

Counselor Risk Control Self-assessment Checklist

This resource is designed to help counselors evaluate risk exposures associated with their current practice. For additional counselor-oriented risk control tools and information, visit www.cna.com and www.hpso.com.

CLINICAL SPECIALTY	Yes	No	Action(s) needed to take to reduce risks
I work in an area that is consistent with my licensure, specialty certification, training and experience.			
I know that my competencies (including experience, training, education and skills) are consistent with the needs of my clients.			
I understand the specific risks of caring for clients within my clinical specialty.			
I decline an assignment if my competencies are not consistent with client needs.			
I ensure that my competencies and experience are appropriate before accepting an assignment to cover for another practitioner.			
I am provided with or request and obtain orientation whenever I work in a new or different client setting.			
I obtain continuing education and training, as needed, to maintain my competencies in my specialty.			

SCOPE OF PRACTICE AND SCOPE OF SERVICES	Yes	No	Action(s) needed to take to reduce risks
I read my state practice act at least once every year to ensure that I understand and comply with the legal scope of practice in my state.			
I know and comply with the requirements of my state regarding counselor or physician collaborative or supervisory agreements, and I review and renew my agreements at least annually.			
I comply with the requirements of my state regarding other regulatory bodies, such as the Department of Health and / or Department of Mental Health (if applicable).			
I collaborate with or am supervised by a counselor or physician as defined by my state laws and regulations and as required by the needs of my clients.			
I decline to perform requested actions / services if they are outside of my legal scope of practice.			
I am licensed / certified in each state in which I practice telecounseling, and I am aware of all applicable state-specific scope of practice regulations when telecounseling.			

ASSESSMENT	Yes	No	Action(s) needed to take to reduce risks
I elicit the client's concerns and reasons for the visit and address those concerns.			
I obtain and document a current list of the client's prescribed and over-the-counter medications, including vitamin supplements and holistic / alternative remedies.			
I compile, document and utilize an appropriate client clinical history, as well as relevant social and family history.			
I ascertain the client's level of compliance with currently ordered treatment and care instructions, medication regimens and lifestyle suggestions.			
I adhere to facility documentation requirements regarding assessment findings, documenting all pertinent information in a timely, accurate and appropriate manner.			

DIAGNOSIS	Yes	No	Action(s) needed to take to reduce risks
I utilize an objective, evidence-based approach, applying organization-approved clinical guidelines and standards of care to determine the client's differential diagnosis.			
I consider the findings of the client's assessment, history and psychological examination, as well as the client's expressed concerns, in establishing the diagnosis.			
I perform and document appropriate assessment techniques before arriving at the diagnosis.			
I consult with my collaborating / supervising counselor or physician, as required, to establish the diagnosis and treatment plan, and I document all such encounters.			
I request, facilitate and obtain other appropriate consultations, as necessary, to determine the correct diagnosis.			
I comply with the standard of care and my facility's policies, procedures, and clinical and documentation protocols when establishing the diagnosis.			
If a client is unstable and in need of immediate emergency treatment, I refer him or her to hospital emergency care, facilitating this process if necessary.			
If an assessment technique involves risk, I conduct and document an informed consent discussion with the client and obtain the client's witnessed consent.			
I obtain, document and respond to the results of consultations with other counselors, physicians or other healthcare providers.			
I establish the diagnosis, determine a treatment plan, document decision-making, and order and implement the treatment and care plan.			
I discuss findings, assessment results, the proposed treatment plan and reasonable expectations for a desired outcome with clients, and ensure their understanding of their care or treatment responsibilities. I document this process, noting the client's response.			
I counsel the client regarding the risks of not complying with treatment and consultation recommendations. If noncompliance is potentially affecting the safety of the client and regular counseling has been ineffective, I consider discharging the client from the practice.			
If the client is uninsured or unable to afford necessary counseling services, I refer him or her for financial assistance, payment counseling and / or free or low-cost alternatives.			
I regularly seek peer review to evaluate my assessment skills and expertise, and to identify opportunities for improvement.			

TREATMENT AND CARE	Yes	No	Action(s) needed to take to reduce risks
I educate the client regarding the diagnosis, treatment plan, and need for compliance with treatment recommendations, medication regimens and screening procedures.			
I discuss the client's treatment plan and ongoing response to treatment with my collaborating / supervising counselor or physician, as required and appropriate.			
I facilitate emergency medical treatment in the event of a crisis.			
I conduct and document an informed consent discussion with the client prior to implementing any aspect of the treatment plan that involves potential risk.			
I utilize regular assessment techniques and obtain consultations, as needed, to appropriately manage the client's condition(s).			
I schedule follow-up visits to monitor the client's response to treatment, and I adjust the client's treatment plan, as needed and appropriate.			
I remind clients of regular appointments and document these reminders.			
I contact clients after missed appointments for rescheduling and document these contacts.			
I explain to clients that if they are noncompliant to the point of self-endangerment or creating a liability risk, I may be forced to withdraw my care. I document this interaction.			
I counsel noncompliant clients about the risks and possible consequences of such behavior.			
I write legibly and use no abbreviations.			
If a late entry must be added to the client's record, I solicit advice about how to do so from my supervising counselor or physician, my organization's risk manager and / or legal counsel.			
I educate my clients regarding the desirability of adhering to medication regimens and beneficial dietary and lifestyle modifications.			
I terminate from treatment persistently noncompliant clients, assist them in transitioning to another healthcare provider, and document actions taken and support provided.			

COMPETENCIES	Yes	No	Action(s) needed to take to reduce risks
I attend continuing education and training sessions in compliance with state licensing regulations and facility requirements.			
I remain current regarding practice, medications, treatment and tools utilized for the diagnosis and treatment of conditions related to my clinical specialty.			
I consult regularly with my collaborating / supervising counselor or physician to ensure my competencies are appropriate and sufficient.			
I engage in peer review and / or quality review in my organization / practice.			
I participate in quality improvement and client safety committees or initiatives in my organization / practice / professional organization, in order to enhance my clinical competencies and client safety awareness.			
I contact the ACA to identify learning opportunities in my region and state, and seek additional learning opportunities through professional organizations.			

In addition to this publication, CNA has produced numerous studies and articles that provide useful risk control information on topics relevant to healthcare professionals. These publications are available by contacting CNA at 1-888-600-4776 or at www.cna.com/riskcontrol. Healthcare Providers Service Organization (HPSO) also maintains a variety of online materials, including newsletters, articles, and useful clinical and risk control resources, as well as information relating to counselor professional liability insurance, at www.hpso.com.

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