

BACP 29th Annual BACP Research Conference

Global issues in counselling and psychotherapy research, policy and practice

Abstract booklet

Keynote Presentations

The Complexity of Refugee Trauma - Effective Psychosocial Intervention

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In the past decade, the global refugee population has more than doubled. According to the UNHCR (2023), just a little over 100 million people around the world have been forced to flee their homes. Among them are over 26.6 million refugees, the highest population on record. Sixty eight percent of the world's refugees come from just 5 countries. At the present time, over 5.2 million Ukrainians have fled the country, with nearly 3 million taking shelter just across the border in Poland.

Refugees experience many hurdles and adversities during their escape journey. Psychologically, the displaced individuals may go through a “triple trauma” journey, stemming from their country of origin, during migration and escape and after the resettlement into a new host country. They may encounter complex traumas that may affect their lives for many generations, called intergenerational trauma (Sangalang & Vang, 2017).

Refugees, asylum seekers, and other groups who have been forcibly displaced frequently describe exposure to numerous potentially traumatic events in both their home and host countries as well as when they were displaced (Yaylaci, F.T., 2018). This group's general health results are adversely affected by these encounters, which are frequently lengthy, repetitive, and interpersonal in nature. As a result, it has constantly been noted that refugees frequently report trauma-related issues, especially depression, anxiety, and complex post-traumatic stress disorder (C-PTSD) (Schick et al., 2018). Refugees typically deal with several difficulties every day. These numerous challenges, which include those linked to a lack of resources, family division, social isolation, acculturation, prejudice, socioeconomic considerations, immigration, and refugee regulations are mostly tied to the post-migration environment. Beyond the consequences of traumatic events, it has been demonstrated that these pressures associated with displacement have a significant influence on refugees' health and overall well-being.

It is crucial that experiences of trauma are understood as being situated within a specific sociocultural and historical context. Indeed, the past several years of mental health interventions for refugee populations have moved from being exclusively focused on PTSD (and accompanying specialist interventions) towards a more inclusive and communal approach which recognizes cultural differences in mental health as well as the need to develop resilience within already existing health, social and community systems (Weissbecker et al., 2018).

Yet, despite this growing trend towards community-based interventions aimed at benefiting local cultural knowledge and practices, existing cultural and contextual information is rarely utilized effectively to inform the design of programs aimed at addressing the mental health of refugee populations (Greene et al., 2017).

Facing the difficult truths of the climate and ecological emergency, apocalyptic disaster, or transformational moment in history?

How can research into eco-anxiety and eco-emotions help develop insight into these challenges and translate into counselling and psychotherapy practice?

Caroline Hickman

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There is a growing understanding of the impact on mental health, the distress, confusion, and anxiety that follows increased awareness of the climate and bio-diversity crisis (Pihkala, 2020; Ogunbode, 2022) with concern increasingly centred on how this is affecting children and young people (Lawton 2019; Hickman, 2019, 2020; Hoggett, 2019).

Recent quantitative research has highlighted the relational aspect of this distress with children and young people suffering severe emotional and mental upset because of climate change, knowing about it, witnessing, experiencing its impact, and fearing for their increasingly uncertain futures. They are suffering from trauma, prolonged psychological and physical stress, they have symptoms of depression, grief, and anxiety, feeling betrayed, abandoned, and dismissed by the people in power and governments who they expected to protect them (UNICEF 2021; Hickman & Marks et al, 2021). Research has also examined the impact of direct exposure to traumatic events (wildfires, floods, or extreme heat) as well as indirect adverse experiences observed by witnessing the harm being caused to others such as news reports showing animals and people fleeing wildfires or listening to stories told by survivors of traumatic events (Lawrence et al 2021, Obradovich et al, 2018).

Whilst research has largely framed eco-anxiety as an emotionally healthy and congruent response to environmental crises there remains contrasting and competing theories surrounding its nature and treatment with eco-anxiety variously framed as pre-traumatic or post-traumatic stress, collective trauma, intergenerational trauma, and Adverse Childhood Experiences. Whilst there is a general recognition from professional bodies that eco-anxiety should not be diagnosed or pathologised (RCPsych, 2021) there are also attempts to categorise and differentiate between 'normal' and 'abnormal' forms of eco-distress. What is certain is that eco-anxiety is an emergent mental health problem that we are learning about amid the unfolding climate and bio-diversity crisis itself.

Counselling and psychotherapy have been increasingly addressing these issues with development of 'climate aware therapy' models in clinical practice (Davenport 2017) and through groups such as the Climate Psychology Alliance. Climate aware therapeutic models would argue that rather than diagnosing and pathologising eco-anxiety we should be supporting people in making sense of their distress, finding meaning in their changing world, developing community and collective approaches for support, challenging climate denial and embracing the range of emotions found through this including grief, despair, depression, radical hope, and empathy. A depth psychology approach (Hollis 1996; Hoggett, 2019; Weintrobe, 2013, Lertzman ,2015 & 2019; Randall, 2019) would argue that it is this very descent, depression, experience of grief and loss that gives meaning to the experience of waking up to the climate crisis.

Looking under the surface requires us to be curious, to use deep listening (Hoggett, 2019), to show respect to all forms of emotional expression (Hickman, 2020; Pihkala, 2020; Weintrobe, 2021), show humility to feelings (Hollis, 1996) and to develop climate aware

psychological models that can help us to navigate these unprecedented challenges, both internal and external in the world today.

Keynote Discussion

Counselling rebuilding lives - Exploring the role of counselling and psychotherapy in supporting displaced people fleeing trauma, persecution and conflict

Panos Vostanis¹ (Chair), Richard Burgon MP², Anne Burghgraef³, Sega Habtom⁴ & Luke Bramhall⁵

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The UNHCR estimates that 117.2 million people will be forcibly displaced or stateless in 2023 and supporting these people to rebuild their lives is becoming a global emergency. Whilst much of the media and policy focus in the UK is on reducing numbers crossing the English Channel, there is little thought to the mental health impact felt by refugees and asylum seekers themselves.

This panel session brings together voices from lived experience, academia, service providers and the political world to debate how we can better support these most vulnerable people and communities and their unique challenges. It will specifically look at the role of counselling and psychotherapy in helping those fleeing trauma, persecution and conflict to rebuild their lives. It will also consider the barriers to support and the role of the counselling research community to help build a robust case to secure positive policy change.

This discussion will consider:

- What is the role of counselling and psychotherapy in supporting displaced people arriving in the UK to deal with the psychological trauma of being displaced from their homes by war or persecution?
- What impact can counselling and psychotherapy interventions have when working with refugees and asylum seekers who have experienced, often multiple, traumatic life events?
- What does research and lived experience tell us are the key barriers to accessing therapy for refugees and asylum seekers?
- What actions do BACP, the wider profession and government need to undertake to tackle these barriers?
- What is the responsibility of Government and local politicians to ensure culturally sensitive MH support is available?
- What role can research and evidence play in ensuring we make a robust case to secure policy change?

Workshops

Decolonising counselling and psychotherapy research

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Learning outcomes

This session will help you:

- Understand what a decolonised approach to counselling and psychotherapy research might look like and why this is important.
- Acquire the skills to decolonise your future research designs and data-collection methods and to develop culturally sensitive research practice.
- Demonstrate how conventional research methodologies marginalise and silence other (non-White) ways of knowing and conceptualising the world.
- Think reflexively about your own power and privilege and how to reduce the impact of this in your research design, delivery and dissemination.

Structure and overview of content

Decolonisation remains a global movement and project, as well as a strategic priority for international organisations such as the United Nations. In counselling and psychotherapy research, decolonising approaches have become increasingly more visible (Kara, 2020). These approaches aim to produce research that benefits and empowers participants from Indigenous, racially minoritised and marginalised backgrounds. In these approaches, research participants are partners in the research, and their individual and collective expertise and knowledge informs and shapes the research questions, design and delivery (Chilisa, 2020). An essential part of the decolonisation approach is for researchers to critically examine their own identities, epistemological assumptions and power dynamics in relation to the research process and research participants, improve awareness of their own privileged positions and embrace non-Western and 'Othered' ways of knowing (Thambinathan & Kinsella, 2021; Churara & Lago, 2021).

Through recent research and case studies, we will consider best practice when designing and developing a research project using a decolonising lens. Key questions we might consider include:

- How do assumptions about power affect what we select as research problems and/or which communities we research?
- How might researchers ensure a 'power with' rather than 'power over' approach when researching marginalised or vulnerable groups (Keikelame & Swartz, 2019)?
- How might researchers and participants work in partnership to share and create knowledge for longer term reciprocal benefits to researchers and communities?
- How might researchers develop respect, trust, reciprocity and collaboration with their research participants?
- How can researchers ensure better awareness and understanding and application of intersectional approaches to their research?

Target audience

This session will be of particular interest to counselling and psychotherapy researchers, practitioners and students who wish to develop culturally sensitive research practice.

Considerations given to issues of equality, diversity and inclusion

This session critically interrogates and evaluates conventional and privileged (i.e., White, Euro-Western) forms of research knowledge and proposes a reflexive, culturally sensitive approach that respects, validates and foregrounds the voices and perspectives of research participants from oppressed, Indigenous and discriminated groups.

Pluralistic Research Network (PRN): Designing an on-line client feedback and monitoring system to support client-therapist collaboration and shared decision-making in counselling and psychotherapy conducted in non-medical settings

Lynne Gabriel, Andrew Reeves, John McLeod, Julia McLeod, Christina Kupfer, Kate Smith & Mark Clamp

Additional authors: Mhairi Thurston¹, David Sanmartino & Marie-Clare Murphie

¹Senior Lecturer, Abertay University

Learning outcomes

The session will help you:

- understand purpose and potential of using systems to record client experiences
- consider implications of process and outcome measures in practice, their contribution to research questions and the evidence base
- consider research questions of significance for the wider counselling professions

Structure and overview of content

PRN are considering how to design an on-line feedback and monitoring system to support client-therapist collaboration and shared decision-making in non-medical therapy settings. Clients and therapists will be involved in the system design and evaluation.

The aims are to:

1. Evaluate therapist and client experiences of such a system in everyday practice
2. Evaluate training and supervision needs of therapists using the system
3. Analyse data collected through the system in respect of:
 - a. The extent to which collaborative strategies are reported by therapists and clients, and whether the occurrence of these strategies is associated with client and therapist attributes (e.g., modality, presenting problem) and setting (e.g., private practice, third sector agency)
 - b. Analysis of collaborative strategies and their contribution to outcomes
 - c. Identification of additional/alternative means and measures to track processes and outcomes

Structure of the workshop:

PRN will provide an overview of project progress to date, including associated challenges and collaborative decision making.

Participants will share thoughts and ideas, prompted by the questions below, in small group discussions and will feedback to the main workshop group. Collated contributions will inform the project design.

Sample questions:

What are your views on the project? What suggestions might you offer the design team?

What challenges are associated with collecting process and outcome data for private practitioners or small third sector organisations?

How might evaluation and review of standard outcome and process measures better align and address inclusivity and diversity?

What would be useful for counselling professions to know more about re process and outcome? Eg How might the impact of contemporary societal issues be captured ? How might we understand more about client-therapist collaboration?

What process/outcome measures do you use? How do they inform your practice?

Target audience

The workshop is aimed at anyone with an interest in research and understanding of client and therapist experiences of utilising an online data system. We welcome counselling practitioners, researchers, students, trainers, and academics.

Considerations given to issues of equality, diversity and inclusion

We welcome attendees who can give voice to issues of equality, diversity and inclusion. Inclusivity and difference are embedded in the PRN project research design.

Research Papers

Co-designing training for frontline workers to use the PHQ4 and basic embedded counselling skills to open conversations about mental health with blind and partially sighted people

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Aim/purpose

Sight loss is a global problem affecting around 2.2 billion people (WHO, 2021). The literature shows a strong correlation between sight loss and reduced mental wellbeing (Akram & Batool., 2020 *PAKISTAN*; Binder et al., 2018 *POLAND*; Frank et al., 2019 *USA*; Holloway et al., 2018 *AUSTRALIA*; Parravano et al., 2021 *ITALY*). Depression has been undiagnosed and untreated in significant numbers of visually impaired people in UK (Nollett et al., 2016). The aim of this research impact project was to co-construct a digital training package to give front line workers, in sight loss organisations, skills to open conversations about mental health with their clients, using the PHQ4 and basic embedded counselling skills. The training aims to 'up-skill' around 2000 frontline staff and to provide around 250,000 service users per year, the opportunity to discuss and address their mental health needs.

Design/methodology

Six discussion groups, with visually impaired stakeholders and frontline workers in the sight loss sector, were held to explore the sector needs and to allow their views of using PHQ4 in this context to be understood. Feedback was transcribed and disseminated to the project team to inform the training package requirements.

Ethical approval

The project was run by academics from Cardiff University, in conjunction with VI Charity Partnerships and external partners. Ethical approval was not required by the university, as it was deemed to be a research impact project.

Results/findings

The frontline workers voiced concerns about administering the PHQ4 in their workplace and about their responsibility for onward referrals. There was some reticence about initiating conversations about mental health that could lead to a client disclosing mental health issues or suicidal feelings.

Research limitations

There is potential for the training package to be a poorly conceived, inaccurate reflection of the sector needs. It could be rejected by frontline workers or to be seen as threatening or irrelevant by service users.

Conclusions/implications

This project addresses the real-world problem of depression and anxiety within the visually impaired population. By providing training about how to use the PHQ4 and embedded counselling skills to open conversations about mental health, an army of frontline workers can begin to normalise and address the mental health needs of this population. This model may be transferrable to other countries and to other contexts.

Considerations given to issues of equality, diversity and inclusion.

This is a socially just and inclusive project, which aims to improve access to mental health support for all visually impaired people.

Optimisation of school and community-based counselling services: a whole-education system model

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Aim or purpose

This study aimed to review the fitness for purpose of the statutory school and community-based counselling service for children and young people (10-18 years) in Wales and to make recommendations for improvement.

Design or methodology structure

Consultations were conducted with a range of stakeholder groups, including children and young people, parents, carers, school staff, and counselling service managers. Nine semi-structured interviews were undertaken with stakeholders in health and education. Five school case-studies were conducted, with interviews with school staff, pupils, and school counsellors. Data were analysed using thematic analysis.

Ethical approval

Cardiff University School of Social Sciences Research Ethics Committee.

Results or findings

Issues with existing counselling services included waiting lists, low awareness of the availability or purpose of the service, and lack of flexibility. Positive aspects included self-referral routes and allocation of counsellors to particular schools. Drawing on these findings and participants' ideas for improvements, a model for the optimisation of counselling services was designed. The model's underpinning principle was that services should be part of a whole-education system approach to mental health. This approach recognises education systems as complex adaptive systems, with dynamic actors and processes that determine whether an intervention, such as a counselling service, becomes successfully and sustainably embedded in the system. The model addresses different levels of the system and includes characteristics of counselling sessions; counselling as part of universal mental health provision; capacity and culture of the education system; and system stakeholder relationships. Recommendations for service improvement are mapped on to the model.

Research limitations

Children and young people with experience of counselling participated in the study, but not all talked directly about their experiences. This may have been due to interviews being online, where it is harder to establish rapport. One case-study primary school withdrew from the study and one secondary school could only offer a staff member interview. This reduced variation in school contexts and meant that no pupils from a Welsh medium secondary school participated.

Conclusions or implications

School and community-based counselling services may be optimised by adopting a whole-education system approach to their implementation. This approach takes into account the dynamic actors and processes at different levels of the system, and an understanding of which may lead to more sustained, higher quality implementation of counselling services.

Considerations given to issues of equality, diversity and inclusion

A diversity of stakeholders took part in the study and Welsh medium schools participated in the consultations and case-studies. We conducted consultations with groups of young people from minority ethnic backgrounds, foster carers, and care-experienced young people.

Therapists' and counsellors' perceptions and experiences of offering online therapy during the global pandemic: implications for practice and training

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Aim or purpose

The Covid-19 pandemic changed the way that therapeutic interventions were delivered globally, with most mental health services and private practitioners moving their practices online. Within this global context, our study - conducted 9 months into the pandemic - explored UK therapists' perspectives and experiences of working online with clients.

Design or methodology structure

590 clinicians responded to an online qualitative survey, allowing both a wide-angle lens on the topic, and rich and detailed data. Participants were recruited through the main UK professional bodies for psychological therapies including the BACP, UKCP, BPC, BPS, COSCA and CPCAB. A Framework Analysis (FA) was conducted on the dataset, identifying 7 superordinate themes, with subthemes.

Ethical approval

Ethical approval was received from The Open University.

Results or findings

The study highlighted the diverse ways in which therapists both overcame the challenges and leveraged the potential positives of virtual working during the global pandemic. Therapists' perspectives varied depending on factors related to their prior experience of online therapy, training background, theoretical orientation, primary work setting and the client population(s) they worked with. Clinicians' views were highly divergent on a range of clinical issues including adjustments to the therapeutic frame, online disinhibition, technological failures, confidentiality and privacy, contracting and administration, reduced access to non-verbal data, risk and safeguarding, working creatively, changes in power dynamics, transference and countertransference, and working with trauma.

Research limitations

Respondents were self-selecting. The sample was predominantly white, female and older, with many working in private practice and coming from the integrative and person-centred traditions - so not representative of the profession. While the use of a qualitative online survey resulted in rich and focused accounts by practitioners, it was not possible to elicit deeper insights into some of the ambiguities emerging in the data. The data gathered consisted of retrospective accounts of practice (versus observed practice).

Conclusions or implications

Post-pandemic, an increase in online counselling is expected. The findings indicate that the necessary skills and knowledge for ethical and effective online practice do not automatically transfer from in-person work. The research base on online therapy needs to continue to grow, to ensure that both practice and training continue to develop their effectiveness.

Considerations given to issues of equality, diversity and inclusion

Our findings suggest that clients from underprivileged groups can face barriers in accessing online therapy (e.g., lack of private space due to crowded living conditions; no internet or telephone access). This raises the important question if, and to what extent, the shift to more online provision could risk an exclusion of underprivileged client groups from therapeutic services.

Developing a counselling and psychotherapy competency framework for addictions: a systematic review and thematic analysis

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Aim or purpose

According to the UN's 2021 World Drug Report, over 36 million people suffer from drug use disorders. The World Health Organisation (WHO) reported that 3 million deaths every year result from harmful use of alcohol. Drug and alcohol use dependence is projected to increase globally over the next decade and there is an urgent need for more addiction services and treatments. In the UK, there is currently no competency framework for addictions counselling. We systematically reviewed the existing literature to identify the core knowledge, skills and abilities required by therapists to work safely and effectively with addictions.

Design or methodology structure

Following the Preferred Reporting Items for Systematic Reviews (PRISMA) guidelines, we defined a set of primary and secondary search terms, agreed an appropriate inclusion and exclusion criteria, and prioritised English language papers from the last 20 years. Using ESBCO, we identified 11,128 papers overall. After screening, 51 papers with practice-relevant information for addictions counselling were included in the final review and thematically analysed.

Ethical approval

No ethical approval required.

Results or findings

Of the 51 relevant papers, 31 were empirical (24 quantitative, 7 qualitative) and the remaining 20 were discussion papers, literature reviews, meta-analyses and/or clinical case presentations.

Across the papers, we identified five main themes - or 'domains of competence' - including: (1) specialist addiction knowledge; (2) pre-assessment and treatment planning; (3) specialist training, supervision and CPD; (4) a client-led approach; and (5) use of specific therapeutic techniques.

Research limitations

The heterogeneity and diversity of the different forms of evidence included in our final selection of papers precluded us from undertaking a meta-analysis on which to draw conclusions about effectiveness of interventions. Selection of papers was limited to the English language. Due to access restrictions, we were only able to use the EBSCO database to undertake the literature search.

Conclusions or implications

The review suggested that therapists working with addictions would benefit from gaining knowledge of different addiction models, the pre-treatment phase, relapse prevention, and the recovery process. An effective therapeutic model would adopt an integrative, trauma-informed approach that fostered client safety and collaboration, focused on cravings/urges, set goals, used psychoeducation, encouraged mindfulness, addressed underlying emotional issues linked to shame/guilt, challenged self-defeating thoughts, and cultivated the use of specific therapist skills and techniques, including an empathic, non-confrontational style.

Considerations given to issues of equality, diversity and inclusion

The review identified the need for therapists to recognise that, historically, the treatment needs of culturally diverse individuals with addictions have not been met and to apply cultural sensitivity to their understanding of addictive behaviours.

Exploring Counsellors' and Psychotherapists' Experiences of Working One-to-one with Men with Eating Difficulties: An IPA approach

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Aim or purpose

Scarce research explores male eating disorders (EDs), perpetuating underdiagnosis, lower help-seeking, isolation, and shame amongst men with eating difficulties (Sangha et al., 2019). Even scarcer research explores therapists' experiences working with men with EDs. This study explores counsellors and psychotherapists' experiences working one-to-one with men with eating difficulties, defined by the ICD-11 description of EDs. The term eating difficulties accounts for male clients without formal ED diagnosis.

Design or methodology structure

Four psychotherapists/counsellors participated in semi-structured interviews via Zoom. Data was analysed using Interpretative Phenomenological Analysis (IPA).

Ethical approval

Ethical approval was received by Newman University.

Results or findings

Three superordinate themes emerged. Overall, men were experienced as more resistant to recognising their eating difficulties and exploring emotions behind this. Consequently, some participants adapted their approach to build connection with men, enabling emotional exploration. Several participants felt vicarious anger for male clients and attempted to empower men in ways that counteracted criticism and/or stigma they faced elsewhere. Participants also explored high intensity of working with EDs and how this was managed.

Research limitations

One limitation may be some lack of homogeneity in the sample (Alase, 2017; Smith et al., 2009). Participants could be considered homogenous, in that they were all qualified counsellors or psychotherapists with experience of working with men with eating difficulties. However, participants differed in their therapeutic orientation. It is unclear from findings how much this difference affected experiences working with men with eating difficulties.

Conclusions or implications

Findings indicate how existing therapeutic approaches can be adapted to meet the needs of men with eating difficulties. This includes using strategies such as humour to build a strong-enough rapport to facilitate emotional exploration. Findings also demonstrate how therapy can act as an antidote to stigma and shame experienced by men with eating difficulties. Future research could explore therapists' experiences working with men with

specific ED diagnoses and/or from specific therapeutic orientations. Future research could also explore how therapists work with stigmatised groups further.

Considerations given to issues of equality, diversity and inclusion

Due to stereotypes around femininity of EDs, the experiences of men with eating difficulties have often been overlooked in research and practice (Sangha et al., 2019). This research aims to better understand how therapists work with men with eating difficulties, thus raising awareness of men's needs. This facilitates more inclusive practice that opposes stigma and shame men with eating difficulties might face.

Culturally adapted Family Intervention (CaFI): A feasibility study

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Aim or purpose

To assess the feasibility of delivering a novel, culturally appropriate psychosocial intervention within a 'high-risk' population to improve engagement and access to evidence-based care. To test the feasibility and acceptability of delivering Family Intervention (FI) via 'proxy families'.

Design or methodology structure

A mixed-methods, feasibility cohort study, incorporating focus groups and an expert consensus conference. We recruited a convenience sample of 31 African-Caribbean service users across two mental health trusts in north-west England. Twenty-six family units [service users, relatives/family support members (FSMs)] commenced 10 sessions of therapy. Half of the service users ($n = 13$, 50%), who did not have access to their biological families, participated by working with FSMs. An extant FI model was culturally adapted with key stakeholders using a literature-derived framework.

Ethical approval

This project was funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research programme.

Results or findings

Of 74 eligible service users, 31 (42%) consented to take part in the feasibility trial. The majority ($n = 21$, 67.7%) were recruited from community settings, seven (22.6%) were recruited from rehabilitation settings and three (9.7%) were recruited from acute wards. Twenty-four family units (92%) completed all 10 therapy sessions. The proportion who completed treatment was 77.42% (24/31). The mean number of sessions attended was 7.90 (standard deviation 3.96 sessions) out of 10. It proved feasible to collect a range of outcome data at baseline, post intervention and at the 3-month follow-up.

Research limitations

The lack of a control group and the limited sample size mean that there is insufficient power to assess efficacy. The findings are not generalisable beyond this population.

Conclusions or implications

It proved feasible to culturally adapt and test FI with a sample of African-Caribbean service users and their families. Our study yielded high rates of recruitment, attendance, retention, and data completion. We delivered CaFI via FSMs in the absence of biological families. This novel aspect of the study has implications for other groups who do not have access to their biological families. We also demonstrated the feasibility of collecting a

range of outcomes to inform future trials and confirmed CaFI's acceptability to key stakeholders with the possibility of modification for other underserved groups.

Considerations given to issues of equality, diversity and inclusion

CaFI was co-produced with service users, their families, community members, and health professionals for people from African-Caribbean backgrounds diagnosed with psychosis. We utilised these criteria to develop supporting materials for the cultural adaptation focus groups. We also sought to understand the importance of communication and cultural dialects whilst addressing stereotypes and misconceptions.

Experience of Young People with High Levels of Self-criticism in Short-term Psychotherapy for Depression

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Aim or purpose

While growing evidence suggests individuals with self-criticism associate with poorer therapeutic relationship and outcomes, it remains unclear how self-critical features are expressed during short-term therapy and interfered with the therapeutic process. This qualitative study aimed to further clarify the impacts of self-criticism by exploring therapeutic experience for depressed adolescents with high levels of self-criticism.

Design or methodology structure

The study drew on data from the Improving Mood with Psychoanalytic and Cognitive Therapies-My Experience, which is a qualitative study nested within a large-scale clinical trial. Five depressed adolescents were selected based on their high levels of pre-treatment self-criticism. Semi-structured interviews with youths after treatment termination were analysed using Interpretative Phenomenological Analysis.

Ethical approval

The study protocol was approved by Cambridgeshire Research Ethics Committee, Cambridge, United Kingdom.

Results or findings

Five Group Experiential Themes were identified to describe young people's therapeutic experience in relation to self-criticism across therapeutic stages, and these were combined to form a working model of their therapeutic process. Briefly, participants initially tended to express negative assumptions towards therapists (e.g., that they would be critical), and were hard to disclose their inner world. While feeling being listened to and cared for enabled young people to talk, meeting their needs of developing a positive sense of self tended to bring greater changes in self-beliefs. Throughout the therapy, young people tended to be sensitive to signals of rejection and therapeutic misunderstandings, which might lead them to show certain levels of withdrawal behaviour (i.e., emotional withdrawal or dropping out).

Research limitations

To address the research question, we adopted a homogeneous sample with all participants demonstrating high levels of self-criticism. This may limit our capacity to distinguish features that were unique to youths with self-criticism from others. The case selection was not bound to treatment outcomes. Research utilizing cases with different treatment outcomes is suggested to further explore the change mechanism of self-critical beliefs during therapy.

Conclusions or implications

The current study provides empirical evidence to understand how self-critical features are expressed and can interfere with the therapeutic process. The findings illustrate the

importance of considering self-criticism in both research and clinical practice regarding adolescent depression. When working with youths with self-criticism, therapists are suggested to show sufficient empathy and compassion while also enhancing young people's personal strengths.

Considerations given to issues of equality, diversity and inclusion

We emphasised the principles regarding equality, diversity and inclusion (EDI) when designing and conducting the research. Young people were equally involved in the current study and the broader IMPACT study regardless of their gender, ethnicity and wider EDI issues.

What perceived impact does racial self-awareness training have on White therapists' awareness of their own racial identity and what is the perceived impact on their work?

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Aim or purpose

Counselling is a White dominated space, with people from ethnic minorities underrepresented both as clients and as practitioners. Research suggests that White practitioners lack of racial self-awareness may contribute to this situation. This study sought to explore the impact of training which focused on participants exploring their own racial identity and position within society, rather than on the racial differences and position within society of people from ethnic minorities. The key question was: would the competence, self-awareness and empathy of White practitioners be improved through such training?

Design or methodology structure

Based on a review of the literature a workshop exploring racial self-awareness was conducted. Ten attendees agreed to participate in the research. Following the workshop participants completed a written task and were interviewed about their experience. The transcribed interviews and the written task made up the data set. This was analysed using TA and conclusions were drawn from this analysis.

Ethical approval

The research received ethical approval from Bath Spa University Ethics Committee

Results or findings

Analysis of the data indicated that participants felt their competence, self-awareness and empathy were improved, however they also felt unsure about what to do next and expressed a desire for future training to be less focused on Whiteness and more focused on multi-ethnic solutions. Some participants wondered about the relationship between activism, justice, politics and therapy.

Research limitations

The research was undertaken within an emancipatory framework and as such, the validity of the study was partially established through consequentialist criteria. Nevertheless, the research was potentially limited in a number of ways. Participants may not have been representative of all students on the counselling training, as those volunteering to take part in the research are more likely to be interested in the research area. The self-selecting nature of the sampling may have reduced the depth and comprehensiveness of the data. Time and scope limitations also impacted the study. For example, the member checking process was not as thorough as it might have been.

Conclusions or implications

The results indicated that racial self-awareness training is beneficial in a number of ways and on this basis, it is recommended that racial self-awareness training be utilised more

widely in the training of counsellors. The results also indicated that future training could be improved by focusing on multi-ethnic solutions and solidarity, and emphasising the historical and structural nature of race and racism.

Considerations given to issues of equality, diversity and inclusion

The purpose of the study was to explore race and racism within the counselling and move towards counselling being a more inclusive, sensitive and aware space.

Young people's experiences of setting and monitoring goals in school-based counselling

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Aim or purpose

School-based humanistic counselling (SBHC) can play in significantly reducing psychological distress and improving the attainment of personal goals (Cooper et al., 2021). However, little is known about how young people themselves experience the goal setting and monitoring process. Hence, this study aimed to understand how young people experienced the goal setting and monitoring process, and then using this to inform practice when working therapeutically with young people.

Design or methodology structure

Semi-structured interviews were undertaken with 19 young people aged 13-16 who each received up to 10 sessions of SBHC. Interviews were between 10 and 30 minutes in length and all were transcribed verbatim. Data analysis is currently on-going but will employ thematic analyses to identify themes in relation to: 'experience of setting goals' and 'experience of monitoring goals'.

Ethical approval

Ethical approval for this study was granted by the University of Roehampton Research Ethics Committee (Ref: PSYC 17/262).

Results or findings

Data analysis is currently on-going and will be complete by the time of the conference. Preliminarily, the data suggests that the goal setting and monitoring process is often perceived by young people to be a small element of the therapeutic work overall, demonstrated by their tendency to speak about their experience of SBHC more generally. More specifically, some young people highlighted that being asked to rate goal progress at every session was too often and suggested that being asked to rate goals at every other session would be preferable.

Research limitations

It is possible that young people who had more extreme experiences of the goal setting and monitoring process (either very positive or very negative) were more likely to consent to being interviewed about their views than those with neutral and/or ambivalent views. Nevertheless, the interviews enabled participants to express their thoughts about goals in their own words, which is a strength of a qualitative approach.

Conclusions or implications

Preliminary implications for practice include the recommendation that when working therapeutically with young people, it is not necessarily appropriate to rate goal progress

at every session. Furthermore, some young people may benefit more from the goal setting and monitoring process than others, and this should be explored with them.

Considerations given to issues of equality, diversity and inclusion

A high proportion of participants were from marginalised racial backgrounds and areas of high social deprivation. Where possible, any differences in experiences across demographic factors will be highlighted and discussed. Furthermore, understanding which young people might benefit more from goal setting, as well as how to work with goals, has important implications for inclusion.

Exploring Gestalt therapists' experiences of moving from face to face to online work during Covid-19 - a qualitative study

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Aim or purpose

The aims of this study were to explore: Gestalt therapists' experience of adapting to online video platforms from face to face as a result of the Covid-19 pandemic; ways in which Gestalt therapeutic practices have developed or adapted to online work, including use of experiments, art or movement and advantages or disadvantages of working online.

Design or methodology structure

This study was based on semi-structured interviews with eight Gestalt UKCP registered psychotherapists using Braun and Clarke's (2013) thematic analysis approach.

Ethical approval

Ethical approval was given by Newman University's Ethics committee. I used a consent procedure providing a Participant Information Sheet, an Informed Consent Form and a Debriefing Checklist.

Results or findings

The over-arching themes reflect: prior views that online work is not effective for Gestalt therapy; lack of training; managing clients' heightened anxiety; experiencing a shared trauma; the need for contact with peer support groups; a period of experimentation and adjustment and finally managing a safe return to in-person work. All participants described an experiential journey of development leading to important new perceptions of online work such as in expanding opportunities for international therapeutic work.

These findings suggest areas of commonality as well as differences in individual experiences. The participants highlighted advantages of working online such as reducing the carbon footprint, being economically cheaper and easy to access. These highlight important Global issues such as economic inequality, environmental sustainability and the future impact of technological advancement in the therapeutic field.

Disadvantages of online work were expressed, particularly the lack of sensory contact with clients, a concern about the safety of treating some complex client presentations and a real sense of danger, that the relative ease of working online is likely to have critical implications for the future of therapeutic practices in an ever increasing technological world.

Research limitations

A wider scope on types of practitioners may be indicated, such as experiences of therapists working in the NHS. Future research on clients' perspectives would be useful.

Conclusions or implications

This research offers important insights in the need to understand more about the experiences of mental health workers and their clients during the pandemic. Moving so

rapidly to online work and the subsequent common use of hybrid therapy suggests that more training in online methods is needed.

Considerations given to issues of equality, diversity and inclusion

Participants in this study spoke about their experiences in relation to increased accessibility due to online work. However, they suggested it is more accessible to those more economically privileged with the need for technology and a private space.

What is the experience of the endometriosis diagnosis process and how might findings inform therapeutic practice?

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Aim or purpose

My research provides an in-depth presentation of the endometriosis diagnosis process from three individuals who have experienced it.

Endometriosis is a global health issue which affects approximately 10% of women of reproductive age. Diagnosis takes an average of eight years in the UK and is known to be a process which negatively impacts mental health.

Design or methodology structure

My study used Interpretative phenomenological analysis as the research approach. I recruited participants through the social media pages of two support groups run by Endometriosis UK. I conducted online semi-structured interviews to generate data.

Ethical approval

Ethical approval was granted by the University of Keele School of Medicine ethics committee.

Results or findings

My research produced three themes. The first explores the participants' initial symptoms of endometriosis which included an instinctive knowing that something was wrong alongside three external factors (secrecy, shame, and stigma around periods; the expectation to endure periods quietly; and a lack of knowledge of endometriosis) which muted their instinctive knowledge. Theme two presents the point the participants decided to reach out to a healthcare professional and the final theme explores the stage between participants first reaching out to a healthcare professional and receiving a diagnosis.

Research limitations

Empirical evidence has revealed that recruiting through endometriosis support groups is more likely to result in those with more negative experiences taking part and this likely affected which experiences were presented in my research. Additionally, I later considered that using the word 'women' in the recruitment advert could have deterred individuals who do not identify in this way from participating.

Conclusions or implications

I hope the presentation of participants' experiences will expand counsellors' understanding of this phenomenon so they are better equipped to empathise with their client's unique experiences. To further inform practice, I considered the research findings within the context of person-centred theory, paired the findings with the literature on working therapeutically with shame, and considered how experiences with healthcare professionals during diagnosis may impact a client's interaction with the counsellor and therapeutic process.

Considerations given to issues of equality, diversity and inclusion

This research did not explicitly consider issues relating to EDI and I feel that further research to explore how this phenomenon is experienced by different homogenous groups would be valuable. For example, literature presents additional complexities and barriers that those from minority ethnic and LGBTQ+ communities face when accessing healthcare and further research with these homogenous groups would provide valuable insight into how these complexities and barriers potentially impact the experience.

‘Talk with me outside’ Therapists’ experiences of the therapeutic relationship in natural outdoor settings

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Aim or purpose

To explore the psychotherapeutic relationship in outdoor settings to better understand how the natural environment impacts relational depth. To add to the limited qualitative experiential research in the field (McKinney, 2011; Revell, 2019; Revell & McLeod, 2015).

Design or methodology structure

Qualitative thematic analysis using one to one semi-structured interviews. Participants were counsellors/psychotherapists who offer outdoor therapy. Emerging themes were analysed and reported according to the guidelines provided by Braun & Clarke, (2013). A linear six-phased method of thematic analysis (Novell et al, 2017) was also considered providing a more reflective, staged process.

Ethical approval

Ethical approval was granted by Newman University Ethics Committee, November 2021

Results or findings

The unpredictability of the outdoor environment allowed for a shared relational intimacy that became more equalising, demonstrated through vulnerability in relationship as unpredictable obstacles in nature were overcome collaboratively. The outside environment provided a unique relational depth which was established by self-disclosing the fallibility of being a human therapist outdoors in an unfamiliar neutral environment, as opposed to being perceived as an infallible therapist indoors, in a familiar, owned environment. The outdoor natural environment was navigated collaboratively, co-creating the use of space as a support in anchoring emotion and thus providing a sense of being grounded by nature which for some clients, helped them to access their emotions and for others it was “too exposing”.

Research limitations

Only counsellors/psychotherapists considered participants due to time constraints and ethical considerations. A future view would be to include the clients’ experiences providing a more balanced perspective filling a larger void in the research.

Conclusions or implications

‘Green’ prescribing is a recognised beneficial side effect to enhancing global mental health. The psychotherapeutic community needs to embrace this practice from the bottom up. The hesitancy to take therapy outdoors lies in the comfort of being indoors. It would be interesting to consider the incorporation of outdoor therapy as part of a psychotherapy training plan. What is evident in both the political and health arenas is that a combination of exercise, the outdoors and therapy can be instrumental in the promotion of wellbeing and contribute to improving mental health.

Considerations given to issues of equality, diversity and inclusion

Outdoor therapy is something that could be accessible for all, open spaces in urban areas are free to access and often include wheelchair access and sensory gardens. Street therapy might be another point of access to extend this piece of research, making therapy more accessible for marginalised homeless communities.

Self-Criticism, Dependency, and the Therapeutic Alliance in Short-Term Psychotherapies for Adolescent Depression

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Aim or purpose

Personality expressions of self-criticism, and to a lesser extent dependency, are suggested to associate with therapeutic outcome in depression. While research in adult depression identifies the mediating role of therapeutic alliance to explain the association, little is known about adolescent population. The current study, therefore, aims to explore whether personality expressions associate with therapeutic alliance in depressed adolescents, and whether the potential association explains therapeutic outcomes.

Design or methodology structure

The sample consisted of 465 clinically depressed adolescents who received short-term psychotherapies. Participants' personality expressions were assessed at baseline, while self-report treatment outcome (i.e., depressive symptoms) and ratings on therapeutic alliance were collected during the treatment stage (e.g., 6-, 12- and 36-week). Therapist's ratings on therapeutic alliance were also included. Multilevel analysis was adopted to reflect the dynamic nature of the therapeutic process.

Ethical approval

The study protocol was approved by Cambridgeshire Research Ethics Committee, Cambridge, United Kingdom.

Results or findings

Self-criticism, instead of dependency, was significantly associated with participants' negative ratings on therapeutic alliance throughout the treatment, and this association partially mediated the impeding effect of self-criticism on the reduction of depressive symptoms. Gender incongruence phenomenon was observed in therapists' ratings on alliance, as they tended to perceive worse alliances with girls who had high levels of self-criticism. Therapists' ratings on alliance showed no effects on treatment outcome.

Research limitations

The current study only adopted the primary outcome measurement (i.e., depressive symptoms). Further studies are suggested to adopt secondary measurements to expand the findings to a wide range of outcomes. Moreover, we only adopted patient-report outcome, which may weaken the association between therapist's ratings on alliance and outcome. Further studies are suggested to adopt measurements based on different perspectives to provide more comprehensive investigations.

Conclusions or implications

The current study provided empirical evidence to explain the negative association between self-criticism and therapeutic outcome. It appeared self-critical features may limit young people's capacity to perceive a positive and strong therapeutic alliance, thus preventing them to receive more profound therapeutic gain. As individuals with higher

levels of self-criticism can be challenging in therapeutic settings, therapists are suggested to be prepared for the potential difficulties, and develop strategies that target self-critical features, such as self-compassion activities.

Considerations given to issues of equality, diversity and inclusion

We emphasised the principles regarding equality, diversity and inclusion (EDI) when designing and conducting the research. Young people were equally involved in the current study regardless of their gender, ethnicity and wider EDI issues.

Intimate Terrorism: Does counselling in the sexual violence field influence therapists' sexual and intimate relational experiences?

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Aim or purpose

How does working in the field of sexual violence affect therapists' intimate lives? Although vicarious trauma has been researched widely, the possible effects upon intimate life experiences is limited. This research studied how sexual violence affected female therapists' intimate lives, and relationships. Taking a 4th wave feminist perspective, using an insider-outsider positionality, the research sought to discover how participants, who are working with predominantly female clients who have experienced sexual violence by predominately male perpetrators, are influenced and affected by their work.

Design or methodology structure

The research used an Interpretative Phenomenological Approach.

An initial screening questionnaire was issued, followed by recorded semi-structured interviews with pre-set questions.

Participants were recruited from a specialist sexual violence organisation in a particular geographical area. All had either worked within the organisation more than three years. The study was open to female participants (see considerations given equality etc for further explanation).

Ethical approval

Sought from and granted by Leeds Beckett University

Results or findings

Participants reported that working in sexual violence had not affected their intimate lives however described a process of contamination of thinking, feeling and behaviour. This contamination covered three areas:

- Implied threat
- Shielding - both physical and psychological shielding
- Infiltration - a slow, insidious process of belief systems and values being altered and reshaped

Research limitations

This study used a small sample of female (as assigned at birth) therapists, and all had 3+ years' experience working within the field.

Six participants for an IPA is a reasonable sample and, given the consistent findings, the research can be considered as reliable and valid. Further research on male therapists' experience is planned for 2023/24.

Conclusions or implications

The importance of consistent self-care, supervision, and training for practitioners. Understanding that therapeutic work is also transformational for the therapist as well as the client and as practitioners, we need to account for the chain of trauma transmission in our work.

Considerations given to issues of equality, diversity and inclusion

This study was open to female therapists as recruitment of male therapists would potentially identify individuals due to the geographical area and agency as there was only one male therapist eligible at the time of recruitment.

The study was open to female as assigned at birth of any age, sexual orientation, ethnicity, culture, socio-economic, political, religious stance and so forth.

Equality in the research process was maintained through informed consent and their right to withdraw up to the commencement of the writing up stage. Participants were also offered the research findings and opportunity to discuss.

Untold Stories of the support seeking experiences of women Child Sexual Abuse survivors from India.

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Aim or purpose

This research seeks to understand the support seeking experiences of Indian women survivors of child sexual abuse. What were the support they had, the barriers they encountered, the impacts of the abuse and their views on support seeking journey is explored and discussed. This research offers a subjective experience of the participants related to the abuse and support seeking journey.

Design or methodology structure

The study was conducted using in-depth semi structured video interviews with three women from India who were recruited using purposive sampling. The interpretative phenomenological analysis (IPA) was followed to conduct the study

Ethical approval

The research was conducted after receiving the ethics committee approval of School of Health and Social Sciences, University of Edinburgh.

Results or findings

The interviews were transcribed and it generate three master themes: The inner conflicts, the process of seeking support and redefining self. The master themes also had subthemes which gives more perspectives regarding the support seeking journey of the participants. The study also sheds light to the existing gender norms and patriarchy in Indian society that restricts the survival journey of the participants. The experience of the participants in this research shows the importance given to 'male figure' in Indian family and society which silence the women who have faced abuse.

Research limitations

Though the study focussed on understanding the journey of Indian women, the major limitation of the study was that the participants were English speaking women living in urban India. This limits the representation of support-seeking experience to that group and ignores the experiences of women from other geographical locations (rural, semi-urban). Hence the experience cannot be generalized rather and are subjective to those three participants from their socio-cultural background.

Conclusions or implications

The results from the study focus multi-layered issues for the counsellors and mental health practitioners. It shows how an increased understanding of the support seeking process enable the counsellors to understand the barriers and coping of the survivors. This will help the counsellors in facilitating efficient and comprehensive environment for working with survivors of trauma.

Considerations given to issues of equality, diversity and inclusion

During the participant recruitment, it was ensured that the participants are the representatives of three diverse background and socio-economic conditions. Lack of access to mental health services, unhealthy family atmosphere, unfavourable living conditions were kept in mind while recruiting the participants in order to ensure diversity and inclusion.

An Exploration of Bereavement Counsellors' Experiences and Perceptions of the Influence of Cultural Narratives on Disenfranchised Grief During COVID-19

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Aim or purpose

There is much still to learn about fostering justice, enfranchisement, and resilience for counsellors and the bereaved during times of global crisis. Pandemic research highlights disenfranchised grief resulting from social distancing restrictions. However, as individual experiences of grief are grounded in political, cultural, historical, economic, religious, and social contexts, it is likely that cultural narratives have mediated grief during the pandemic. This study develops the literature by exploring bereavement counsellors' perceptions of the influence of cultural narratives on disenfranchised grief during COVID-19.

Design or methodology structure

This undergraduate qualitative research utilised the critical-ideological paradigm and Mbembe's (1998) theory of necropolitics as a lens. Four bereavement counsellors were recruited through national databases to participate in semi-structured interviews. Transcripts were analysed using thematic analysis.

Ethical approval

University Centre Weston and Bath Spa University.

Results or findings

Grief was disenfranchised through social distancing restrictions and harmful cultural narratives. COVID deaths were disenfranchised through stigma and sensationalist, dehumanising, and fearful media narratives. Conversely, non-COVID deaths were disenfranchised by being ignored in narratives. Counsellors enfranchised clients by returning to counselling basics, validating death and non-death losses, and acknowledging anger and grief arising from disenfranchisement.

Counsellors experienced external and internal disenfranchisement due to uncertainty and the concurrent nature of the pandemic. NHS counsellors reported traumatic disenfranchisement due to the scale of death and grief encountered, and by feeling silenced and dehumanised. Supervision could not sustain counsellor resilience, leading to avoidance and burnout. Solidarity narratives did not combat disenfranchisement, due to pre-existing necropolitical processes.

Research limitations

This exploratory qualitative research may not be generalisable due to sample size and location; therefore, further large-scale cross-cultural research is recommended.

Conclusions or implications

Cultural narratives had a detrimental impact on counsellors and the bereaved, minimising non-COVID deaths, dehumanising COVID-related deaths, and placing less value on the lives of essential workers and the vulnerable. Counsellors were disenfranchised through saturation, burnout, and avoidance, with NHS counsellors experiencing additional disenfranchisement.

Cultural narratives contain power-mediated assumptions about who is deemed worthy of life, contributing to existing necropolitical processes, and becoming a mechanism for disenfranchised grief. Therefore, focus must turn to enfranchisement of the bereaved, counsellors, and wider society through education, training, and policy direction.

Considerations given to issues of equality, diversity and inclusion

In line with her values as a disabled researcher, the critical-ideological paradigm considers power, justice, and de-colonisation and democratisation of research. The lens of necropolitics examines biopolitical power on the bereaved and other marginalised groups during the pandemic, such as those who are elderly, disabled, non-white, or of low socio-economic status.

Gay men's experiences of self-compassion and its challenges: an exploratory study in an Asian community

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Aim or purpose

How do gay men experience self-compassion and its challenges? Sexual minorities across the world face more mental health challenges than heterosexual individuals (Cochran & Mays, 2000; Pachankis & Lick, 2018). Amid these challenges, many gay men draw on self-compassion as a source of resilience. It is associated with their improved well-being (Beard et al., 2017), and helps in coping with minority stress and stigma (Chan et al., 2020). This qualitative research distinguished, for the first time, how gay men in an Asian community experience different components of self-compassion. It also examined how they manage challenges in experiencing self-compassion.

Design or methodology structure

This research used Interpretative Phenomenological Analysis, which recommends a small sample to facilitate in-depth interpretation of experiences. Four participants from an Asian country were interviewed face-to-face. Due to state discrimination and social prejudice, they were recruited via trusted support groups in the community. Through peer-reviewed data analysis, emergent themes captured both similarities and differences across experiences.

Ethical approval

The researcher's academic institution

Results or findings

Self-compassion in these gay men cultivates their self-acceptance, by creating a dialogue with their inner critic and connecting past and present selves. This acceptance enables the men to live with some ambivalence about their emotions and sexuality. They also negotiate their identity in the gay community, by struggling with gay culture's ideals and coping with intra-community stress.

Research limitations

Findings are limited by the participants' perspectives, as self-selected individuals who want to contribute their stories to the Asian gay community. They are also influenced by my position as a practitioner-researcher committed to social action on minority stress and intra-community stress. Following IPA protocols, a reflexive process clarified how the participants made meaning from their experiences and how I interpreted their meaning-making.

Conclusions or implications

Research on self-compassion in sexual minorities around the world can challenge existing accounts of how self-compassion supports mental health. By studying how gay men in an Asian community experience self-compassion, this research also promotes more diverse and dynamic narratives of self-acceptance.

Drawing on this research into different components of self-compassion, counsellors can help some sexual minorities nurture self-acceptance and manage challenges in experiencing self-compassion.

Considerations given to issues of equality, diversity and inclusion

This research contributes to a more diverse and inclusive approach to self-compassion practice by studying gay men's experiences in an Asian community. However, there remains a need to investigate how self-compassion is experienced through other intersectional identities, in Asian and non-Asian communities.

In the experience of self-identified cis-male clients with prior suicidal-ideation, what role did their concept of masculinity play in their experiences and their understanding of self, and how might this inform psychotherapeutic practice?

James Yates & Chris Brown¹

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Aim or purpose

To achieve greater understanding of cis-male clients' experiences of suicidal-ideation in relation to their concept/s of masculinity, and to discover if psychotherapy altered these concepts in any positive way/s. Our purpose is to further enlighten psychotherapeutic practitioners working with this client-group.

Design or methodology structure

Four self-identified cis-males who had experienced suicidal-ideation responded during semi-structured interviews which were recorded, transcribed then analysed using thematic-analysis informed by IPA principles (Smith et al, 2009).

Ethical approval

This was granted by our training institution's Ethics Board prior to recruiting participants. BACP guidelines for research in counselling and psychotherapy were followed implicitly (Mitchels, 2018). Respondents were offered six no-fee counselling sessions if issues arose due to their participation in our research.

Results or findings

Our findings indicate that participants' movement toward suicidal ideation followed an identifiable pattern. In their childhood participants were subject to predefined masculine values/expectations from family/friends and society; the need to be self-reliant/be the breadwinner/be strong. These values/expectations were introjected by our participants and thus, created a self-concept, informed by external conditions-of-worth. When participants 'failed' to live up to these external values/expectations and their introjected self-concept they experienced traumatic feelings of shame and guilt. Our participants then developed dysfunctional coping strategies such as, substance-abuse and self-harm which ultimately led to suicidal-ideation. Psychotherapy appeared to help participants gain greater understanding of themselves and the conditions-of-worth that led them to suicidal-ideation. Participants' engagement in psychotherapy assisted their development of greater self-knowledge/understanding and a sense of freedom, as well as an ability to express themselves and ultimately changed their singular definition of *'What it means to be a man'*.

Research limitations

The small number of research participants and the qualitative analysis of our data may impede the generalisation of our findings (McLeod, 2003).

Conclusions or implications

For participants, self-acceptance and a self-defined classification of masculinity, appears to have been aided by engaging in psychotherapy. However, profound acceptance of the

participants' experiences/views seemed to be a key factor in the effectiveness of therapy.

Considerations given to issues of equality, diversity and inclusion

To keep our study focussed, we included only cis-males who had received counselling/psychotherapy. However, we recognise the possibility for future research including other client-groups.

Strategy of scaling up place-based arts initiatives that support mental health and wellbeing: A research-informed strategy using the Arts for the Blues as an example

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Aim or purpose

The specific aim of this research was to investigate how creative psychotherapy Arts for the Blues (Omylinska-Thurston et al, 2020) can be scaled up within healthcare and cultural organisations.

The general purpose was to develop a research informed strategy of scaling up place-based arts initiatives that support mental health and wellbeing.

The study was funded by AHRC.

Design or methodology structure

The design involved a realist impact evaluation (Westhorp 2014) including:

1. Four stakeholder events featuring focus groups for participants from the healthcare, arts and community organisations (N=38)
2. Four training events (N=88)

Thematic analysis was used (Braun & Clarke, 2006) to analyse the data.

Ethical approval

Ethics Committee at Edge Hill University and Health Research Authority.

Results or findings

To scale up place-based arts initiatives that support mental health and wellbeing, we need to consider:

- how fit for purpose they are (project level)
- what is their organizational context (organizational level)
- how they can influence and be influenced by the wider policy context (policy level)

On a project level, for an arts initiative to be scaled up it needs to be: adaptable, clear, collaborative, evidence-based, personalised and transformative.

The organisation can be ready to integrate an arts initiative if there is: a need, understanding, resources, inspiration, skillset and help.

In terms of policy, an arts initiative can benefit wider populations if it considers: attitude shifts, rules and guidelines, gaps in provision, early intervention options, treatment options, service changes.

Research limitations

Further research is needed before the strategy is adapted for scaling up place-based arts initiatives that support mental health and wellbeing.

Conclusions or implications

There is a lot of interest from stakeholders, service users and practitioners in terms of introducing Arts for the Blues and other place-based arts initiatives as an alternative to the current mental health provision that relies mostly on talking therapies. We provided a detailed strategy how this could be delivered on a project, organisational and policy level.

Considerations given to issues of equality, diversity and inclusion

Evidence suggests that arts-based interventions are more accessible and attractive for people who find it difficult to talk about their problems or who are seeking an alternative to talking therapies. This could include adults and children from diverse backgrounds, refugees and migrant communities, and those struggling with loneliness and isolation.

Efficacy of systemic therapy on adults with depressive disorders: A meta-analysis

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Aim or purpose

The aim of this meta-analysis is to evaluate the efficacy of systemic therapy approaches on adult clients with depressive disorders in global context. The illness-specific systematic review considers studies with a focus on depression that were included in Piquart et al.'s (2016) meta-analysis on the efficacy of systemic therapy on psychiatric disorders in adulthood, as well as new studies published since 2014. The results of the meta-analysis will contribute to the growing research base on the efficacy of systemic therapy approaches as practiced in different parts of the world.

Design or methodology structure

Through systematic searches in relevant electronic databases and cross-referencing 16 new studies (conducted in eight different countries/three different continents) were identified that report results of randomised controlled trials (RCTs) comparing systemic psychotherapy for adults with a depressive disorder with an untreated control group or alternative treatment. The relevant information from these RCTs, together with the data from 9 depression-focussed studies from Piquart et al.'s (2016) meta-analysis, was coded by two researchers. A random-effects model was employed to compute weighted mean effect sizes separately for each type of comparison (alternative treatments, control group with no alternative treatment/waiting list) on the outcome variables (e.g. decrease in depressive symptoms, drop-out rates).

Ethical approval

All the studies included in the meta-analysis had received ethical approval. No ethical approval was required for the use of secondary data in this meta-analysis which was registered on the international prospective register of systematic reviews (PROSPERO). The synthesis followed rigorous practices during the search, selection, coding, and analysis procedures.

Results or findings

The procedures to analyse the coded data from the 25 RCTs are currently in progress. The results from the analysis will be available at the end of this year (December).

Research limitations

The findings provided by this meta-analysis must be interpreted within the context of publication bias, number of studies obtained, the quality of the included studies and unreported demographic variables. With the focus solely on depression outcomes it was not possible to investigate other possible outcomes associated with systemically oriented approaches (e.g. increased relationship satisfaction).

Conclusions or implications

The meta-analytic findings will provide useful implications for both counsellors working with clients who are experiencing depressive symptoms and for researchers' continued examination of systemically oriented psychotherapy approaches for depression.

Considerations given to issues of equality, diversity and inclusion

The studies included in this synthesis represent participants from different countries and various cultural backgrounds. Future qualitative research is needed to investigate the cultural similarities and differences of the experience of living with depressive symptoms.

Reducing Stigma: Using Avatars in Therapy with Autistic Adults from Black and Ethnic Minority Backgrounds

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Aim or purpose

The research aims to measure the feasibility and accessibility of using virtual world technology in therapy sessions with autistic adults from Black and ethnic minority backgrounds.

Design or methodology structure

This mixed methods project has been co-designed with a team of autistic researchers from Metanoia Institute and community organisations specialising in working with autistic individuals from Black and Afro-Caribbean backgrounds.

4 therapists were trained in using the virtual world software to deliver therapy sessions and also in working with autistic adults from Black and Ethnic minority backgrounds. Participants and trainees were also provided with a laptop where necessary. Having assessed suitability for the study, each participant was introduced to the virtual world, where a goal for the sessions was chosen and a Research Wellbeing Plan completed. Therapists each gave 6 therapy sessions to 3 participants each. Measures taken each session include CORE-10, plus measures of self esteem, self efficacy, and the therapeutic relationship. At the end of the 6 sessions, both the therapist and the participant were interviewed individually to gather feedback on the accessibility, feasibility and effectiveness of the intervention.

Ethical approval

Metanoia Institute Research Ethics Committee.

Results or findings

The project is currently in progress. The analysis will measure differences within each participant on each measure across the 6 therapy sessions, plus qualitative analysis comparing themes emerging from participant and therapist interviews.

Research limitations

A key challenge has been finding measures that are appropriate and meaningful for the autistic population, but that also capture reliable and valid data. This has been overcome through the use of visual representations of quantitative measures, which were reported to be more helpful by participants. These visual representations will be correlated with their paper equivalents. The measures used are standardised and have been checked for validity and reliability.

Possible limitations include the number of participants (12) and the number of sessions (6). The project is already capturing meaningful data, however. Should this mode of therapy be found to be effective with this community, the therapeutic protocol will allow for more autistic individuals to benefit.

Conclusions or implications

This project highlights considerations needed when conducting research with autistic populations and also modifications needed to delivery of therapeutic interventions. The post intervention interviews will provide information on obstacles to seeking therapy in Black and ethnic minority communities and whether use of virtual world technology improves accessibility.

Considerations given to issues of equality, diversity and inclusion

The project targets two key populations who have been shown to find accessing and engaging in therapy particularly difficult.

Exploring the experiences of clients with Learning Disabilities completing Research Measures: an Interpretative Phenomenological Analysis

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Aim or purpose

To understand the experience of people with Learning Disabilities (LD) in completing Research Measures as part of their therapy at a research clinic and how issues around accessibility may impact on their responses and the therapy session.

Design or methodology structure

This was a two-part study. Firstly, interviewing three participants about their experience of completing Research Measures whilst clients at a research clinic. The in-depth relational interviews were conducted using a semi-structured format. Then I interviewed two of their therapists.

IPA was chosen to analysis the data as it is the meaning the participants make of their experiences that is significant (Smith, 2004). Also, seeking to describe participants' experience on their own terms and not through pre-defined categories, seemed particularly important for a group whose needs have often been ignored by others or assumed without consultation.

Ethical approval

Ethical approval for this research was sought through the Ethics Board of the University of Nottingham.

Results or findings

The participants' descriptions of their experiences of completing research measures centred around five master themes: 1) the importance of clarity, 2) the impact of completing the forms, 3) getting it right 4) client agency and 5) the impact of the therapist.

Research limitations

As a small-scale study and drawing participants from a single research clinic, it was limited both in size and geographical location and may not be representative. There were only 3 client participants, how the results are valid due to evidence of saturation in the data analysis and through triangulation via the therapist interviews.

Conclusions or implications

Current Research Measures both cause access issues for clients with Learning Disabilities and do not accurately capture their experience. This study has deepened our understanding of their experiences as they encounter and complete Research Measures, specifically the additional time it takes to complete them and the cumulative effect that this can then have on the counselling session. It has highlighted the importance of clarity,

both visually, and with regard for the meaning of words and phrases, to ensure that the measures are accessible, and that the data collected is accurate.

Considerations given to issues of equality, diversity and inclusion

This study sought to give voice to the experience of a population of clients who may have been excluded or not accurately captured in previous research. It followed the principles and values of inclusive research (Nind and Vinha 2021) and by using a semi-structured format it allowed the participant greater autonomy in raising and exploring the issues that are pertinent to them.

Pastoral care staff perceptions of the impact of school counselling on young people, the school, and integration in to the school system

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Aim or purpose

The purpose of this study was to explore the views of pastoral care staff in secondary schools on school based counselling for young people.

Design or methodology structure

Add your text here: This research forms part of the Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools (ETHOS) study, an RCT of school based counselling across 18 state funded secondary schools in London. Qualitative semi structured interviews were held with pastoral care staff in a sub-sample of 10 schools. Interviews were conducted in person on school premises. The interviews explored the impact of school based counselling on the school and students. Thematic analysis followed the Braun and Clarke (2006) methodology, using NVivo qualitative data analysis software.

Ethical approval

The University Ethics Committee of the University of Roehampton reviewed and ethically approved this study (Ref. PSYC 16/227).

Results or findings

Thematic analysis found three key themes. Theme 1 was school context and included sub-themes of rising mental health need and varying provision for mental health. Theme 2 was school staff perspectives on the impact of counselling, including the following sub-themes: increased openness and improvements in mood, dedicated space to open up, putting skills into practice, one size does not fit all, and role of personal connection. Theme 3 was considerations for long term success in schools and included sub-themes of integration: central to success, and stepping stone for further support.

Research limitations

We only interviewed staff at 10 of the 18 schools. All schools were London based and did not include schools in rural locations.

Conclusions or implications

This research provides useful insights of pastoral care staff of secondary school based counselling in the context of delivery through an RCT. Staff perceived a positive impact for many students, however counselling was not seen as suiting everyone. Integration of the counselling service within the school was important for improving student engagement with the service and ensuring successful future service delivery within schools.

Considerations given to issues of equality, diversity and inclusion

The secondary schools that participated in the RCT were state funded, within areas of high social deprivation and had a high proportion of students from marginalised racial backgrounds. They were also selected according to these variables; school type (local

authority maintained or academy schools), Ofsted rating, student population, same sex and mixed sex student base.

Religion and Spirituality in therapy: exploring how trainee and newly qualified counsellors and psychotherapists, who identify as religious or spiritual, experience undertaking therapeutic training in the UK

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Aim or purpose

Research indicates therapists rarely discuss religious/spiritual issues in training (Abbey & Gubi 2022); report little input on religion/spirituality during training (Hunt 2018); and feel ill-equipped to work with religious/spiritual issues (Woodhouse & Hogan 2020).

This survey explores how trainee and newly qualified counsellors/ psychotherapists, who identify as religious or spiritual, experience undertaking therapeutic training in the UK. The survey examined participants' experience in five domains: how important religion/spirituality was in choosing to become a therapist; how frequently they spoke about their religion/spirituality with peers, tutors, supervisors and therapists; any conflict they experienced between their religion/spirituality and therapeutic training; the training they received around religion/spirituality; and how competent they felt to work with religious/spiritual issues in therapy.

Design or methodology structure

Data was collected via an online survey. Descriptive statistics were used to analyse the numerical survey data and Thematic analysis the qualitative data. The study used a purposive sample. For inclusion, participants were required to identify as religious or spiritual and be a current trainee or recent graduate. Participants were recruited via research adverts circulated to training courses and social media platforms.

Ethical approval

Metanoia Institute Research Ethics Committee granted ethical approval.

Results or findings

157 respondents completed this survey with 51% identifying as spiritual and religious, 41% as spiritual and 7% as religious. Most respondents identified as Christian (59%); others identified as Buddhist (21%), Muslim (6%), Jewish (5%), Hindu (2%), and Pagan (6%). Participants identifying as deeply religious or spiritual were more likely to choose courses that integrated with their beliefs. Participants reported speaking more freely to peers, tutors, and therapists about their religious/spiritual beliefs than to their supervisor. 70% of respondents reported little or no training around religion/spirituality on their programme with only 20% being satisfied with the training they received. Participants who identified as more religious/spiritual reported a higher degree of confidence around working with religious/spiritual issues in therapy, and over 70% of participants felt their religious background equipped them to work with clients. Very few respondents reported conflicts between their religion/spirituality and therapeutic theory, but 40% indicated their religious/spiritual beliefs and values have changed during their training.

Research limitations

Most participants identified as Christian or Buddhist. Respondents from different religious/spiritual traditions may have produced alternative findings.

Conclusions or implications

Findings suggest trainee practitioners want and require more training in this area.

Considerations given to issues of equality, diversity and inclusion

Religion and spirituality are protected characteristics under the 2010 Equality Act. For training therapists to work competently with religion/spirituality in therapy is therefore a diversity issue.

Exploring the therapeutic experience of Internal Family Systems (IFS) therapy clients who have self-identified as experiencing coercive control: a qualitative study

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Aim or purpose

The overall research aim was to explore the therapeutic experience of Internal Family Systems (IFS) psychotherapy clients who self-identified as having experienced coercive control as this approach had not been previously studied with this population. The study sought to understand the impact of coercive control on an individuals' lived experience of both their internal experiences and their external experience of living in the everyday world, and to understand the impact of IFS psychotherapy on individual symptoms as well as their overall lived experience of this psychotherapeutic approach.

Design or methodology structure

Qualitative interviews were conducted with eight individuals who had been coercively controlled in varying environments ranging from intimate partner relationships to cultic/extremist groups in order to explore a rich diversity of experience from people who had sought IFS psychotherapy. Participants were recruited through email contact to IFS therapists and the IFS Institute who were asked to distribute participant information sheets. Consent forms were obtained from the participants prior to the interviews. All interviews were recorded and transcribed, and Interpretative Phenomenological Analysis was used to explore the lived experience of IFS psychotherapy and to draw out insightful, rich accounts of the individuals. The researcher was mindful of the sensitive nature of the topic in the way that questions were asked, and resources were provided in the event that there would be any unintended distress caused by the interviews.

Ethical approval

University of Salford.

Results or findings

The participants reported similar detrimental effects of coercive control and symptomatology regardless of the type of environment in which they had experienced it. These included symptoms of PTSD and Complex PTSD (C-PTSD), depression, anxiety, dissociation, physical symptoms, and relational difficulties. The participants had a positive experience of IFS psychotherapy and noted improvements through reduction of symptoms and overall stress.

Research limitations

This was an exploratory qualitative study and should not be generalised to all survivors of coercive control. All coding of themes was reviewed and agreed by the research supervisors.

Conclusions or implications

The qualitative methodology was effective in providing a voice to survivors of coercive control whose experiences within IFS had not been previously studied. IFS psychotherapy

was positively received by survivors of coercive control across a range of experiences who reported a reduction in distress as a result of their experience of this therapeutic approach. Further research is warranted into this approach.

Considerations given to issues of equality, diversity and inclusion

Coercive control is known to occur to a wide diversity of people and this study used self-identification of survivors in order to include as wide a sample as possible.

The Experiences of Religiously and Spiritually Diverse Counsellors and Psychotherapists who Work with Survivors of Sexual Violence

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Aim or purpose

The research aimed to answer the question: “What are the lived experiences of counsellors that use their religious/spiritual identity and practices to cope with the stress of providing counselling to survivors of sexual violence?”

Design or methodology structure

In this transcendental phenomenological research study, counsellors participated in semi-structured interviews conducted by the presenter. The interviews were analysed following the method detailed by Moustakas (1994). In this method of phenomenological inquiry, analysis followed four steps: 1) epoche; 2) phenomenological reduction; 3) imaginative variation; and 4) synthesis.

Ethical approval

The Institutional Review Board at Virginia Commonwealth University in Richmond, Virginia, United States approved this research

Results or findings

The analysis yielded several themes including:

1. **Faith Changes** - Participants experienced changes in both faith beliefs and practices due to chronically engaging in clinical work with survivors of sexual trauma
2. **Adverse Psychological Consequences** - Participants experienced negative cognitive and emotional consequences, such as secondary traumatic stress and vicarious trauma, as a result of continuous exposure to their clients' sexual trauma narratives.
3. **Religion as a Barrier** - This describes the ways that participants perceived that institutionalized religion can function as a barrier for healing at times or even perpetuate sexual violence itself.
4. **Intersecting Identities** - These are the ways that participants' religious and/or spiritual, cultural, racial, and gender identities intersected with their described experiences.
5. **Growth and Resilience** - Participants' experiences of their own growth and resilience as a result of their work with survivors of sexual violence.

Research limitations

Several steps were taken to increase trustworthiness and academic rigour including bracketing, reflexive journaling, checking all transcripts for accuracy, member checking, coding calibration, and a codebook audit. Some limitations include generalizability to larger populations.

Conclusions or implications

Faith and spirituality may help counsellors who work with survivors of sexual violence make meaning of their experiences. The findings of this study also emphasize the importance of understanding the complexities of individuals' relationships with religion/spirituality given the nature of the work they do.

Considerations given to issues of equality, diversity and inclusion

This diverse sample was not only representative of four different religious and/or spiritual affiliations, but also diverse races/ethnicities and countries of origin. In this project, all voices are heard, and experiences are equally honoured.

Discussions

Becoming a Researcher: Psychotherapists' experience of embarking on a research project

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Background and context

We have been exploring the journey taken by experienced therapists as they embark on doctoral research, highlighting the adjustments involved in moving from being a clinician to being a researcher. A paper is being submitted in which we describe the rewards and challenges of moving from a clinical to a research mind-set.

There has been a complex relationship between (non-CBT) psychotherapy and research, which has seriously affected the development of a robust evidence base for many approaches. New methodologies are supplementing the early focus on single case studies - which remained closer to the clinical writing of the past. Broader social science methodologies are proving useful and more focussed and precise psychoanalytic methodologies have been developed, capable of exploring in depth the processes at work in the therapeutic encounter.

The main focus on the presentation is on the impact on the students of undertaking their first research project. Students underestimated just how much of a shift in their thinking the move into research would involve. They speak of the humbling impact of conducting a structured literature review and of the complexity of finding a truly researchable question and viable design. They speak of the impact of taking on board the ethical issues involved in research and of the need to interrogate their design in order to minimise bias. One of the interesting - and to them surprising - effects on them is that the shift to research-mindedness feeds back into their clinical identities, in a way that is both challenging and invigorating, overall boosting their confidence as practitioners.

Questions and issues to consider in the session

How can we best reduce the barriers facing experienced clinicians in approaching research?

How can we best encourage research-informed thinking in clinical trainings and CPD?

How can we best develop more subtle yet robust research methodologies to capture the complexity of therapeutic processes?

Audience

Counsellors and Psychotherapists who have undertaken clinical research

Counsellors and Psychotherapists who are interested in embarking on research

Staff on courses where research is included
Staff on courses where research-mindedness is encouraged
Staff on courses which do not include much research

Considerations given to issues of equality, diversity and inclusion

The issues discussed are of relevance to all students, but there are potentially even greater barriers faced by students from ethnic minorities in embarking on research. There are also barriers to anyone who has not had a conventionally successful academic background, for whom the world of research may seem additionally alien and intimidating.

Secondary Traumatic Stress & Trauma Informed Practice in Higher Education

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Background/context

It is well established that secondary traumatic stress (STS) and its counterparts compassion fatigue, burnout and vicarious trauma affect qualified workers in a range of the helping professions. However, less is known about the impact on this on students going into placement. This research explored the issue, also considering the wider context of adverse childhood experiences and trauma informed practice in higher education. There is evidence that those who train in the caring professions are much more likely to have suffered multiple adversity, leading them to be more vulnerable to experiencing secondary trauma in placement or as qualified worker. Literature of note relating to this topic is:

- Advance HE. (2022) *Education for Mental Health: Enhancing Student Mental Health Through Curriculum and Pedagogy*. Available at: https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-document-manager/documents/advance-he/AdvHE_Education%20for%20mental%20health_online_1644243779.pdf (Accessed: 27 May 2022).
- Arnekrans, A. K., Calmes, S. A., Laux, J. M., Roseman, C. P., Piazza, N. J., Reynolds, J. L., Harmening, D., & Scott, H. L. (2018) 'College students' experiences of childhood developmental traumatic stress: resilience, first-year academic performance, and substance use' *Journal of College Counseling*, Vol. 21, Issue 1, pp. 2-14.
- Bride, B.E., Robinson, M.M, Yagidis, B. Figley, C.R. (2004) 'Development and validation of the secondary traumatic stress scale', *Research on Social Work Practice*, Vol.14, Issue 1, pp.27-35.
- Bronfenbrenner, U. (1979) *The ecology of human development*. Boston: Harvard University Press.
- Bryce, I., Pye, D., Beccaria, G, McIlveen, P. & Du Preez, J. (2021) 'A Systematic Literature Review of the Career Choice of Helping Professionals Who Have Experienced Cumulative Harm as a Result of Adverse Childhood Experiences', *Trauma, Violence, & Abuse*. DOI: [10.1177/15248380211016016](https://doi.org/10.1177/15248380211016016).
- Carello, J. & Butler, L.D. (2015) Practicing What We Teach: Trauma Informed Educational Practice, *Journal of Teaching in Social Work*, Vol.35, Issue 3, pp.262-278

Questions/issues to consider in the session

What can we do to prepare students for STS in placement and practice?

Are there any students who are more vulnerable than others?

What mechanisms are in place to protect students from an ecological perspective based on Bronfenbrenner's model: the individual, microsystem, macrosystem?

Audience

Anyone who works in education, with students in placement or newly qualified counsellors.

Considerations given to issues of equality, diversity and inclusion.

Adversity disproportionately affects lower socio economic groups and can be intergenerational based on issues such as class and race; this will be covered in the presentation and the discussion.

Barriers and facilitators to promoting routine outcome monitoring in practice: perspectives across different settings

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Background and context

Routine outcome monitoring (ROM) can be a contentious topic within the counselling professions. Service managers, practitioners and clients perceive several benefits to ROM, including: improvements to the therapeutic relationship (Unsworth et al., 2013), improved client outcomes (de Jong et al., 2021), and enhanced client self-awareness and reflection (Solstad et al., 2019). Conversely, challenges to implementing ROM include: the perception that it is a bureaucratic exercise (Solstad et al., 2021), that it may be used as contra-evidence of practitioner efficacy (Hatfield & Ogles, 2007), and administrative challenges (e.g. time, resources and training; Duncan & Murray, 2012). Recent research has suggested that ‘barriers to uptake need to be found, fought and overcome’ (Moltu et al., 2021, p. 7), however, it remains unclear how this is achieved in practice across different settings and when multiple stakeholders (i.e., commissioners, service managers, practitioners and clients) may have different perspectives, some of which may be in direct conflict with each other.

This discussion will allow panel members with experience of implementing ROM across different settings to give their own perspectives on what works, what doesn’t, and how these barriers might be overcome.

Questions and issues to consider in the session

What barriers and challenges do you encounter when implementing ROM in your practice, or what potential barriers do you anticipate? How do you think these could be overcome?

What has worked well for you, your practice and/or your client’s in implementing ROM?

What training would have been useful for you around ROM?

Audience

This session will be of use to practitioners who are either actively using ROM in their practice and may be experiencing challenges associated with this, or for practitioners who don’t currently use ROM but want to learn more about the process and how it might work in their setting.

Considerations given to issues of equality, diversity and inclusion

It is anticipated that at least one member of the panel will provide a viewpoint from the perspective of using ROM with marginalised communities. In addition, there are several factors that should be acknowledged and considered when working with ROMs, including making implicit or explicit assumptions about client’s ability to read and/or understand measures. These could be barriers associated with learning difficulties or impairments, and/or cultural differences whereby many outcome measures reflect a white, westernised viewpoint. When practitioner and services implement measures they should be mindful of these assumptions and select measures and/or feedback mechanisms accordingly and this will be touched upon within the discussion.

What is the lived experience of being a Relate supervisor?

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Background and context

There is little material in the literature which examines the lived experience of being a supervisor within the counselling, social work or health professions. My qualitative research into the experience of Relate supervisors will help fill this gap, contributing a different angle to the global debate around the role of supervision. My interest in this topic is rooted in having my own experience of the role, being myself a Relate supervisor.

Themes identified in the literature of relevance to this topic include two key areas. Firstly, supervisors' experience of role tension as they seek to keep in balance the three functions that they deliver - namely education, support and administration (Ekstein 1964). Managing these tensions can result in ethical dilemmas for supervisors (Falender et al 2014).

And secondly, supervisors' experience of power within the supervisory relationship. As De Stefano et al (2017) argue, the supervisory relationship is hierarchical with the supervisor holding most of the power. This may result in the playing of games by both sides (Pack 2009). And may result in supervisees, feeling exposed, powerless and shamed, withdrawing from the relationship and failing to disclose aspects of their work (Pack 2009). Ethical dilemmas may again arise as a result of this power imbalance (De Stefano et al 2017).

Questions and issues to consider in the session

- Ekstein (1964) argued that supervisors wear 'a three cornered hat'. To what extent do supervisors experience tension in balancing the role's three functions (education, support and administration)?
- How does this result in ethical dilemmas?
- What thoughts do delegates have around issues of power dynamics in supervision?
- How might this affect the supervisory relationship and the effectiveness of supervision?

Audience

The session will facilitate discussion around the role of supervision from the perspective of the supervisors' experience. This will be of particular interest to:

- Clinical supervisors
- Counselling practitioners
- Managers of counselling/therapy services

Considerations given to issues of equality, diversity and inclusion

Discussions around power dynamics raise equality, diversity and inclusion issues.

Online Forums as a Site of Scholarly Exploration into the Mental Health Needs of Young People

Andrea Anastassiou

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Background and context

For this generation of “digital natives” (Prensky, 2001) experiences of childhood and adolescence are shaped by the ubiquitous presence of the internet. As such, online and offline youth identities and experiences are becoming increasingly difficult to untangle and consequently researchers are starting to view the internet as an important site for investigating matters which concern young people (YP). Where mental health and wellbeing is concerned this is particularly significant as online spaces, such as forums, can provide anonymous platforms for YP to seek advice and share experiences.

From a methodological perspective there are also several advantages to sourcing online forum data. Firstly, sensitive topics, such as mental health, often demand novel approaches to overcome some of the inherent challenges of researching practices considered to be personal (Noland, 2012). For example, an unobtrusive data collection method (such as a thematic analysis of naturally occurring forum posts), can provide an insight into organic discussions free from the presence of an adult researcher. Such approaches can also lack the confines of research methods which sometimes produce contrived or polished responses (Murray and Sixsmith, 2002). This is particularly important for sensitive topics, as authors have noted that the social desirability effect might be inhibiting YP when providing responses (Barrense-Dias et al, 2017). Thus, given the utilisation of the internet as a source of information and support by YP, along with the methodological advantages of capturing data in this way, online forums can arguably be considered a source of candid information regarding the opinions and mental health support needs of YP.

This paper will focus predominantly on the use of an online forum analysis during an investigation into the effect aggravated online practices can have on the wellbeing and mental health of YP. The ethical considerations associated with using this approach to investigate sensitive topics, such as mental health and wellbeing, with YP will also be explored along with strategies used to overcome these ethical dilemmas during this investigation.

Questions and issues to consider in the session

What other ethical considerations are associated with using online forums to capture data of this nature?

How can they be overcome?

What other novel online methods can be used in youth mental health research?

Audience

- Researchers and practitioners who work predominantly with CYP
- The session explores the use of a novel method that can be utilised in other explorations of youth mental health

Considerations given to issues of equality, diversity and inclusion

The session is centred around how to safely/ethically include YP in mental health research.

Co-creating Research Across Disciplines - Sharing Knowledge with Other Professions

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Additional Authors: Jay Beichman, Laura Burns, Julia McLeod, Simon Yeates

Background and context

Like our clients, therapists find ourselves squeezed by intense socio-economic and cultural pressures (Jackson and Risq, 2019). We often feel we have to fight for our professional survival in a world of few resources. This could cause us to pull up our drawbridge, and turn inwards, seeking only to evidence our way of working, rather than enter into dialogue with other professions.

But we could also find nourishment and power in solidarity. Youth workers, social workers, domestic violence advocates, teachers, artists, and many other professions are grappling with similar research questions, and advocating for change. Radical social solutions to global problems might be found in research, if we can work together, valuing our differences within a set of shared values (Smith *et al.*, 2021).

Questions and issues to consider in the session

In this discussion group we will consider the following question:

- How to create change for our clients, and in society, by joining forces with trans-disciplinary research allies?

Audience

This session will be useful for you if you are interested in fostering social change by engaging with the knowledge and practices of like-minded professionals from other fields. Perhaps you are trained in other disciplines, and you are informed by multiple perspectives in your research work. Perhaps you work in a multi-disciplinary team, and you have the experience of researching with other professionals for the benefit of clients. Perhaps you have an idea for pluralistic research that would cross professional boundaries, enriching your findings. Please bring your own valuable experience to our discussion.

Considerations given to issues of equality, diversity and inclusion

We welcome a diverse group of people into this session. Our position is that conversations are most meaningful and valuable when multiple perspectives, knowledge, and experience are shared. We are exploring issues of poverty and social oppression, with the aim of building resilient radical communities. This discussion will be held in a contracted safe space, and we ask participants to bring warmth, solidarity, and a valuing of difference to this session.

What are the research priorities for web-based therapy and support?

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Background and context

Web-based approaches of therapy and support have become increasingly commonplace in the therapeutic landscape. Whilst such ways of working have been developing for over a twenty year period, historically they were viewed as specialist in nature and the territory of few digital pioneers. The Covid-19 pandemic however changed this perception and acted as an evolutionary catalyst for work of this kind. Given the speed of this change, it is important to stand back and reflect upon what this means for those in the counselling professions and to identify what priority areas of research are needed.

Questions and issues to consider in the session

This session will provide an overview of some areas of growth that are evident in the literature. These include those that relate to current practices (e.g. the consolidation of therapy offered using videoconferencing technologies, work with children and young people and the delivery of therapy on a global playing field) and those technologies that are more emergent in nature (e.g. the use of virtual reality, the development of therapeutic games and approaches that aim to enhance therapeutic work by using artificial intelligence). Following this introduction, attendees will be invited to take part in a discussion about the future priorities (near and far) for researching web-based therapy.

Audience

This discussion session will be of interest to those delegates interested in the delivery of web-based therapies and those contemplating researching this area. It will provide a space for individuals to discuss current developments, share resources and identify priorities for research in this area.

Considerations given to issues of equality, diversity and inclusion

Web-based therapy and support has the potential to enhance the pathways to accessing to therapy. This was very evident during the Covid-19 pandemic but stretches way beyond this.

Outside In: How can an awareness of the ecological self of the therapist be influential in supporting equality, diversity, and inclusion

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Background and context

The choice of subject is influenced by growing empirical evidence and the proposers experience demonstrating how nature connectedness can contribute to a person's way of being, or the ecological self, Naess (1987). Richardson (2014, 2019) The ecological self of the therapist can impact and influence the client, Laszloffy (2018) who states family therapists benefit from identifying with and understanding their ecological self.

The proposer postulates shared experiences of nature in the therapy room that guides the ecological self of the client and therapist can contribute to positive awareness of equality, diversity, and inclusion. Hall (2015) validates the human connection to other-than-human life in the therapy room, as does Bratman (2019) who discusses incongruence in connection with other than human life may be attributed in part to our perception that humans are the crown of creation, but mentions nature is woven intrinsically into every human being and is familiar.

The rationale for the topic is substantiated by a general shift in psychotherapy over the past few years towards a greater understanding around what nature-connectedness entails and how human links to living nature can be beneficial as an intervention. Bratman (2019) Richardson, (2014) (2019) and with the current ecological crisis Totton (2011) inquire how therapy can contribute to changing our relationship with the ecosystem of which we are part.

Hall (2015) believes the therapist attitude, or their ecological self has a crucial effect on whether it features in a particular therapy and the extent of successful inclusion to the treatment plan. Hall (2015) lends support to the theory that human mutuality with other life can be a major feature of the unconscious. This could be reflected in the non-verbal presence of the therapist, which is substantiated by hall who identifies there is incongruence while trying to isolate oneself from the world and exercise control.

Questions and issues to consider in the session

Can the therapeutic relationship benefit from therapists being aware of their ecological selves?

How can the ecological self of the therapist be influential in supporting EDI?

How can conscious or unconscious objectification of nature influence the non-verbal presence of the therapist?

What are the interventions that can model EDI and earth care alongside existing interventions?

Audience

This discussion will particularly benefit therapists, to reflect on the ecological self and consider the impact of non-verbal ecological self while working with clients.

Considerations given to issues of equality, diversity and inclusion

Nature offers models for equality, diversity and inclusion when brought into the therapy room alongside well-known interventions. Examples will be given during the introduction for discussion.

What is this? An experience of mental health related performance poetry and discussion of shared somatic healing.

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Background and context

After presenting performance poetry at an academic conference and receiving feedback I began to feel curious about the value of performance poetry in shared healing. Creative writing and the therapeutic effects of this kinaesthetic activity have been widely discussed (Sarbin, 1986; Bruner, 1987; Polkinghorne, 1988; White and Epston, 1990; Foa, Molnar, and Cashman, 1995; Monk, 1997; Crossley, 2000). Using gestural performance, I have experienced a way of connecting my 'bodymind' (Totten, 2014:50) and sensorimotor narrative to the 'bodymind' of others and rather unexpectedly, this has been reported to be a deeply healing experience. 'Embodied relating happens, of course, not only in the therapy room...There is a constant interplay between our relationship with other people, our relationship with our own bodymind experience, and our relationship with the world itself' (Totten, 2014:50).

There appears to be a deep human-to-human connection occurring, where attunement goes beyond empathy, involving the deeply personal response of the hearer as well as the intent of the speaker (Stern, 1985; Erskine, 2010). Engaging with performance and expression through performance is an interesting relationally embodied way of connecting thoughts and body-held memories. What is 'heard' and experienced in the poetry reading is embodied in the performer and appears to become reciprocal in nature.

The aim of the session is to experience MH performance poetry and to reflect upon the experience of being in contact with the felt sense of this, and to discuss somatic and cognitive responses. The poem is called 'What is this?' and it explores the depth of feelings associated with extreme anxiety.

Questions and issues to consider in the session

How did you experience your own somatic and cognitive response to the performance?
How might you use creative writing and performance poetry in your own healing?
How might you work using creativity and poetry with clients?
How might creative writing and gestural performance be useful to those training in the field of counselling and psychotherapy?
How might this form of expression meet diverse needs in training and healing?

Audience

Delegates who value creativity in practice and those who are interested in difference, equity and diversity will benefit from attending the session. This performance and discussion will offer an opportunity to explore the topic of performance poetry and healing in a non-traditional way. It may also be of value to those practitioners who work with groups creatively or young people wishing to explore contemporary ways of exploring healing.

Considerations given to issues of equality, diversity and inclusion

As a neurodiverse practitioner and a Child of A Deaf Adult (CODA) my experience of equity and diversity is embodied. My approach to practice is relational and I value difference in learning, training, researching, and practice. This non-traditional discussion may support L & D for a diverse audience.

Social Determinants of Health in Counselling and Psychotherapy: Implications for Research and Practice

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Background and context

Counsellors are committed to engagement in sociopolitical action to eliminate wellness barriers and promote equity and access in their communities (Ratts et al., 2016). Social Determinants of Health (SDOH) is a new and emerging topic in health professions and are described as the conditions in the environments in which individuals are born, live, learn, work, play, worship, and age that affect a wide range of health outcomes (Adler et al., 2016; WHO, 2008). SDOH encompass five domains in which equity and access cause health and education disparities between people in the population, including: (a) economic stability (e.g., poverty and food insecurity), (b) education (e.g., high school graduation and early childhood education), (c) health and healthcare (e.g., access to health care), (d) neighborhood and environment (e.g., neighborhood crime and housing quality), and (e) social and community context (e.g., immigration status and social support; Office of Disease Prevention and Health Promotion, 2020; WHO, 2008). Equity related to SDOH ensures inclusive participation within each of these domains. Equity, access to resources, power, and privilege influence SDOH and are the primary drivers of health and wellness inequities worldwide (Andermann, 2016).

Despite an increasing interest in SDOH in health professions, the lack of literature about SDOH in counselling when compared to other health professions, such as nursing (Lee & Willson, 2020; Murray, 2021; Ogbolu et al., 2019) and medicine (Chang et al., 2017; Ludwig et al. 2020), is apparent. This may have a negative impact on the future of the counselling field, particularly related to interventions to address inequities and in interprofessional collaboration, both of which are becoming essential areas of knowledge and skill for health professionals (Andermann, 2016).

Questions and issues to consider in the session

1. What are some ways that SDOH content could be integrated in practice, clinical training, and research?
2. Do you integrate SDOH content into training and education already? If so, how?

Audience

All counsellors, supervisors, and educators will benefit from attending this session. Attendees of this session will gain an understanding of SDOH, how it impacts their communities, and will gain practical ways that practitioners and educators can integrate SDOH into practice and education.

Considerations given to issues of equality, diversity and inclusion

SDOH impacts everyone worldwide, but there is strong evidence that individuals of disadvantaged, minoritized, and marginalized communities experience greater adverse health outcomes. Counsellors that consider SDOH in practice and educators that integrate SDOH content in counsellor training will be more effective in their efforts to promote equality, diversity, and inclusion.

Lightning Talks

“Women returning to work: what can we learn from mothers’ stories about ‘keeping in touch days’ during maternity leave? A narrative inquiry to aid the development of relevant psychotherapeutic approaches.”

Catherine Sansom

Therapist, Restore

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Aim or purpose

The research explored mothers’ stories of their maternity return experience via the use of keeping in touch days, and the need for useful, new therapeutic interventions. Mothers can be disproportionately impacted by the arrival of a child, relative to working fathers (Bornstein, Williams & Painter, 2012; Hill, 2005, Millward, 2006).

Research indicated a potential bias against working women; “one-third of women fell off the management ladder before reaching executive status” (Barr, 2010, p.6) and that “mothers were expected to be less competent and were less likely to be kept in the running for advancement opportunities” (Heilman & Okimoto, 2008, p.198). That inequity motivated the research. I have a personal interest, having experienced career-plateauing after each of my three maternity leaves.

Design or methodology

The research was conducted using Narrative Inquiry, via interviews to explore the mothers’ feelings and to hear their stories (Kvale, 1996; Bruner, 1988; Clandinin & Connelly, 2000; Kim, 2016; Etherington 2004). The transcripts were shared with the participants. Each mother’s story was ‘re-storied’ using a chronological approach and importing reflexive commentary. From the stories a survey was written that enabled the researcher to explore the experiences of a wider group of women. A set of therapeutic modules was created from the results of the survey and considering the original narratives.

Ethical approval

Metanoia Institute’s Ethical Board (Middlesex University).

Challenges

Challenges have included the construction of a survey, to be unbiased, suitably designed and appropriate for a wide range of women, roles and situations. Surprises have been the very wide use of Keeping in Touch Days, ranging from being told not to work and simply to claim them anyway, to being put back in the normal job without any accommodation for still being on maternity leave. Emotions have ranged from anxiety and ‘imposter syndrome’ to wanting a promotion.

Considerations given to issues of equality, diversity and inclusion

The research topic is motivated by an interest in gender equality, especially at the pivotal point when a mother is transitioning back to work. Research results suggest a need for more inclusion of the mother to optimise her return including the use of therapeutic interventions to improve that experience.

A qualitative investigation on the experiences of Kenyan counsellors using the CBT 5 aspects model for clients presenting with depression.

Georgina Green

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Aim or purpose

This research study aims to answer the question of whether the Western CBT modality has the potential to work within the African culture and what it is like using its short term, practical framework in urban and rural communities in Kenya.

The aim is to find out via the lens of Kenyan counsellors, in both selected Kenya Association for Professional Counsellors (KAPC) urban and rural communities, their views of the Cognitive Behavioural Therapy (CBT) 5 Aspects model (Padesky & Mooney, 2012) when using it with people experiencing depression. The findings will allow us to know further what ingredients may be culturally-salient at a time when an African-centred model is being called for (Forum of African Psychology, (FAP), 2021; Masamba, 2014).

Design or methodology

The methodological design takes the ontic view of critical realism making sense of what is real and takes the epistemological positioning between pragmatism and interpretivism. I am interested in finding out what the Kenyan people think of CBT via their experiences of using it and what might work best. A qualitative enquiry using Reflexive Thematic Analysis (Braun and Clarke, 2013) to analyze the data fits with the research question. A focus group method will be used, comprising of two separate groups - one in Nairobi and one in Eldoret. This focus group method will allow Kenyan people to have a discussion together, in a familiar style to their community collectivist societal way of communication.

Ethical approval

The Programme Approval Panel (PAP) which comprises of Middlesex University Assessors and Metanoia Institute Assessors conduct a formative assessment of the Learning Agreement which is then ratified. The National Commission of Science, Technology and Innovation (NACOSTI) have issued a Research Licence endorsing the research project.

KAPC have confirmed their acceptance of the research to be conducted at their premises, acknowledging their own ethical framework and agreeing to offer counselling to the participants if necessary.

Challenges

Conducting the research in a different continent is challenging. However I welcome the support from KAPC and that NACOSTI have issued an extendable Research Licence. I would like feedback on my research design and questions that I am asking and whether the aims of the research offer a clear rationale.

Considerations given to issues of equality, diversity and inclusion

Tribal regions to be non-exclusive. Kenyan counsellors to include any culture that identifies themselves as being Kenyan.

Post-colonialism/acculturation. The conspicuousness of skin colour and its interpreted meaning.

Key words: CBT, African-Centred, Kenyan Counsellors, Experiences

Developing revisions for the Counselling Impact on Academic Outcomes (CIAO) questionnaire

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Aim or purpose

The research aims to investigate the effects of counselling on academic outcomes in universities. With this, we aim to demonstrate the value of university counselling services in supporting not just the psychological wellbeing of students, but also their academic goals and aspirations. This is vital given the increased scrutiny on 'excellence' in practices and outcomes in higher education.

Design or methodology

Our current paper was conducted with 478 participants across 2 universities. We used the Counselling Impact on Academic Outcomes (CIAO) survey which asks students, prior to and after therapy, to self-assess the impact of their problems on three academic outcomes, as well as the impact counselling has had on the same outcomes and four further outcomes. We compared these ratings to CORE-OM pre- and post-therapy scores. We found significant reductions in psychological distress and the impact of problems on academic outcomes following therapy. Additionally, we found problems have a greater impact on the overall student experience, followed by ability to study, and, lastly, thoughts of leaving university.

Ethical approval

This project is approved by the University of Sheffield, enabling secondary analysis of a collated dataset constructed from the outputs of several UK universities.

Challenges

The current version of the CIAO was not developed with parametric analysis in mind. Whilst ANOVA, the analysis employed, is considered robust enough to handle Likert-type data, we are exploring options for improving the properties the CIAO survey to improve the strength of our results. We welcome comment from delegates on proposed changes to the both the questions and response options, particularly from those with expertise in Likert design and analysis.

Considerations given to issues of equality, diversity and inclusion

University and college counselling has the potential to improve access to higher education for students that experience chronic and acute psychological distress. Student support services are often called upon to contribute to university 'access and participation plans' which demonstrate universities commitment to supporting underrepresented student groups. As this research programme develops, it has the capacity to strengthen university counselling services as a vital stakeholder in the HE EDI landscape.

Symposia

Working with experiences of domestic abuse: practice considerations

Jeannette Roddy¹ with Kevin F. Hogan, Tanya Frances, Lynne Gabriel, Helen Blake, and Laura Viliardos.

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Aims of the symposium

Domestic abuse is a global issue affecting people of all genders, ethnicities, ages and sexualities. However, the dominant discourse in UK domestic abuse work is the harm caused to adult women in heterosexual relationships. This results in under resourcing and limited research for other groups affected. This symposium offers the opportunity to look at some of the different needs of those affected by domestic abuse, personally and professionally, and how these could be met.

Contribution of each symposium paper to the overall theme

Paper 1 explores the experiences of heterosexual men's experiences of domestic violence from their partner. Using a different language, for example not using the word 'victim', well as understanding the cultural difficulties and expectations of being male in the UK today, is identified as helpful. Such changes could be made to domestic abuse training.

Paper 2 discusses the experiences of young adult women who experienced domestic abuse as a child. They describe trying to balance their experiences of family life within the context of socio-cultural expectations of their role today. Therapeutic storytelling could be a useful tool in bringing together the many aspects of self that the young person can experience.

Paper 3 investigates the development of vicarious trauma and secondary traumatic stress in UK domestic abuse frontline workers during the recent pandemic. Domestic abuse not only affects those involved directly, but also those who support them. Good boundaries between work and home appeared to be protective, but more research is required.

Paper 4 presents a service evaluation of a domestic abuse counselling service which was marketed as for anyone who has experienced domestic abuse, rather than survivor or victim. The counselling model works with the context of the individual and their perception and currently has 25% ethnic minority and 33% male clients attending. Outcome measures show promise.

Implications of the symposium theme for counselling, psychotherapy, coaching theory, research and practice

This symposium highlights that domestic abuse has a differing socio-cultural context depending on the individual and their situation, which can be addressed with the individual in therapy and differs from the needs of adult women survivors. Practitioners involved in domestic abuse work should be aware of the impact of working with trauma and take precautions, such as good life-work balance, to reduce their risk.

Considerations given to issues of equality, diversity and inclusion

This symposium has included marginalised participant groups which are under-researched and under-served within domestic abuse provision, recognising that domestic abuse can happen to anyone. Further research with other such groups, including disabled, LGBTQ++ and diverse faith communities would be a valuable extension of this work.

Symposium paper 1 - The impact of masculine ideologies on heterosexual men's experiences of female-perpetrated intimate partner violence: A qualitative exploration

Kevin F. Hogan

Newman University

Aim or purpose

This experiential research study explored the impact of masculine ideologies on the way in which men made sense of their experiences of female-perpetrated intimate partner violence (IPV).

Design or methodology

Purposive sampling was used to recruit 26 men over the age of 18 who self-identified as a victim of female perpetrated IPV.

Recruitment came from various sources: domestic abuse services (2); mental health and drug and alcohol support services (9); online support forums and blogs for male victims (13); and snowballing (2). Participants selected their preferred interview modes: face-to-face (13); Skype video call (3) or telephone (10). The participants were largely White British (16), aged from 24-74 (mean age: 47) years. Most of the men (12) identified as working class. The majority (17) had at least one child with their abusive partner.

Semi-structured interviews explored the men's sense of themselves, their relationship, and their use of support networks. The data were analysed using reflexive thematic analysis.

Ethical approval

Ethical approval was granted from the University of West England (UWE) and Newman University Faculty Research Ethics Committee

Results or findings

The importance of maintaining an appropriate sense of masculinity underpinned the men's narratives. Participants described feeling shame and embarrassment for not having met dominant cultural expectations surrounding the roles of men in heterosexual relationships. Consequently, hegemonic masculinity increased the men's feelings of shame and trauma.

Group-based interventions with other male victims provided the men with a safe space. This aided disclosure of their experiences of IPV by facilitating interaction with other men who had experienced IPV and presenting an opportunity for the men to learn from and support each other.

Research limitations

Several of the participants were reluctant to identify as “victims” for fear of being perceived as less masculine. This may have affected the recruitment of participants due to self-selection and may not be representative of all male victims.

Conclusions or implications

Masculine stereotypes and dominant cultural expectations of male roles may prevent men from seeking help for their victimisation and increase the trauma resulting from intimate partner violence for heterosexual men.

Advertising support services as an active, independent and rational response, could engage masculine ideologies in a positive way. Language used in recruitment materials and future research requires further consideration, for example, using “survivor” rather than “victim”.

Considerations given to issues of equality, diversity and inclusion

The range of recruitment sources provided a diverse community of participants. Some of the men claimed that their partners’ abusive behaviour was culturally influenced and reflected racialised stereotypes around violence. This requires further research.

Symposium paper 2 - Young women’s transitions to young adulthood after domestic abuse in childhood: Thinking through considerations for counselling and psychotherapy practice

Tanya Frances

Open University

Aim or purpose

Existing literature on counselling and psychotherapy for victims/survivors of domestic abuse focuses on working with adults and offers some valuable guidance. However, children are significantly impacted by living with domestic abuse, yet there is limited evidence in terms of what helps children in the aftermath of domestic abuse, and even less research regarding what helps in therapy for young adults after living with domestic abuse as a child. This research explored how young adult women talk about transitions to young adulthood. This paper considers potential implications for counselling and psychotherapy from this research.

Design or methodology

Interviews were conducted with ten young adult women who experienced parental domestic abuse in childhood. Participants were recruited via social media. They were asked about their childhood experiences and how they made sense of these experiences. Data were analysed using a voice-centred dialogical narrative analysis.

Ethical approval

This research received ethical approval from the University of Stirling’s General University Ethics Committee.

Results or findings

Findings suggest that socio-cultural structures and ideologies shaped participants' accounts. These included dominant assumptions about childhood and adulthood, and neoliberal ideologies that surround what 'successful' adult femininity looks like for young women. There were ambiguities and tensions within women's accounts, and this has implications for how psychotherapeutic practitioners might work with young adult clients who experienced domestic abuse in childhood.

Research limitations

This research is limited as it did not seek the views and experiences of those who had accessed counselling or psychotherapy. Considerations for therapeutic practice are considered valuable as there is very limited research about this client group at present, however they should be treated as tentative. Additionally, the sample was diverse in terms of class and socio-economic background, but all participants but one were white, all identified as women, and most were educated to degree level or higher. The diversity of the sample can be considered a limitation.

Conclusions or implications

This paper considers that storytelling could be a powerful therapeutic tool for women after childhood domestic abuse, in re-writing and re-imagining their stories and selves. Additionally, therapists could attend to power and context when working with this client group, by engaging in reflexive practice and attending to multivocality in participants' stories.

Considerations given to issues of equality, diversity and inclusion

This research addresses issues of power, as it conceptualises domestic abuse as underpinned by power dynamics that are situated within broader socio-structural relations of power and oppression. This research specifically explores young women's experiences and locates these within gender inequalities.

Symposium paper 3 - Frontline domestic violence work: An Exploratory Mixed-Method Study into Vicarious Trauma and Secondary Traumatic Stress in UK Domestic Abuse Frontline

Lynne Gabriel¹ & Helen Blake

¹York St. John University

Aim or purpose

The project sought to explore the impact on UK frontline domestic abuse workers of working during the covid-19 pandemic.

Design or methodology

A sequential mixed method design to explore secondary trauma in domestic abuse frontline workers was used. Participants were recruited through domestic abuse frontline organisations. During Phase 1, a survey and standardised measures were administered online to measure the prevalence of trauma in frontline workers and identify factors linked with vicarious and secondary trauma stress responses. Phase 2 involved in-depth interviews with UK frontline workers, including some Phase 1 participants.

Ethical approval

York St. John University Cross-School Ethics Committee.

Results or findings

Data and findings from both project phases suggested that this group of frontline workers is at risk of secondary trauma during a pandemic or national crisis context.

However, a positive association was found between the perception of having clear boundaries between work and home and frontline workers who reported fewer symptoms of secondary traumatic stress. Having a clear boundary between work and home appears to reduce chances of experiencing symptoms associated with PTSD.

Increased caseloads also increased the intensity of the work and was experienced as detrimental and difficult to manage. Both Phase 1 and Phase 2 findings indicate frontline workers are at risk of secondary trauma.

Research limitations

It is difficult to determine whether the study data represented secondary trauma or direct trauma experiences, due to the co-existence of a global pandemic and potentially collective trauma. This makes it difficult to attribute primary or secondary trauma to either one.

The quantitative study limited the findings as, for example, burnout and compassion fatigue were not explored, due to the decision to focus the research on secondary trauma. This limitation could have been addressed by reversing the order of the sequential mixed method design.

Conclusions or implications

UK domestic abuse frontline workers are an under-researched population at risk of secondary trauma, with moderate levels of vicarious trauma discovered and a third meeting criteria for secondary traumatic stress and PTSD. Physical and psychological mechanisms may influence this risk, with further research required to understand the nuanced and complex interactions between workload, trauma exposure and secondary trauma.

Considerations given to issues of equality, diversity and inclusion

Participants were sought from a wide range of UK charitable domestic abuse support organisations including those based in diverse cultural contexts which may show distinct cultural and social features. Further research is needed to examine the impact of culture and ethnicity, how this influences domestic abuse, and associated worker experiences and perceptions.

Symposium paper 4 - Evaluation of a model of counselling for domestic abuse

Jeannette Roddy¹ & Laura Viliardos²

¹Dactari Ltd.; ²University of Salford

Aim or purpose

Experiences of domestic abuse has shown increased levels of depression, anxiety, post-traumatic stress, and suicidal ideation across client groups, with counselling suggested a good option post-separation. Research with female and male participants suggested a model of practice based on client context would be helpful. A counsellor competency framework was developed from this work, which allowed the development and delivery of practitioner training and the launch of a domestic abuse counselling service. The counselling service moved online at the start of the pandemic. This evaluation of the online service sought to understand whether this approach was effective for a diverse range of clients.

Design or methodology

Advertising material for the counselling service focused on the experience of domestic abuse and used non-binary pronouns. Counsellors were recruited from a variety of backgrounds, with different faiths, sexualities, ethnicities and gender. Clients self-referred allowing autonomy. Data (CORE-10, PHQ-9 and GAD-7) was collected before each session and at the end of counselling. Analysis of fully anonymised client data was conducted using simple statistical methods.

Ethical approval

As this was a service evaluation, and consent for the collection, analysis and publication of the data was given by clients prior to data collection, no further ethical approval was required.

Results or findings

Attendance at counselling post-assessment has been good. Clients showed significant improvement over the course of therapy, moving on average from moderately severe presentation to mild/moderate. The client base consisted of around one third male and one quarter from ethnic backgrounds.

Research limitations

Domestic abuse survivors access counselling for many reasons: support through the criminal justice process; processing experiences; as well as improvements to their mental health. Mental health measures are therefore of limited value and not all clients will complete the data. This is, however, in keeping with other counselling service evaluation.

Conclusions or implications

Outcome data suggests that the delivery of online counselling for clients who have experienced domestic abuse is beneficial. The model and contextual service approach shows promise. Further research on the specific factors that clients find helpful from the service would be beneficial.

Considerations given to issues of equality, diversity and inclusion

The service was specifically set up to provide a generic counselling service for those who have experienced domestic abuse. When running in-person, it potentially restricted those who found it difficult travel. Online counselling improved some access, but required access to a computer or telephone. A hybrid of in-person and online would potentially meet more client needs.

Duoethnography: Reflexive engagement with global issues presented to counselling and psychotherapy

John Hills¹ with Fevronia Christodoulidi², Divine Charura³, Kate Diggory⁴, Lois de Cruz⁴ & Rachel Wicaksono³

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Aims of the symposium

- To demonstrate the utility of duoethnography as a research method for generating rich, first person data from therapists reflecting on themes from their practice.
- To demonstrate the additional benefit of duoethnography as a vehicle for practitioner reflexivity and continued personal and professional development.

Contribution of each symposium paper to the overall theme

In duoethnographic research, researchers generate their own data through reflexivity and reflection upon their socially and culturally embedded experience. Data are generated through dialogue. At the heart of duoethnographic practice is an intention to address dynamics that relate to social justice, equality, decolonisation, and interpersonal and humanitarian conflict. Paper 1 is concerned with dynamics of power and privilege in the therapeutic space. Paper 2 considers the experience of two older female counselling academics through the lens of critical feminist gerontology, considering age, gender and class. Paper 3 addresses ontological issues that tend to remain invisible around interpreting data from migrant voices.

Implications of the symposium theme for counselling, psychotherapy, coaching theory, research and practice

Whilst duoethnography is established within education research methodologies, the utilisation of duoethnographic methodology within counselling and psychotherapy research is relatively novel. Duoethnography can bring benefits in the ongoing development of therapists. The approach depends upon mutual negotiation of trust, courage, humility, and a willingness to be vulnerable as well as challenged in the encounter.

Considerations given to issues of equality, diversity and inclusion

Duoethnography as a methodology is decolonising because it brings together a plurality of voices, which honours, respects and values difference in ways that evoke visceral and tacit knowledge in the service of equity and inclusivity.

Symposium paper 1 - A duoethnographic study of power, privilege and intersectionality in the psychotherapeutic space: dialogical research as professional development

John Hills¹, Fevronia Christodoulidi² & Divine Charura³

¹Leeds Beckett University; ²University of East London; ³York St. John University

Aim or purpose

Three practitioner-academics came together to explore privilege and power as experienced by our clients in the social worlds they inhabit, within the therapeutic relationship, pedagogic practices and the conduct of counselling and psychotherapy research.

Design or methodology

Over one and a half years, we met through Microsoft Teams to record our dialogues and furthered our exchange via email communications. We came together intentionally and explicitly mindful of and valuing our differences - one woman and two men; our ethnocultural heritages being Greek, African, and English; with different trajectories towards our professional positions. The cyclical process of analysis and generation of themes brought structure within - and helped to lend context to - ongoing dialogues.

Ethical approval

Ethical approval was formally granted through Leeds Beckett University as well as being an ongoing reflexive process between us.

Results or findings

Data are presented as an idealised dialogue which could be thought of as the speaking turns of a play. Emergent themes include: the visible - invisible spectrum of privilege, the historic present, and power with vs power over. We highlight the varying meanings of silence; ambivalence and unknowing in therapeutic process. We noted the influence of political correctness in our dialogues as not always promoting inclusivity and equity. Whilst wanting to be brave and authentic in articulating our positionalities, we nonetheless noted a double bind in reflecting our use of language and its impact, that went beyond the intentions as we each understood them. Important in being able to contain these difficult feelings, and the possibility of repairing relational ruptures, was our willingness to be humble, to be reflexive and open to challenge, and to make space for pain without blame.

Research limitations

Whilst our dialogues benefited from open acknowledgement and working with the differences between us, we also recognised the ways in which we were similar: each heterosexual, married with children; each in senior positions in higher education. Recognising that each dialogue brings unique configurations of similarity and difference, we thus make the case for greater uptake of duoethnography in counselling and psychotherapy research.

Conclusions or implications

Duoethnography as a practice offers a framework for advancing practitioner development and reflexivity, especially around areas that are considered taboo or politically loaded.

Considerations given to issues of equality, diversity and inclusion

The focus of the study is on power and privilege, both dynamics that are relatively visible and those that are relatively hidden. In recommending duoethnography, particularly towards matters of difference, we can promote more embodied, relational processes towards more substantial, authentic and robust practitioner development.

Symposium paper 2 - A duoethnographic study of how two women over 60 make meaning of life after completing a recent PhD

Kate Diggory¹ & Lois de Cruz¹

¹Keele University

Aim or purpose

This is an ongoing study where we aim to explore the experiences and views of life post doctorate for two older female counselling academics through a multiplicity of perspectives including class, gender, role, ethnicity and critical feminist gerontology

Design or methodology

We are in the process of a collaborative inquiry utilising duoethnography, involving the reconceptualisation of individual meanings through a series of conversations and personal life-story writing. Additional elements of data collection may involve a search for personal artifacts to illuminate conversations. Analysis will be through reflexive thematic analysis and poetic inquiry.

Ethical approval

Our University's Research Ethics Committee considered and approved the research study.

Results or findings

We are in the process of developing our findings through currently engaging in duoethnography. These will be available well in advance of the May 2023 Conference to enable the programme to be finalised

How reliable and valid are the findings?

As this is an ongoing study, we are continuously engaging in the process of epistemological reflexivity, adopting a critical stance towards our methodology and findings. We hope to evaluate our research through Yardley's (2000) criteria and Smith and Smith's (2010) "Letting go perspective" where we develop some of our own criteria for evaluating our findings.

Conclusions or implications

Our study has begun to give voice to the older woman and is highlighting some of the preconceptions made about ageing and how these assumptions might influence older females coming to academia later in life.

Considerations given to issues of equality, diversity and inclusion

Whilst there has been an increasing amount of research into the experience of non-traditional doctoral students (such as female, over 30, studying part-time, with a non-white ethnicity, with caring responsibilities, self-funding and studying for reasons other than pursuing an academic career) very little has been written about the older, post-menopausal, post-doctoral student experience. This research will add to this under-researched and under-represented area.

Symposium paper 3 - Doing arts-based decolonising research that engages with global issues: a duoethnographic approach

Divine Charura¹ & Rachel Wicaksono¹

¹York St. John University

Aim or purpose

Our research aimed to explore some of the dilemmas that we have faced in interpreting data collected with participants who had experienced migration.

Design or methodology

Using our perspectives from counselling and psychotherapy, and from applied linguistics, and incorporating aspects of our life histories and the various events that occurred during our study, we took a duo-ethnographic approach to achieving the aims of our research.

Ethical approval

Our research required us to reflect, in dialogue with each other, on the dilemmas that we had encountered during previous projects, for which ethical approval was given by our university ethics committees.

Results or findings

We show how we reflected on our desire to understand the meanings of our data, our life histories and events, and how the achievement and presentation of understandings can be (or always is?) an ontologically colonising move.

Research limitations

One of the dilemmas we explored during the course of our research was how the conceptualisation of 'things' underpins claims about the 'validity' and the 'reliability' of research. We noted how the things which we, and other researchers, may be claiming to observe and measure are not necessarily bounded or static across time and place, and that the act of defining them is a colonising move that may have benefits and drawbacks for researchers and for research participants.

We noted that these are ontological dilemmas, dilemmas which have traditionally been described as 'limitations' in research reports. We asked each other whether such 'limitations' are, in fact, an inevitable, and even welcome, part of any research project. We also speculated about whether the drawbacks of our definitions of things could manifest as drawbacks for our actual participants, rather than, as is more usually assumed, for the more abstract idea of 'research findings'.

Conclusions or implications

The paper offers some points of reflection for all researchers; but especially for those researchers who work with participants whose meanings are generally less likely to be heard.

Considerations given to issues of equality, diversity and inclusion

We hope to be able to briefly raise, from a post-humanist perspective, the issue of what it means to have our 'own truth', and how this idea might help, and hinder, our efforts to do

duo-ethnography in a way that de-colonises both our research and our professional practice.

Posters

Immediate Post-Counselling Session Time and Space Periods: An Exploration of Client Experience and Therapeutic Value

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Aim or purpose

The period immediately following a counselling session might be important in terms of client processing and experience of therapy. This work explores if a therapeutic opportunity is overlooked by clients immediately going back into the 'outside world', back to their daily lives, after counselling sessions.

Design or methodology structure

Four participants from a person-centred counselling private practice took part in immediate post-counselling session time and space periods (IPCPs) by remaining in the room they used for their online counselling for 30 minutes immediately after each of three counselling sessions. The emphasis of the IPCPs was dedicated time and space alone for processing and reflection. Semi-structured interviews to explore participant experience of the IPCPs were conducted and interview transcripts were analysed using Interpretative Phenomenological Analysis.

Ethical approval

University of East London Research Ethics Committee.

Results or findings

The findings suggest that the IPCPs were useful, in particular during Covid-19 lockdown, and were felt to have therapeutic value. They helped participants reflect on and process their counselling sessions and facilitated a "checking in" with themselves, by themselves. They also acted as a transition from counselling sessions back to daily life.

Research limitations

The study had a small sample size and a sample set of four participants which is in line with IPA studies described by Smith et al (2009), however larger sample sizes in future work would be useful to corroborate and build upon these findings. Investigating across client groups, counselling modalities, counselling organisations, and counselling services in different settings (e.g. schools, hospitals etc.) would also be useful.

The use of the author's own clients may be considered a limitation. Great care was taken from the outset to emphasise the nature of the research, being interested in the participant's own experiencing, and that participation would have no impact on counselling sessions or the counselling relationship.

Conclusions or implications

Formalising IPCPs may prove useful therapeutically for therapists and clients engaged in relational therapeutic work. This appears to be especially true for online counselling sessions in terms of time and space alone for clients before returning back to normal daily life activities. This may also be a useful consideration for after face-to-face counselling sessions.

Considerations given to issues of equality, diversity and inclusion

Four participants took part in this study, one female and three males, with an age range of 26-36 years old (mean age of 30). All resided in London, UK, and were counselling clients at the author's private practice.

In clients' experiences what is/has been the impact of having a parent who displays/did display Narcissistic Personality Disorder behaviour and can this inform therapeutic practice?

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Aim or purpose

To explore how having a parent who displays/did display Narcissistic Personality Disorder (NPD) behaviour, as defined by the NHS as 'A person....(who) swings between seeing themselves as special and fearing they are worthless' (www.nhsinform.scot/illness), and how this impacts/effects the self, significant relationships and therapeutic relationships. Our purpose is to better inform practitioners in relation to the issues that may arise with this client group.

Design or methodology structure

Following BACP guidelines for research in counselling/psychotherapy (Mitchels 2018), four participants who self-identified were interviewed using a semi-structured interviews process which was recorded on Zoom. The interviews were transcribed, and the resulting data was thematically analysed and informed by IPA principles (McLeod 2015).

Ethical approval

Our college ethics board granted approval for our research before we recruited our participants. Participants were offered six free counselling session if issues arose.

Results or findings

The impact of having a parent who displayed NPD on self, was mental distress including anxiety, depression, fear and self-doubt. The impact on relationships included lack of trust and isolation. All four of our participants displayed co-dependent behaviour and three participants were emotionally reliant on their partners. All participants sought therapy to explore their experiences and a therapeutic relationship that extended the core conditions in unison helped to shift the client from an external to an internal locus of evaluation. It also enhanced self-worth and trust in self and others.

Research limitations

The relatively small participant group may limit the generalisability of current and subsequent findings (McLeod 2015). Feedback/guidance on further/alternative analysis of data would be helpful.

Conclusions or implications

Having a parent with NPD negatively impacts/effects the self and significant relationships. Our findings indicated that respondents who experienced therapy stated it was helpful if the gender of the therapist was the same as the parent who displayed NPD. It would appear therapy offered our respondents support in understanding their experiences and helped to develop a greater sense of self. Our findings also indicated that practitioners may increase their effectiveness by being mindful of co-dependent behaviour.

Considerations given to issues of equality, diversity and inclusion

Respondent recruitment was advertised on social media platforms and self-selected to engage in our project. Participants' age ranged from twenty to fifty, however only White women responded therefore ethnic and gender diversity was not present.

Approaches to Assessment: Employing creative methods as a mode of data engagement and sense-making to explore practitioners perspectives

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Aim or purpose

Investigate how mental health practitioners, comprehend, approach, and use clinical outcome measures during the assessment stage of a therapeutic intervention.

Using creative methods as a form of 'member checking' to triangulate and validate previous findings. Uncovering connections and differences between the procedural (e.g. service demands) and the personal (e.g. individual values).

Design or methodology structure

Research took a stepped approach as set out below. Due to the impact of the pandemic, research was conducted both online and in-person over a period of 10 months;

1. 1-hour, individual, semi-structured interviews with 12 mental health practitioners. Interviews transcribed and written up using reflective Thematic Analysis (Braun, Clarke, 2019).
2. Researcher constructed individual 'I-Poem' for each participant. These are emailed to participants in advance of step 3.
3. Individual collage creation and discussion based on participant interpretation of own I-Poem. Collage produced by both participant and researcher based on same text.
4. Collages 'coded' using visual references, discussion points, observations and comparison to earlier Thematic Analysis.

Ethical approval

Northumbria University

Results or findings

The process outlined above highlighted a move from the procedural (key themes identified during interview) - service needs, identification of risk, what practitioners are aiming to do during the assessment process, to a more personal, nuanced perspective (through a combination of I-Poem and collage), that included values and beliefs that individuals brought into the assessment process.

Research limitations

12 participants represent a relatively small sample size. Mixture of online and in-person participation meant that individuals experienced the same task in different environments.

Conclusions or implications

As set out in existing literature regarding qualitative research, 'trustworthiness' is a key component when seeking to validate the credibility and rigor of results. (Birt et al, 2016)

The approach set out seeks to employ a creative aspect to member checking that acknowledges the positionality of both participant and researcher in the co-construction of knowledge. In doing so, the method recognises both the procedural and the personal dimensions at play during this stage of therapeutic intervention, providing a greater holistic understanding of and approach to the role of assessment.

Considerations given to issues of equality, diversity and inclusion

Key to this approach of data collection and analysis is the emphasis on knowledge being co-constructed through collaboration (Charmaz, 2017). The voice and experience of the participant is valued, not only for its content but also to highlight researcher positionality, potential bias, as well as gaps in understanding and interpreting the data.

“That moment of wrestling” - capturing therapists’ descriptions of the process of integration. An Interpretative Phenomenological Analysis (IPA) study looking at therapists who are Christians experience of integration personally and professionally

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Aim or purpose

To gain an understanding of how Christians who are therapists’ integrate their spiritual and professional lives, and how this related to their experience of integrating different approaches to therapy.

Design or methodology structure

An interpretative phenomenological analysis (IPA) methodology was adopted. Six experienced, professionally registered therapists, who also identify as Christian, were interviewed using a semi-structured qualitative interview. Interview transcripts were analysed using IPA.

Ethical approval

Institute of Integrative Counselling and Psychotherapy, Education and Training Ltd, Dublin.

Results or findings

Two superordinate themes emerged representing how participants wrestle with differing ideas, beliefs, values in the therapy room and the psychotherapy community, particularly highlighting the integrating and bracketing of faith. Additionally, the differing ways participants reported responding to this challenge, was reflected in their descriptions of how they approached the integration of different approaches to therapy. The superordinate themes are;

1. Therapy and spirituality wrestle. This has three subthemes. 1a) The pre-eminence of spirituality; 1b) The challenge brought by spirituality; and 1c) The two selves of the therapist.
2. Therapists response to the integrative challenge as reflections of personal characteristics from within themselves.

Participants described the wrestle between the positives and challenges of faith to therapy, and the two selves of the therapist pursuing two distinct goals, that emerge as a result. In exploring similarities between the integration of faith and professional lives, and the participants approach to integrating different approaches to therapy, personality traits, personal qualities and life history emerged consistently as having an influential role in both.

Research limitations

In understanding Christian therapists perspective, every other religious/spiritual/none perspective is excluded, resulting in a homogenous group of participants. Rigorous application of IPA analysis and participants’ not known to the researcher, all contribute to the rigour of the study.

Conclusions or implications

Participants descriptions of how they navigate differing ideas, beliefs, values personally and professionally, reflect similar processes and outcomes. In exploring how these are navigated, moments of wrestling emerge highlighting the individual ways in which participants work this through. These individual ways are also consistently reflected in how the participants respond to the challenge of integrating different approaches to therapy, suggesting a personal integrative style.

Considerations given to issues of equality, diversity and inclusion

Implications for psychotherapy training exist where the transfer of knowledge depends upon mechanistic reductionism, which could be considered to be exclusionary to individuals with diverse learning styles, and neurodivergent individuals who are known to experience disadvantage within higher education. Participants also confirm previous findings that religious/spiritual therapists withhold parts of themselves from their psychotherapy communities perceiving exclusion from them.

An exploration and evaluation of Routine Outcome Measures use in clinical/therapeutic practice in Counselling and Psychotherapy

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Additional Authors: Charlie Duncan, Ellen Dunn, Lynne Gabriel, Divine Charura and Trish Hobman

Aim or purpose

Routine Outcome Measures (ROMs) are becoming increasingly prevalent in mental health services and clinical practice in Counselling and Psychotherapy. Previous research, especially quantitative studies, suggest that these tools can be helpful in preventing treatment failure and helping to identify those clients who are not progressing as expected. However, their overall efficacy is still unclear, as well as the mechanisms affecting their successful implementation in clinical practice.

There is extensive literature exploring the efficacy and effectiveness of these tools as well as their psychometric properties. However, a greater understanding of the client's and therapist's perspectives on using ROMs in Counselling and Psychotherapy is needed to understand why these tools are working for some clients but not others.

Research suggests that ROMs are context-dependent, and their implementation in clinical settings can be affected by their rationale, organizational factors, level of training, and therapists' and clients' attitudes towards them, among other factors. The barriers and facilitators impacting the use of these tools in Counselling and Psychotherapy are still unclear. A most up-to-date systematic review of the literature is needed to explore the helpful and unhelpful aspects of completing these tools to inform a forthcoming mixed methods study which will place clients at heart.

This systematic review aims to identify in the current literature the clients' experiences on completing ROMs as part of their therapeutic process. Also, the barriers, facilitators and mechanisms that could affect their successful implementation in clinical practice from the different stakeholder's perspectives.

Design or methodology structure

A mixed methods/pluralistic approach using quantitative and qualitative methods like surveys, interviews and focus group will be designed to generate data to answer the research questions based on the systematic review findings.

Ethical approval

The ethical approval will be ready for submission at the beginning of 2023 to the Cross-School Ethics Committee at York St John University.

Results or findings

Results are forthcoming

Research limitations

Results are forthcoming

Conclusions or implications

Results are forthcoming

Considerations given to issues of equality, diversity and inclusion

This study is crucial as the findings could highlight that issues related to equality, diversity and inclusion are affecting the successful implementation of these tools in clinical practice. As very little is known about the client's perspective and the mechanisms involved on the use of ROMs in Counselling and Psychotherapy practice, lack of cultural sensitive tools or the mechanisms through these tools are administer could impact negatively aspects related to equality, diversity and inclusion creating power imbalance.

How are social determinants of mental health addressed in therapy: A systematic review

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Aim or purpose

The WHO's (2014) publication on the social determinants of mental health outlined social, economic, and physical environments as significant mental health risk factors. Mental health distress disproportionately affects those who are marginalised, oppressed, and discriminated against. There is a growing understanding of the impact of global issues on mental health. There is increasing interest in how social inequalities can be addressed by mental health professionals. Whilst much of this appears to come under the remit of public health, the current mental health system in the UK prioritises individual treatment. It therefore seems important for therapists and other mental health professionals to have an understanding of how to address social determinants of mental health in therapy. The aim of this study is to review the literature on what addressing social determinants of mental health looks like in practice, investigate commonalities and variations between different approaches and frameworks to provide guidelines for practice and training.

Design or methodology structure

A systematic review of the existing literature is being conducted on the following databases: PsycInfo, ASSIA, CINHAL Plus, Science Direct, and Web of Science. Terms search are “social determinants of mental health” AND therapy OR counselling OR counseling OR psychotherapy OR counselling psychology OR counseling psychology OR clinical psychology.

A reflexive thematic analysis will be conducted on the papers, with a focus on the implications for practice and training.

Ethical approval

N/A

Results or findings

Preliminary scoping searches suggest there are several theoretical frameworks that can support mental health professionals to address social determinants of mental health in therapy.

Research limitations

This systematic review is being conducted as part of a professional doctorate in counselling psychology. I will adhere to guidance to ensure and demonstrate the quality of the research, rigour and transparency. Articles reviewed will be assessed for quality, and a clear audit trail of database searches, and inclusion and exclusion criteria will be included. A reflexive statement will be provided.

Conclusions or implications

This review will focus on implications for practice and training. The aim is to provide guidelines for therapists and other mental health professionals, and training providers.

Considerations given to issues of equality, diversity and inclusion

Issues of equality, diversity and inclusion are central to this systematic review. Preliminary searches suggest that the existing literature on this topic focuses on people who are marginalised, oppressed, and discriminated against. The aim of the review is to provide guidance to support mental health professionals working with people who experience inequalities that affect their mental health.

Exploring Women's Experiences of Healing from Sexual Trauma through Engagement in Mind-Body Practices. A Systematic Review

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Aim or purpose

This research will be a systematic review carried out as part of the Professional Doctorate in Counselling Psychology programme at the University of Manchester. The research aims are to critically appraise and consolidate the existing research investigating experiences of healing through body-based practices for women recovering from sexual trauma.

Trauma research is increasingly recognising the profound effect that trauma has on the body, especially in the case of CSA where there is a bodily violation (Dyer et al., 2015; Herman, 2015). Therefore, body-based interventions are now more commonly believed to be a helpful alternative/addition to talking therapies for sexual abuse (Shuper Engelhard 2022; Havron, & Edan, 2019), however, research in this area is still scarce. Therefore, this paper aims to contribute to the literature by being the first review to summarise women's accounts of healing through engaging in body-based practices, including yoga, mindfulness, meditation and dance. The findings hope to improve our understanding of the recovery processes for women, to enhance treatment options and incorporate more holistic and expressive approaches.

Design or methodology structure

I will systematically search five databases (PsycINFO, CINAHL, Medline, Taylor&Francis and ScienceDirect) using different search terms relating to the topic. The prospective articles will be analysed against an inclusion and exclusion criteria. This process has been started and so far, 12 articles have been identified. Once the searches have been completed the articles will be analysed using thematic synthesis guided by Thomas and Harden (2008). Reference will be made to reflexivity to promote reflexivity over subjectivity.

Ethical approval

No ethical approval will be needed for this review. The systematic review will be guided and marked by Professor Terry Hanley. It will be completed by December 2022.

Results or findings

Research findings are currently unknown. However, the initial searches reveal potential themes, including reconnecting with their bodies, developing a sense of inner security, improved self-compassion and experiencing their lives more fully.

Research limitations

The research will only include peer-reviewed articles and the Critical Appraisal Skills Programme (CASP) checklist for qualitative studies will be used to ensure the use of high quality studies.

Conclusions or implications

More holistic, expressive and creative therapies should be used to support women recovering from sexual trauma. Pathologising and focusing on diagnostic specific interventions and symptom reduction is not the only way to help women.

Considerations given to issues of equality, diversity and inclusion

Cross-cultural studies from around the globe will be included. However, future studies focusing on intersectionality and sexual violence may be helpful.

Understanding the principles Person-Centred Therapy when working with traumatised clients

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Aim or purpose

The majority of person-centred therapists routinely work with clients who have experienced trauma (Murphy, Archard, Regal and Joseph, 2013). Despite NICE recommendations for Trauma focussed CBT. This option is not always suitable, traumatised clients are some of the most difficult to reach, early termination is common (Banks, 2006). There are many person-centred therapists who feel underqualified to work with clients in this field. There are fewer more ready examples of the medicalisation of distress than in the quagmire of trauma informed therapy that dominates the field. The paper describes my own grappling with understanding trauma as a person-centred therapist.

Design or methodology structure

A study by Murphy, Elliott and Carrick (2016) identified therapeutic competencies in PCE therapy for work with traumatised clients in early sessions. My thesis forms an extension of this study, focussed on identifying the principles of person-centred therapy over 20 sessions of therapy, having achieved a statistically rated 'good outcome'. Data was collected from The Human Flourishing Project, a free psychotherapy clinic. Study One used comprehensive process analysis to identify principles. Study Two forms a staggered baseline randomised control trial to test the principles over 20 sessions of therapy. The paper presentation will focus on the findings of study one, although some interim results from study two may also be included.

Ethical approval

Ethical approval was granted by The University of Nottingham, School of Education Ethics Board.

Results or findings

The CPA analysis revealed over 20 core principles in the good outcome cases of person centred trauma therapy.

Research limitations

The CPA results were analysed by a group of experienced person centred therapists and academics to add rigour. The key limitations for study one were sample size and the use of newly qualified therapists or therapists who were in training.

Conclusions or implications

The paper is formed as the initial study concludes, including discussion on my understanding of where my research might sit within the person-centred

community, and if it may, or may not, offer anything at all, as I embark on the second study, to test the principles. The research offers an important ideographic methodology that is essential for the development of the person-centred approach to ensure that it is recognised as a therapy for people who have experienced trauma. The output of the research will be a manual compiling the principles of Person-Centred Therapy for Traumatised Clients.

Considerations given to issues of equality, diversity and inclusion

Participants and therapists within the HFP are diverse, accessibility of therapy for all is critical within the clinic, the sample for both studies is reflective of this. Consultation was also sought to ensure that the research measures were accessible for those with learning disabilities.

Can dreams tell us something about counsellors-in-training: Exploring dream themes of counselling and psychotherapy MA students

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Aim or purpose

Dreams contain clues of the problems experienced, emotional concerns about past, present or future and act as a mirror of individuals' waking life experiences. Most of the studies have shown that particular dream themes can be seen by particular group of people sharing similar life stages, events or psychological problems. The purpose of this study was to explore the dream themes of first-year MA counselling and psychotherapy students who were in similar experiential processes in terms of career development.

Design or methodology structure

The participants of this study consisted of 32 first year MA counselling students. The thematic analysis method based on the interpretive qualitative paradigm was employed and the underlying meaning themes of the 78 written dream reports were examined with an inductive approach.

Ethical approval

This study was approved by the University of Leeds Ethics Committee.

Results or findings

As a result of the thematic analysis, the contents of the dreams were grouped under eight themes. The themes are named as the *feeling of insecurity*, *fear of failure*, *feeling blocked*, *efforts to overcome*, *exposure*, *feeling of worthlessness*, *worries about loved people*, *sense of belonging*.

Research limitations

This study is suitable for in-depth explorations than broad generalisations because of the qualitative nature.

Conclusions or implications

Most of the common main feelings of the participants seen from their dream themes were unpleasant and challenging emotions or situations. One of the main sources of this common mood seems to be especially related to the intense anxiety and feeling of insecurity in face of the perceived external or internal threats. Another source contained fear of failure related to meeting representative responsibilities and making a balance between different life roles such as student, parent, etc. Sense of inadequacy about their abilities was another important theme. The themes that are commonly encountered by students could be used to inform educators and students what to expect during this process and to normalise the concurrent anxieties arising from such an experience.

Considerations given to issues of equality, diversity and inclusion

The findings of this study have parallels with the results of the studies that examined counselling students' beginning experiences through directly collected data by using surveys, etc. Based on the findings of the current study, it may be said that students' dreams have also carried some clues about the initial common psychological concerns of the students. The findings of this study are significant to furthering our understanding of which global emotions and concerns of graduate counselling students with different cultural backgrounds may share at the beginning of the training.

What is the experience of bisexual women within the LGBTQIA+ community in relation to biphobia and can this inform psychotherapeutic practice?

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Aim/purpose:

This research aims to learn more about bisexual women's experiences in the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Agender (LGBTQIA+) community, specifically whether they have been able to access LGBTQIA+ spaces, their experiences in relation to biphobia, and our purpose is to inform psychotherapeutic practice.

Design and methodology:

We recruited four participants through social media, all of which met the inclusion criteria. Semi-structured interviews were conducted over Zoom, recorded, and transcribed. Our data was thematically analysed and informed by phenomenological principles (Smith and Osborn, 2015).

Ethical approval:

The Board of Ethics at our training institution approved our research submission, and we adhered to the BACP guidelines for psychotherapeutic research (BACP, 2019). Participants were offered six no-fee counselling sessions if issues arose due to participation in the research.

Results or findings:

Our findings indicated that the majority of our respondents felt their bisexuality was misunderstood or not recognised, and/or they faced judgements for identifying as bisexual. They were perceived as "straight passing", making it hard to "come out", choosing instead to hide their identity in certain social circles. However, our research indicated that when participating within LGBTQIA+ spaces they had both positive and negative experiences, and all participants experienced both inclusivity and judgement and lack of inclusion, making it a complicated space to navigate.

Research limitations:

Due to the small nature of our sample size our results may not be scalable to the greater population.

Conclusions or implications:

Our research suggests that therapists should be mindful of the alienation and exclusion of the female bisexual experience and the difficulties faced in accessing the LGBTQIA+ community. Although women may have both positive and negative experiences once part of the community it can still be a complex experience.

Considerations given to issues of equality, diversity, and inclusion:

All participants identified as bisexual females who had had experience within the LGBTQIA+ community. No consideration was given to other diversity criteria. As interviews

took place over Zoom participants did not have to travel to take part, improving accessibility.