means exhaustive.

The process by which grounds for referral are ascertained are as follows:
Before philosophical counselling sessions can commence, any prospective client or returning client must have a preliminary consultation with the philosophical counsellor. In this preliminary consultation, the prospective client will explain their problem(s) or concern(s) to the philosophical counsellor and the philosophical counselling will listen and ask questions to get the best understanding of the prospective client's problems or concerns.
The philosophical counsellor will then make a judgement of whether or not the prospective client's problems or concerns which have been discussed are suitable for philosophical counselling. This decision may be made during the preliminary consultation or the philosophical counsellor may tell the prospective client that they need more time to make a decision and will contact the prospective client with their decision by way of a phone call, email or by speaking in person.

The philosophical counsellor will use the DSM-5 - Fifth Edition and/or the ICD-11 and/or may use online resources as well to aid in the judgement of whether or not the prospective client's problems or concerns are suitable for philosophical counselling. If the philosophical counsellor, after consulting the DSM-5 - Fifth Edition and/or the ICD-11 and/or online resources decides that the problems or concerns the prospective clients discussed with the philosophical counsellor in the preliminary consultation are not suitable for philosophical counselling then the philosophical counsellor will contact the prospective client by way of a phone call, email or by speaking in person and explain to them that the philosophical counsellor believes that the prospective clients problems or concerns are best suited to mental health services.
The philosophical counsellor may recommend mental health services to aid the prospective client in their search for mental health services that are more suited to their problems or concerns. However, the philosophical counsellor is not obligated to do so.

The philosophical counsellor may discuss the reasoning behind their decision to refer the prospective client to mental health services, but the philosophical counsellor is not obligated to do so. The philosophical counsellor is not qualified to diagnose mental illness and therefore should not suggest that the prospective client has any particular mental illness as the philosophical counsellor is not qualified to do so. Additionally, it may not be in the best interests of the prospective client to worry them with ill-informed speculation about mental illnesses the prospective client may or may not have and is therefore another reason that the philosophical counsellor should not suggest that the client (prospective or otherwise) has any particular mental illness.

If the philosophical counsellor judges that the prospective clients problems or concerns which were discussed in the preliminary consultation are suitable for philosophical counselling, then the philosophical counsellor will tell the client that they are willing to move forward and begin philosophical counselling sessions with them. If the philosophical counsellor has opted to not make said judgement during the preliminary consultation session but has judged that the prospective clients problems or concerns are suitable for philosophical counselling, then the philosophical counsellor will contact the prospective client by way of a phone call, email or by speaking in person to inform them that the philosophical counsellor is willing to begin philosophical counselling sessions with the prospective client.

If at any time during the course of philosophical counselling sessions the philosophical counsellor decides that the client's problems or concerns are not suitable for philosophical counselling then the philosophical counsellor maintains the right to cease philosophical counselling immediately and refer the client to mental health services.
If the philosophical counsellor decides that the client's problems or concerns are not suitable for philosophical counselling, then the philosophical counsellor will advise the client during the session.
If the philosophical counsellor decides that the client's problems or concerns are no longer suitable for philosophical counselling outside of session time, then the philosophical counsellor will contact the client by way of a phone call, email or by speaking in person to advise them that the philosophical counsellor has made this decision. Subsequently, the philosophical counsellor maintains the right to refuse all other services.
The philosophical counsellor may offer their services to a client that has previously been referred away from philosophical counselling if the returning client is returning with a different problem or concern, provided that this problem or concern is discussed in a preliminary consultation and deemed to be suitable for philosophical counselling by the philosophical counsellor.

Ultimately, the decision of whether or not a prospective client or current client should be referred away from philosophical counselling is up to the discretion of the philosophical counsellor and

the philosophical counsellor maintains the right to refer a prospective client or current client at any time and the philosophical counsellor is not obliged to disclose their reasoning.

Problems/concerns that CAN be addressed through philosophical counselling:

The following examples are in no particular order and this list is by no means exhaustive. What constitutes problems/concerns that can be addressed through philosophical counselling is up to the discretion of the philosophical counsellor and the philosophical counsellor maintains the right to refer a prospective client or current client away from philosophical counsellor at all times.

- Moral issues
- Values disagreements
- Political issues and disagreements
- Writer's block
- LGBTQ+ related issues
- Time management issues
- Procrastination
- Career issues
- Job loss
- Problems with coworkers
- Disability issues
- Financial issues
- Retirement
- Ageing
- End of life issues
- Midlife issues
- Adult children of ageing parents
- Problems with family
- Family planning issues
- In-law issues
- Breakups and divorce
- Parenting issues
- Becoming a parent
- Sibling rivalry
- Finding out one is adopted

- Falling in and out of love
- Loss of a family member
- Loss of a pet
- Friendship issues
- Peer pressure
- Academic issues
- Rejection
- Discrimination
- Religion and race-related issues
- Entertainment-related issues

Problems/concerns that CANNOT be addressed through philosophical counselling:

The following is a list of indications, based on the *Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5)*, for which referral to a licensed mental health professional should be made. The satisfaction of any single bulleted item in any of the given disorder categories is grounds for referral. The following examples are in no particular order, and this list is by no means exhaustive.
What constitutes problems/concerns that cannot be addressed through philosophical counselling is up to the discretion of the philosophical counsellor and the philosophical counsellor maintains the right to refer a prospective client or current client away from philosophical counselling at all times.

Neurodevelopmental Disorders

- Enduring pattern of inattention and/or hyperactivity-impulsivity that is inconsistent with developmental level, which significantly impairs a major area of functioning such as social, academic, or occupational;
- Developmental deficits in capacity for social-emotional communication/interaction including non-verbal communication/interaction, and in forming and maintaining interpersonal relationships.
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Psychotic Disorders

- Hallucinations;
- Delusions;
- Disorganised thinking or speech (loose associations, tangents, incoherence);

- Catatonic behaviour and other abnormal motor behaviour.

Bipolar and Depressive Disorders

- Manic episodes;
- Suicidal ideation (contemplating committing suicide) along with one or more of the following:
    - Specific plan;
    - Expression of intention
    - Past history of suicide attempts or threats
    - Family history of suicide
    - History of psychiatric diagnosis or commitment to inpatient facility;
    - Other serious health problems—perceived or actual
    - hopelessness,
    - self-damning
    - alcohol / substance abuse
    - history of trauma / abuse
    - cultural / religious/ personal acceptance of suicide
    - recent loss – relationship, financial
    - Access to lethal means
    - Impulsivity/aggressiveness
    - knowing others who have committed or attempted suicide
    - lack of support system, single or living alone
    - elderly or young adult male
- Sadness, emptiness, or irritable mood most of the day, on most days, which significantly impairs day-to-day activities ongoing for at least one year;
- Sadness, emptiness, hopelessness, or irritable mood, most of the day, on most days; and/or loss of interest or pleasure in all or most activities, most of the day, on most days; causing significant distress or impairment in social, occupational or other major areas of functioning; including at least *five* of the following changes:
    - Sadness, emptiness, hopelessness, or irritable mood, most of the day, on most days;
    - Loss of interest or pleasure in all or most activities, most of the day, on most days;
    - Significant, otherwise unexplained weight loss/gain or decrease/increase in appetite;
    - Insomnia, excessive daytime sleepiness
    - Psychomotor agitation (e.g., fidgeting, purposeless leg movements, or pacing) or psychomotor retardation (e.g., slowed speech or walking)
    - Chronic fatigue or energy loss
    - Persistent feelings of worthlessness or inappropriate guilt

    - Diminished ability to think clearly, concentrate, or make decisions
    - Recurring suicidal ideation without a specific plan; with a suicide attempt; or with a specific plan.
- Chronic, severe, persistent irritability, including frequent temper outbursts and a tendency to be angry;
- Mood swings, tending to occur during the menstrual cycle.

Anxiety Disorders

- Phobias – persistent, ongoing, exaggerated, intense fear or anxiety about a specific sort of object (e.g. snakes) or situation (e.g. heights);
- Panic attacks –sudden intense fear peaking in minutes characterised by changes such as pounding heart and feeling unable to breath;
- Ongoing, day-to-day, excessive anxiety or worry about a number of different activities or events, which causes significant distress in social, occupational or other major areas of functioning.

Obsessive-Compulsive Disorders

- Obsessions – repetitive, persistent, intrusive, unwanted thoughts, which interferes with or causes significant distress in social, occupational or other major areas of functioning;
- Compulsions – repetitive behaviour or mental activities one feels driven to engage in, having no real connection to what it is intended to guard against, which interferes with or causes significant distress in social, occupational or other major areas of functioning;
- Preoccupation with perceived bodily defects, which interferes with daily functioning;
- Hoarding – ongoing difficulty getting rid of things regardless of their actual worth such that clutter prevents room use, and causes distress in day to day living.

Trauma and Stress Disorders

- Flashbacks; nightmares; or intrusive, unwanted, distressing memories or thoughts about an event involving death, destruction, injury, or sexual violence.

Dissociative Disorders

- Dissociative identity – taking on two or more identities;

- Dissociative Amnesia—inability to recall specific events during a specified period of time, including periods of travel or wandering (so-called “dissociative fugue”); or general inability to recall personal identity or life history;
- Depersonalization – sense of being an outside observer of oneself
- Derealization – sense of unreality of one’s surrounding environment.

Somatic Symptom Disorders

- Distress about perceived or possible somatic (bodily) pains or health problems.

Feeding and Eating Disorders

- Purging, overeating, bingeing, self-starvation, poor appetite, or persistent eating of non-food substances.

Elimination Disorders

- Elimination problems –bed-wetting or clothes wetting; defecating in clothes or on floor.

Sleep-Wake Disorders

- Insomnia; excessive sleepiness or sleeping; breathing problems; sleepwalking; nightmares; sleep-talking; leg discomfort; or other sleep-related problems.
- Fatigue or loss of energy.

Sexual Dysfunctions

- Sexual problems – ejaculation, erections, arousal, penetration, low sex drive, or related problems;

Gender Dysphoria

- Distress about one’s gender.

Disruptive, Impulse-Control, and Conduct Disorders

- Persistent pattern of:
    - verbal aggression or outbursts;
    - physically violent behaviour, including threats or destruction of property;
    - fire setting;
    - torturing animals;
    - lack of conscience or remorse, i.e., seeing people as objects/pawns.

Substance –Related and Addictive Disorders

- Alcohol, caffeine, cannabis, hallucinogens, opioids, sedatives, hypnotics, anti-anxiolytics, stimulants, tobacco, gambling.

Neurocognitive Disorders

- Neurocognitive decline – Delirium, Alzheimer's, Dementia, and other brain diseases.

Personality Disorders

- Enduring, deeply ingrained pattern of maladaptive and inflexible behaviour and thinking across a broad spectrum of areas of living, which interferes with or causes significant distress in social, occupational or other major areas of functioning, including:
    - paranoid ideation;
    - social detachment;
    - instability of interpersonal relationships, self-image, and affect;
    - grandiosity;
    - inability to empathise;
    - social inhibition;
    - submissiveness;
    - fear of separation;
    - preoccupation with orderliness.

Paraphilias

- Voyeurism, exhibitionism, frotteurism, sexual sadism or masochism, paedophilia, fetishism, transvestism.

Philosophical consultants whose case falls into a grey area or who have questions about whether the given case falls under any of the above disorder categories may consult a licensed mental health professional with the expressed consent of the client (prospective or otherwise).

The mental health related issues, illnesses or conditions in the above list were taken from the DSM-5™ (American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Publishing).

Exceptions:

There may be exceptions to the grounds for referral if it is mutually agreed between the philosophical counsellor and the client, prospective or otherwise, during the preliminary consultation phase of the philosophical counselling service, then the philosophical counsellor and client, prospective or otherwise, may endeavour to explore philosophical counselling services which go against the grounds for referral laid out in this document. But this will be decided on a case by case basis, with express understanding of the scope of philosophical counselling and the capabilities of the philosophical counsellor (evidenced by the signing of the *informed consent form*)on the part of the client, prospective or otherwise, and after express agreement has been reached between the philosophical counsellor and client before or during the preliminary consultation phase of the philosophical counselling service.

Examples:

Example 1:

Suppose a prospective client comes to a preliminary consultation and explains that they are diagnosed with bipolar disorder and as a result they experience periodical manic episodes. They express how these episodes naturally cause generalised distress in their life such as in their social life, their close relationships, their work and other aspects of their life. This client explains that they regularly have check in sessions with a mental health professional and their GP to discuss how they are managing their disorder and how effectively their medications are working. But they wish to try philosophical counselling to explore their understanding of their personal

identity. And upon request, the client evidences their claims about regularly visiting a mental health professional and having check-ups with their GP by having both the mental health professional and the GP respectively write letters confirming this to be the case.

In this example, though this prospective client has bipolar disorder and their concerns do relate to their disorder, which would seemingly constitute grounds for referral, this prospective client is actually wanting to explore their personal identity through philosophical counselling, and it just so happens that this discussion will feature their bipolar disorder. Additionally, this client has explained that they are in touch with a mental health professional and their GP to monitor their bipolar disorder and have produced evidence upon request demonstrating that this is the case.

Lastly, before philosophical counselling could commence, the prospective client and the philosophical counsellor will acknowledge (verbally and/or in writing) that given the prospective clients particular circumstances they are pushing the boundaries of philosophical counselling and exploring new territory together.

Example 2:

Another example may be that of a transgender adult who used to see a gender specialist to explore their gender identity and to help them cope with their gender dysphoria. Now, they don't feel a need to see a gender specialist any more, as they are generally happy and comfortable with their gender identity. However, recently they have started to become bothered by discrimination they have encountered in their life, and they are seeking philosophical counselling to discuss the broader nature of discrimination, of gender identity and how it is viewed in society and discuss these ideas as well as get some recommendations on further reading about these issues.

In this example, although it seems that the fundamental nature around this person's concerns are to do with their transgender identity, the topics of discussion are not about gender dysphoria but are much broader and generally educational or academic in nature. As a result, there is absolutely no issue with this person seeking philosophical counselling because the nature of what they wish to discuss is broadly philosophical, the topic of discussion is not about being transgender but about issues around gender identity and how it is viewed in society.

Example 3:

A final example would be a prospective client who is diagnosed with ADHD (attention deficit hyperactivity disorder) who is struggling with low self-esteem which they acknowledge may be related to their ADHD as they often feel low as a result of their neurodivergent habits such as

difficulty concentrating, difficulty keeping up with housework, getting invested in new hobbies but not maintaining said hobbies for very long etc.

Though this prospective client has come to discuss their feelings which relate to their behaviours which are a result of their ADHD, the discussions in philosophical counselling sessions will likely be focused on critically analysing their view of their behaviours and the meanings they attach to them. For example, if the prospective client said "*I regularly fail to do the washing, therefore I am a failure*". This may be something the philosophical counsellor and the prospective client analyse in sessions. "*Is it necessarily the case that having failed to do the washing meanings that a person is themselves a failure in a holistic sense*?", "*Do people who are not failures in a holistic sense sometimes fail to do the washing or complete other tasks?*", "*If a friend were to tell you that they are a failure because they failed to do the washing, would you agree with them? If not, why is it true for you and not for them?*". These are just some examples of the discussion topics which may arise in this instance. And although they stem from the prospective client's ADHD habits, they are generally about critically analysing the prospective client's thoughts in a way that is not specific to ADHD. And the topic of discussion will not be about how to directly cope with or manage ADHD, but rather about the view the prospective client takes about themselves and their behaviours.

For questions or concerns, ask your (the client, prospective or otherwise) philosophical counsellor before signing this form. You (the client, prospective or otherwise) may get in touch with Get Philosophical SP through this number: 07386609173

Or reach out via email at chris@getphilosophical.com

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