

Counsellor, Mrs B

**A Report by the
Mental Health Commissioner**

(Case 17HDC02191)

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Executive summary

1. In 2017, Master A (eight years old at the time of events) attended his second counselling session with Mrs B, accompanied by his mother, Ms A. Mrs B [is a counsellor], and has been providing counselling services to the public for many years. She does not have any qualifications in counselling, and indicated that her training for counselling children was having children of her own. She does not hold membership or registration with a counselling association.
2. At this counselling session, an incident occurred between Mrs B and Master A, which resulted in the New Zealand Police being called. Differing versions of events were provided by each party about what occurred during the counselling session. However, the following was accepted:
 - a) Master A stated that he wanted to stab Ms A.
 - b) Mrs B enquired as to what Master A was going to use to stab Ms A. Mrs B made a comment about him using some nearby scissors.
 - c) Mrs B picked up the scissors.
 - d) Master A reached for the pair of scissors either just before, or just after, Mrs B picked them up.
 - e) Mrs B restrained Master A. The restraint resulted in Master A being pushed into a chair.
 - f) While restraining Master A, Mrs B asked him, "Do you feel powerless [Master A] because if you do this is how your mother feels and your brother must have when you [held] a knife to his throat." (Mrs B told HDC that she was attempting to change his thinking by introducing the concept of empathy.)
 - g) Mrs B's husband entered the room and took over restraining Master A.

Findings

3. The Mental Health Commissioner considered that Mrs B failed to de-escalate the situation when Master A threatened to stab his mother; instead, Mrs B incited and aggravated Master A, which led to Master A reaching for the scissors and subsequently needing to be restrained. In addition, the method used to attempt to introduce the concept of empathy to Master A was highly inappropriate and ineffective. Accordingly, it was found that Mrs B breached Right 4(1) of the Code of Health and Disability Services Consumers' Rights (the Code).

Recommendations

4. It was recommended that Mrs B provide a written letter of apology to Ms A and Master A for the breach of the Code identified in this report. It was also recommended that should Mrs B return to practice, she undertake prior training on best practice techniques in de-escalation and developing empathy.

Complaint and investigation

5. The Health and Disability Commissioner (HDC) received a complaint from Ms A about the services provided to her son, Master A, by Mrs B. The following issue was identified for investigation:
 - *Whether Mrs B provided Master A with an appropriate standard of care in 2017.*
6. This report is the opinion of Kevin Allan, Mental Health Commissioner, and is made in accordance with the power delegated to him by the Commissioner.
7. The parties directly involved in the investigation were:

Master A	Consumer
Ms A	Complainant/consumer's mother
Mrs B	Provider
8. Further information was received from:

Mrs B's supervisor
New Zealand Police
New Zealand Association of Counsellors
New Zealand Christian Counsellors Association
9. Independent expert advice was obtained from Mr John Andrew Connolly, Counsellor, and is included as Appendix A.

Information gathered during investigation

Introduction

10. Master A (eight years old at the time of events) attended two counselling sessions with Mrs B in 2017. At the second counselling session, an incident occurred between Mrs B and Master A, which resulted in the New Zealand Police (the Police) being called. The specifics of the incident are under dispute, and will be discussed in this report.
11. Mrs B told HDC that Master A was referred to her by a previous client to discuss issues relating to Master A not wanting to attend school.
12. Ms A told HDC that she sought professional assistance through counselling because Master A was having issues with bullying at school, and had experienced the death of two family members very close in time, and he was having difficulty dealing with his emotions and stress.

13. Ms A advised that all went well at the first counselling session, and Mrs B reported having gained good rapport with Master A by the end of it.

Second counselling session

14. During this session, Master A became extremely distressed. There are differing versions of events that led to this and Master A's subsequent actions.
15. Both Ms A and Mrs B accept that initially Master A did not want to be at the counselling session because he had been taken out of a school event for it.
16. Ms A recollected that Mrs B made comments about "Tough Love", a place to send "children who don't listen and disobey their parents". Ms A told HDC that this led to Master A saying that he wanted a new mother, and Mrs B telling Master A that Ms A was not going anywhere, and that if anyone was, it would be him. Eventually, the conversation turned to Master A declaring that he wanted to harm Ms A.
17. Mrs B recalled Ms A opening up about difficulties she and her partner were experiencing with Master A, such as his history of anger, and of holding a knife to his brother's throat. Mrs B told HDC that Master A later became upset during discussions relating to photographs of Master A in costume that Ms A did not take properly.

Ms A's recollection

18. In response to the provisional opinion, Ms A stated that the following events were prompted by Mrs B asking Master A, "What will you do to mum?" Ms A's recollection of the session after Master A's behaviour escalated is as follows:
- Master A saying, "I'll stab her," referring to Ms A.
 - Mrs B reaching for a pair of scissors on the shelf next to her and saying, "ok here's some scissors do it ..."
 - Mrs B offered the scissors to Master A, who reached for her hand that was holding the scissors.
 - Mrs B pushing Master A into a nearby chair, holding the scissors to his throat and saying something to the effect of, "[S]ee what it feels like!"
 - Master A screaming and kicking, asking to be let go, while Mrs B continued to hold him down.
 - Mrs B asking Ms A to call for Mrs B's husband, who came in and held down Master A, who continued to shout, scream, and swear at Mrs B's husband.
 - Mrs B saying that she would call psychiatric care, who would "come and take him and sedate him".
19. Ms A stated that she did not intervene because she believed that this was part of the counsellor's process. She said that this was her first-ever experience with a counsellor, and she believed that maybe Mrs B was using reverse psychology. Ms A said that she "had no idea that this is not what counsellors do".

Mrs B's recollection

20. Mrs B's recollection of the counselling session after Master A's behaviour escalated is as follows:
- Master A saying to Ms A, "I am going to stab you ... and dad as well," Ms A replying, "[D]on't be silly [Master A]," and Master A replying, "I'm not being silly I will," then looked rapidly around the room.
 - Mrs B asking Master A, "[W]hat will you use," to ascertain whether perhaps he had a pocket knife. She denied saying, "[H]ere are some scissors okay do it."
 - Mrs B did reach for the scissors that were on her desk as Master A looked around for a weapon. Mrs B said that Master A made a dash towards her and the scissors he had seen on her desk, and she said, "[W]ill you want to use these," while picking them up. She recalled him yelling, "Yes," and attempting to snatch them from Mrs B's hand.
 - Mrs B said that Master A held on to her hand but she was able to control his hands with her left hand. She overbalanced Master A into an armchair, and kept the scissors extended as far as her and his arms could reach. She said that he was yelling, "I will [expletive] stab you too," and, "I hate you I will stab you to death."
 - Mrs B denied that the scissors were near Master A's throat at any time.
 - Mrs B said that Master A could not move as she had leaned against his legs holding him still. She asked him, "Do you feel powerless [Master A]," continuing "because if you do, this is how your mother feels and your brother must have when you [held] a knife to his throat." Mrs B told HDC that she was attempting to change his thinking by introducing the concept of empathy.
 - Mrs B's husband entered her office on his own volition, and he took over restraining Master A, while Master A continued to yell, "I will cut your [expletive] head off — you stupid old [expletive], I'll stab you, I'll kill you."
21. Mrs B said that nothing was said about sedation or psychiatric involvement at any time in her office, but she believes she did suggest to the attending Police officers that a referral to psychiatric services could be an idea.
22. Mrs B said that Ms A was immobile and in tears throughout the session.

Subsequent events

23. Eventually, the Police were called to the scene. Approximately 10 days later, Ms A laid a complaint to the Police against Mrs B, after Ms A had been encouraged to do so by Master A's new counsellor.
24. This Office received copies of interviews conducted by the Police and Oranga Tamariki — Ministry for Children (Oranga Tamariki).

Master A's recollection

25. Master A had an Electronic Video Interview (EVI) with the Police. The notes of the Police officer who conducted the interview show that Master A recalled:

- Master A saying that he wanted to stab his mother.
 - Mrs B grabbing the scissors, pushing him down on the chair, and holding his hand and the scissors.
 - Mrs B “holding [scissors] against my throat”. “[S]he grabbed them and held them to my neck (indicates scissors to throat).”
 - Master A becoming angry, asking her to stop, and then her husband coming in and holding him down.
26. On two occasions, Oranga Tamariki social workers conducted Child Focused Interviews with Master A. In the latter interview, Master A recalled:
- Mrs B saying, “[H]ere is a pair of scissors,” then holding him down and putting the scissors on his throat.
 - Mrs B holding him down on a chair by his neck, and “she had the scissors there (Master A indicated his neck).”

Further information

New Zealand Police

27. The Police investigated and did not take any further action. The Senior Constable concluded:

“This is a case of one person’s word against another. After speaking with both parties I find that although [the] counselling methods were unusual or possibly even eccentric, I don’t believe that she intended to put the scissors to [Master A’s] neck and if indeed the scissors were at [Master A’s] neck it was as a result of the struggle between the two.”

Mrs B

28. Mrs B [is a counsellor] and has been providing counselling services to the public for many years. Mrs B told HDC that for the 15 years prior to this she had been a Christian counsellor. Mrs B said that her modality is Cognitive Behavioural Therapy.¹
29. Mrs B does not hold membership or registration with the New Zealand Association of Counsellors or the New Zealand Christian Counsellors Association, but told HDC that she is affiliated² with the latter.

¹ Cognitive Behavioural Therapy is a psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behaviour patterns or treat mood disorders such as depression.

² According to the NZCCA “Rules of the Association” (2018), an affiliate subscriber is a “Person of good character who is a counsellor or who is interested in counselling but does not meet the criteria for any level of membership. Those counselling are strongly encouraged to be under regular and ongoing professional supervision. Affiliates are encouraged to be familiar with but are not required to sign the Rules and Code of Practice and Ethics of the Association. Affiliates are not members and may not identify themselves as members ...”

30. Mrs B does not have any qualifications in counselling. She told HDC that her “only training to counsel children” was having her own children. She said that she attends and facilitates courses, but that they are “too numerous to list”. She added that she reads two professional books per month.
31. Mrs B said that for the last 24 years, she has maintained regular professional supervision with her supervisor, meeting once per month. Her supervisor has a Diploma in Counselling but is not registered with the New Zealand Association of Counsellors or the New Zealand Christian Counsellors Association.
32. Mrs B told HDC: “[H]ad I been aware of [Master A’s] previous violence and disobedient actions I would not have seen him a second time but referred him.”
33. Mrs B stands by her approach to introducing the concept of empathy. She told HDC that she “told the truth, even to the inclusion of saying to the boy ‘this is how your brother/mother feel’,” and that she was “doing [her] job”. Mrs B’s supervisor also stated: “[Mrs B] even had the presence of mind to continue to work with this boy by pointing out how powerless his family members might feel as she was forced to restrain him ...”
34. Mrs B told HDC that in response to this investigation, she has decided to retire.

Responses to provisional decision

Mrs B

35. Mrs B was given the opportunity to comment on the provisional report, and advised that she had no comment to make.

Ms A

36. Ms A was given the opportunity to comment on the “information gathered” and “preliminary evidentiary matters” sections of the provisional report. Where relevant, her comments have been incorporated into this report.

Opinion: Introductory comment

Counselling in New Zealand

37. At present, the counselling profession in New Zealand is not regulated under the Health Practitioners Competence Assurance Act 2003.
38. The New Zealand Association of Counsellors and the New Zealand Christian Counsellors Association advised HDC that there are requirements and competencies for membership with their associations, as well as Codes of Ethics and complaints processes. However, there are no requirements for counsellors to register with any association for counsellors, and there are no restrictions on the use of the title “counsellor”. At present, these associations are self-regulated.

39. The New Zealand Christian Counsellors Association acknowledged that while each association is able to monitor and regulate its own members, within the current scenario of self-regulation, other than the Health and Disability Commissioner or the justice system, there appears to be no body to monitor individuals practising as counsellors who are not members of a professional counselling body.
40. My expert advisor, Mr Andrew Connolly, advised:
- “Obviously [Mrs B] has a wide range of skills and experience and this is all helpful, however not having any specific qualifications in counselling and no membership of a recognised counselling association, in my opinion and I believe in the opinion of most of my counselling colleagues, means she should not be offering counselling at all to anyone.”
41. The New Zealand Association of Counsellors told HDC that it does not condone anyone acting as a “counsellor” if that person has no qualifications or counselling training or membership association to a reputable counselling association.
42. If a person is using the services of a counsellor who is not a member of a recognised counselling association, there are fewer protections for the consumer and less assurance about the counsellor’s qualifications or competence.
43. However, it is quite clear that the Code fully applies to counsellors and the services they provide, regardless of membership of a professional association.
44. I am concerned about the lack of protections and the risks that may face consumers when dealing with an unregulated provider, and will bring this to the attention of the Ministry of Health. I also encourage any counsellor to consider obtaining membership of a recognised professional counselling body, to be able to access professional standards and support.

Preliminary evidentiary matters

45. Master A attended his second counselling session with Mrs B.
46. There are differing versions of events provided by each party about what occurred during the counselling session. I accept the following facts:
- a) Master A stated that he wanted to stab Ms A.
 - b) Mrs B enquired as to what Master A was going to use to stab Ms A. Mrs B made a comment about him using some nearby scissors.
 - c) Mrs B picked up the scissors.
 - d) Master A reached for the pair of scissors either just before, or just after, Mrs B picked them up.
 - e) Mrs B restrained Master A. The restraint resulted in Master A being pushed into a chair.

- f) While restraining Master A, Mrs B asked him, “Do you feel powerless [Master A] because if you do this is how your mother feels and your brother must have when you [held] a knife to his throat.”
- g) Mrs B’s husband entered the room and took over restraining Master A.

Whether Mrs B held scissors to Master A’s throat

47. I have considered all the information available to me regarding whether or not Mrs B held the scissors to Master A’s throat. Other than the statements from the individuals present at the counselling session, there is no other evidence available to me that would support the account of Master A and Ms A over that of Mrs B. I am therefore unable to make a factual finding on the balance of probabilities about whether Mrs B held scissors to Master A’s throat.
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Opinion: Mrs B — breach

48. Being guided by my expert advisor, my concerns relate to the lack of de-escalation when Master A became heightened, and the inappropriate way in which Mrs B attempted to introduce empathy.

De-escalation

49. When Master A stated that he wanted to stab his mother, Mrs B asked him what he would use. She made a comment about him using some nearby scissors. She picked up the scissors. Master A reached for the scissors, and this resulted in Mrs B, and then subsequently her husband, restraining Master A.
50. Mr Connolly advised:

“Considering the age of [Master A] (8y/o) and a child this age’s inability to fully understand consequences, for [Mrs B] to offer him the means and therefore permission to act in this way is grossly irresponsible and in no way conscionable as a counsellor. Even if [Mrs B] was calling [Master A’s] bluff in a gestalt³ way this action is risky and inappropriate. The normal standard of care with a child of this age would be to de-escalate the situation, not provoke a reaction. I consider [Mrs B’s] actions in this situation to be a significant departure from standard practice. I believe my counselling peers may have a range of views on using gestalt approaches but would agree that with an 8 year old who is presenting the symptoms [Master A] is reported to have displayed in the context of [Mrs B’s] counselling room this approach is inappropriate.”

51. Mr Connolly further advised that Mrs B’s comments leading up to the restraining were more inciting than calming, and that de-escalating a situation like this before it gets to

³ Gestalt therapy is a form of psychotherapy that focuses on gaining self-awareness of emotions, perceptions, and behaviours in the immediate present, and on using this awareness to better recognise and satisfy current needs.

violence and the need to restrain is always preferable. Mr Connolly considers that de-escalation would be considered the “normal standard of care”.

52. I accept Mr Connolly’s advice. It is clear that Mrs B should have taken steps to de-escalate the situation rather than probe Master A further on how he might carry out an attack on his mother or any other person. Mrs B’s comments to Master A were inappropriate and aggravated the situation.

Restraint

53. Mr Connolly advised that the restraining of Master A, in the circumstances, was not a departure from accepted standards. However, Mr Connolly is concerned that no proper procedure was employed when restraint was required. He considers that Mrs B’s husband’s assistance with the restraint departed from standard practice, but noted that the departure was mitigated given that the situation had reached a “crisis” point. Whilst I accept that the restraining of Master A did not depart from accepted standards, in my view, this and Mrs B’s husband’s involvement may have been prevented had a different approach been taken.

Empathy

54. Mrs B said that while restraining Master A, she asked him, “Do you feel powerless [Master A]?” continuing “because if you do this is how your mother feels and your brother must have when you [held] a knife to his throat.”
55. Mrs B stands by her comments and approach to introducing the concept of empathy, and I note that her supervisor appears to endorse this approach.
56. Mr Connolly advised that the standard of care and accepted practice in this situation “is to treat the client with respect”. He considers that Mrs B’s comments, combined with the action of holding Master A down, even with the intention of introducing the concept of empathy, was a “gross departure from the standard of care and accepted practice in counselling and seems to have the same type of bullying energy that [Master A] is reported to have used with his brother”. Mr Connolly advised:

“There are many ways to introduce the concept of empathy in counselling. One of the most recognised is by demonstrating it. In my opinion this scenario neither taught nor demonstrated empathy and therefore was highly inappropriate and a significant departure from the standard of care and accepted practice for counsellors.”

57. I agree. In my view, Mrs B’s comments at this juncture whilst she restrained him were highly inappropriate, and did not facilitate Master A’s understanding of empathy.

Conclusion

58. There are troubling elements to Mrs B’s second counselling session with Master A. In my view, Mrs B failed to provide Master A services with reasonable care and skill in the following ways:

- She failed to de-escalate the situation when Master A threatened to stab his mother. Instead, Mrs B incited and aggravated Master A, which led to Master A reaching for scissors and subsequently needing to be restrained.
- The method used to attempt to introduce the concept of empathy to Master A was highly inappropriate and ineffective.

59. Accordingly, I find that Mrs B breached Right 4(1) of the Code.⁴

Recommendation

60. I recommend that Mrs B provide a written letter of apology to Ms A and Master A for the breach of the Code identified in this report. The apology letter should be sent to HDC within three weeks of the date of this report, for forwarding to Ms A.
61. I also recommend that, if Mrs B returns to practice, she undertake prior training on best practice techniques in de-escalation and developing empathy.
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Follow-up actions

62. A copy of this report with details identifying the parties removed, except the expert who advised on this case, will be sent to the New Zealand Association of Counsellors and the New Zealand Christian Counsellors Association.
63. A copy of this report with details identifying the parties removed, except the expert who advised on this case, will be placed on the Health and Disability Commissioner website, www.hdc.org.nz, for educational purposes.
64. A copy of this report with details identifying the parties removed, except the expert who advised on this case, will be sent to the Ministry of Health. In addition, I will write to the Ministry of Health, pursuant to section 59(4) of the Health and Disability Commissioner Act 1994, outlining my concerns about the lack of protections and the risks that may face consumers when dealing with an unregulated provider.

⁴ Right 4(1) states: “Every consumer has the right to have services provided with reasonable care and skill.”

Appendix A: Independent advice to the Commissioner

The following expert advice was obtained from Mr John Andrew Connolly:

“Report to the Office of the Health and Disability Commissioner regarding complaint number C17HDC02191; the complaint against [Mrs B].

I have been asked to provide an opinion to the Commissioner on complaint number C17HDC02191, I have read and agree to the Commissioner’s guidelines for Independent Advisors.

I have been a counsellor for 18 years and have worked primarily with men, young men (including boys) and their families. I have an M.Ed. (Hons) in Counselling, a Bachelor of Ministries from the Bible College of NZ, and I’m a Full Member of NZCCA and a Counsellor Registered with NZAC. I am also ACC Approved for sensitive claims. For four years I worked as a child counsellor for a counselling agency specialising in family violence. My wife and I are both Directors of our own company called Counselling Creatively Ltd.

I have been asked to comment specifically on the following points:

- Was [Mrs B’s] response to [Master A’s] statement that he would stab [Ms A], namely, asking what he would use and then asking if he wanted to use the scissors, an appropriate counselling approach given [Master A’s] age and presentation?
- Was [Mrs B’s] decision to restrain [Master A] when he reached for the scissors in her hand reasonable?
- Was the procedure followed by [Mrs B], and then [her husband], to restrain [Master A] appropriate?
- Was it appropriate for [Mrs B] to ask [Master A] if he felt powerless while she was restraining him?
- Was it appropriate for [Mrs B] to introduce the concept of empathy in the way that she did?
- In your opinion, was the overall approach used by [Mrs B] appropriate and consistent with accepted counselling practice for an 8 year old child?
- Any other matters in this case that you consider warrant comment.

For each question, the following four points will be covered:

1. What is the standard of care/accepted practice?
2. If there has been a departure from the standard of care or accepted practice, how significant a departure do you consider this to be?
3. How would it be viewed by your peers?

4. Recommendations for improvement that may help to prevent a similar occurrence in future.

In researching for writing this report I have consulted various sources. These include, among others the NZCCA code of ethics, policies and rules (NZCCA.org.nz)⁵ and the NZAC competencies and ethics (NZAC.org.nz). I have also been provided with copies of the HDC website complaint submission by [Ms A] and the response to this by [Mrs B] including a two page document with her qualifications and experience. Also included is a [Police Case Summary report].

In addition, I have read the report compiled by [HDC] and use that here as the summary of facts:

[Master A], an eight year old boy, attended a second counselling session with [Mrs B]. [Master A's] mother, [Ms A], reports that [Master A] had been diagnosed with mild anxiety and depression following the death of his two [family members] within eight months. She advises that [Master A] was receiving counselling due to his difficulty in dealing with different emotions. However, [Mrs B] reports that [Master A] was referred to her to discuss his reluctance to attend school. [Ms A] and [Mrs B] agree that the first counselling session went well.

[Master A] did not want to leave school for his second counselling session, and when he arrived at [Mrs B's] house [Ms A] reports that he told her he was going to walk back to school, and started down the street. [Mrs B] reports that she asked [her husband] to follow [Master A] in the car, though at a distance. She reports that while they were waiting for [Master A], [Ms A] described the problems she and her husband were having with him including an incident where he had held a knife to his brother's throat. Approximately 5 to 10 minutes later, [Master A] returned to [Mrs B's] office, in a bad mood. It appears from [Mrs B's] response that she and [Ms A] had discussed the 'Tough Love' programme prior to [Master A's] return. However, [Ms A] reports that [Master A] returned during this conversation, and [Mrs B] tried to bring [Master A] into it by asking him questions. [Ms A] reports that [Master A] said he wanted a new mum, and [Mrs B] replied 'mum's not going anywhere, you will be if anyone is'. [Ms A] reports that the conversation then turned to [Master A] wanting to harm her, stating he would stab her. However, [Mrs B] reports that [Master A] became angry because he believed [Ms A] had not taken pictures of him dressed [in costume] properly. She reports that it was during this conversation that [Master A] stated he would stab [Ms A].

[Ms A] reports that [Mrs B] reached for a pair of scissors and said to [Master A], 'ok, here's some scissors, do it', moving towards him. She reports that [Master A] reached for the scissors, at which point [Mrs B] pushed him into a nearby chair and held the scissors to his throat, with words to the effect of 'see what it feels like!' However, [Mrs B's] account differs and she reports that she asked [Master A] 'what will you use?' to ascertain whether he had a pocket knife, and he looked wildly around the room and

⁵ Please refer to the NZCCA code of Ethics THE RELATIONSHIP WITH THE CLIENT especially the section WORKING WITH CHILDREN.

ran towards her, seeing the scissors on her desk. She reports that she reached for the scissors, asking [Master A], 'will you want to use these?' to which he replied, 'yes', and attempted to snatch them from her hand. [Mrs B] reports that she overbalanced [Master A] into a chair, keeping the scissors extended as far away from him as possible, though he was still holding onto her hand, shouting and swearing. She reports that she leaned against [Master A's] legs to hold him still, and asked 'do you feel powerless [Master A]?', continuing 'because if you do, this is how your mother feels and your brother must have when you hold a knife to his throat'. [Mrs B] advises that, as a cognitive therapist, she was attempting to change [Master A's] thinking by introducing the concept of empathy.

[Ms A] reports that [Master A] asked to be let go but [Mrs B] continued to hold him down and asked [Ms A] to call [her husband]. She reports that [her husband] then entered the office and took over restraining [Master A]. However, [Mrs B] reports that she did not ask [Ms A] to call [her husband], he entered the office after hearing [Master A]. [Ms A] reports that [Mrs B] informed her she was going to call psychiatric care, she asked 'what will they do?' and [Mrs B] advised that they would take [Master A] and sedate him. However, [Mrs B] reports that while she suggested a referral to one of the police officers who later attended, she did not mention this to [Ms A] in her office, and never suggested sedation. [Ms A] reports that she did not want psychiatric care to attend and offered to call her husband to see what he suggested. [Mrs B] reports that she spoke with [Ms A's] partner, who said that he could hear [Master A], had had enough of his behaviour and to call the police. Once the police attended, [Master A] calmed down and was released from his restraint by [Mrs B's husband]. [Mrs B] reports that she asked [Master A] if he would like to apologise to [Ms A], to which he replied 'no', and then asked if he would like to apologise to her, to which he replied 'yes'.

Different versions of events

I note that there are different versions of events in the information provided. The following facts are agreed between the parties:

- [Master A] stated that he would stab [Ms A];
- [Mrs B] took the scissors from her desk;
- [Master A] reached for the pair of scissors in [Mrs B's] hand;
- [Mrs B] restrained [Master A];
- [Mrs B's husband] entered the office and took over restraining [Master A] from [Mrs B]; and
- [Master A] calmed down when the police arrived and was released by [Mrs B's husband].

I note that in the case summary report, [the Senior Constable] gives the opinion that if the scissors were at [Master A's] throat at any time, it was as a result of the struggle and not intentional action by [Mrs B].

OPINION

Was [Mrs B's] response to [Master A's] statement that he would stab [Ms A], namely, asking what he would use and then asking if he wanted to use the scissors, an appropriate counselling approach given [Master A's] age and presentation?

I understand the basic tenants of Cognitive Behavioural Therapy (CBT) and the need to challenge a client's threats and statements at times. Considering the age of [Master A] (8y/o) and a child this age's inability to fully understand consequences, for [Mrs B] to offer him the means and therefore permission to act in this way is grossly irresponsible and in no way conscionable as a counsellor. Even if [Mrs B] was calling [Master A's] bluff in a gestalt way this action is risky and inappropriate. The normal standard of care with a child of this age would be to de-escalate the situation, not provoke a reaction. I consider [Mrs B's] actions in this situation to be a significant departure from standard practice. I believe my counselling peers may have a range of views on using gestalt approaches but would agree that with an 8 year old who is presenting the symptoms [Master A] is reported to have displayed in the context of [Mrs B's] counselling room this approach is inappropriate.

My recommendation is that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

Was [Mrs B's] decision to restrain [Master A] when he reached for the scissors in her hand reasonable?

As a last resort in this sort of situation when a child is becoming violent some form of restraint can certainly be deployed as safety for the child is of paramount importance. It seems to me however that [Mrs B's] comments leading up to this restraining were more inciting than calming. De-escalating a situation like this before it gets to violence and the need to restrain is always more preferable and would be considered a normal standard of care. A normal standard of care would be to not have things that a child could use to harm themselves or others readily available in the counselling room. If however a child was able to obtain some form of weapon restraining them so they could not harm others or themselves would be considered a normal standard of care and accepted practice. So in this case I believe restraining [Master A] so he couldn't access the scissors would not be considered a departure from standard care and practice. I believe this opinion would be viewed similarly by my counselling peers.

Again, my recommendation is that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

Was the procedure followed by [Mrs B], and then [her husband], to restrain [Master A] appropriate?

It seems there was no proper procedure or process employed. What occurred was more of a reaction than a considered response or intervention. The normal standard of care in a crisis situation like this is to have the ability to call on a suitable colleague to assist if necessary. It is a departure from accepted practice to have a partner (especially an older person who is potentially at risk themselves coming into a violent situation) come into the counselling room to assist. I consider this to be a departure from standard counselling practice. However, the significance is mitigated by the fact that this was a crisis situation and [Mrs B] and [Master A] were both at risk of being hurt.

I believe my counselling peers would consider that this situation should never have occurred if normal standards of care and accepted practice had been observed. However the fact it did occur, restraining [Master A] until he calmed down and/or the Police arrived would not be considered a departure from standard care or accepted practice.

Once again my recommendation is that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

Was it appropriate for [Mrs B] to ask [Master A] if he felt powerless while she was restraining him?

The standard of care and accepted practice is to treat the client with respect. This statement combined with the action of holding [Master A] down — even with the intention of introducing the concept of empathy — is a gross departure from the standard of care and accepted practice in counselling and seems to have the same type of bullying energy that [Master A] is reported to have used with his brother. I do not believe this behaviour would be supported by my counselling colleagues.

As mentioned before my recommendation is that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

Was it appropriate for [Mrs B] to introduce the concept of empathy in the way that she did?

There are many ways to introduce the concept of empathy in counselling. One of the most recognised is by demonstrating it. In my opinion this scenario neither taught nor demonstrated empathy and therefore was highly inappropriate and a significant departure from the standard of care and accepted practice for counsellors.

I respectfully recommend that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

In your opinion, was the overall approach used by [Mrs B] appropriate and consistent with accepted counselling practice for an 8 year old child?

The approach [Mrs B] took of having both [Master A] and his mother in the counselling room together is fairly normal practice and appropriate with an 8 year old boy, especially in the early sessions when the therapeutic alliance is being established. Having [Mrs B's husband] (not a counsellor) come in and restrain [Master A] is certainly not consistent with accepted counselling practice. It appears from the documents provided that [Ms A] remained silent and passive (possibly dissociative) throughout most of the counselling session. Normal standards of care and accepted practice would be to involve the parent in therapy with the 8 y/o child and unless there's a clear and specific reason why, not leave her simply as an observer. It seems [Mrs B] didn't do this in this session which I would see as a mildly significant departure from accepted practice. I believe my counselling peers would generally agree with this perspective although some child therapists do focus much more on the child and not so much on the child parent dyad as I do.

Again my recommendation is that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

Any other matters in this case that you consider warrant comment.

One of the outstanding things in this case is that [Mrs B] is not a qualified counsellor or membered to a professional counselling association.

This is a fundamental standard of care and accepted practice in New Zealand. Based on the 'Qualifications and Experience' page provided it appears [Mrs B] has no formal qualifications in counselling including no qualifications in counselling children and is only an 'Affiliate Subscriber' of NZCCA.

According to the NZCCA Rules an Affiliate Subscriber is [a]:

'Person of good character who is a counsellor or who is interested in counselling but does not meet the criteria for any level of membership. Those counselling are strongly encouraged to be under regular and ongoing professional supervision. Affiliates are encouraged to be familiar with but are not required to sign the Rules and Code of Practice and Ethics of the Association. Affiliates are not members and may not identify themselves as members. They do not have voting rights. Being accepted as an Affiliate, or remaining on the Register of Affiliates shall be at the discretion of the Executive Committee.'

Obviously [Mrs B] has a wide range of skills and experience and this is all helpful, however not having any specific qualifications in counselling and no membership of a recognised counselling association, in my opinion and I believe in the opinion of most of my counselling colleagues, means she should not be offering counselling at all to anyone. To be offering counselling without counselling qualifications and membership in my opinion is a significant departure from standard care and accepted practice.

My recommendation is that [Mrs B] either enrol in a recognised New Zealand based counselling degree and then apply for membership to a recognised counselling professional body or cease offering counselling immediately.

Andrew Connolly”