Distress protocol

This protocol has been has been devised to deal with the possibility that some clients may become distressed and/or agitated during their involvement in our Parkour classes. This practice, being very subjective for clients, may bring up some current or historical psychological traumas experienced as well as difficult or trying recollections of their stories.
Kasturi Torchia is a trainee counselling psychologist with experience in managing situations where distress can and often inevitably does occur. A three step protocol detailing signs of distress that she and/or the parkour coaches will look out for, as well as action to take at each stage is outlined below.

Although it is not expected that extreme distress will occur, neither that the relevant actions within the protocol will become necessary, steps to manage this in the event of its occurrence is paramount. This is especially prudent in our service , as it is expected that most of the clients will not have access to professional services within which there would usually be an existing structure set up to deal with extreme distress, implemented by respective professionals.
Kasturi Torchia is supervised and overseen by her own person supervisor and therapist and is suitably insured by Proffessional Liability Cover by Towergate Insurance to work with such client presentations.

1. Mild distress:
Signs of distress:

1.	Tearing up
2.	Voice breaking down, choking with emotion, difficulty speaking
3.	Participant becomes distracted and/or restless, overly avoidant

Management of distress:

1.	Ask participant if they are happy to continue
2.	Offer them time to pause and re-compose themselves
3.	Remind them of their right to stop at any time without justification if they become too distressed

2. Severe distress:
Signs of distress:

1.	Uncontrolled crying or wailing, inability to for sentences coherently
2.	Panic attack/ panic like symptoms e.g. hyperventilation, shaking, fear of impending heart attack, sweating excessively
3.	Intrusive thoughts of the traumatic event e.g. flashbacks of a fall

Management of distress:

1.	The researcher will terminate the interview/experiment prematurely.
2.	The debrief will begin immediately
3.	Relaxation techniques will be suggested to regulate breathing/ reduce agitation
4.	The researcher will acknowledge and empathise with participants' distress, and reassuring them and normalising their experiences as common reactions to distressing events.
5.	If any unresolved issues arise during the interview, researcher will acknowledge and validate their distress, reminding participants that although the interview is not designed as a therapeutic interaction, they would benefit from discussing this further with a GP or mental health professional.
6.	Details of suitable counselling/therapeutic services will be offered to participants

3. Extreme distress:
Signs of distress:

1.	Severe agitation and possible verbal or physical aggression
2.	In very extreme cases, possible psychotic breakdown or participants reliving a traumatic incident such as an injury or fall, possibly begins to lose touch with reality

Management of distress:

1.	Maintain safety of participant and researcher
2.	If the researcher has concerns for the participant's safety or anyone else's, she will inform them that she has a duty to inform her supervisor and act upon their recommendation, albeit keeping the participant informed about actions throughout.
3.	If the researcher believes that either the participant or someone else is in immediate danger, then she will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
4.	If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option is a last resort and would only be used in an extreme emergency)

espritconcrete@gmail.com	07722851204