

Self-care for the counselling professions

Good Practice in Action 088
Fact Sheet

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Context

This resource is one of a suite prepared by BACP to enable members to engage with BACP's current *Ethical Framework for the Counselling Professions* in respect of self-care.

Using Fact Sheet resources

The membership agreement with BACP establishes a contractual commitment by members to abide by the *Ethical Framework for the Counselling Professions*, which includes a responsibility for members to keep the skills and knowledge relevant to their work up to date.

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Practice issues and dilemmas are often complex, and may vary depending on clients, particular models of working, the context of the work and the therapeutic interventions provided. We therefore strongly recommend consulting your supervisor, and also, wherever necessary, a suitably qualified practitioner or lawyer. Some professional insurers will provide legal advice as part of their service.

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In this resource, the word 'therapist' is used to mean specifically counsellors and psychotherapists and 'therapy' to mean specifically counselling and psychotherapy.

The terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care.

1 What is self-care?

Self-care is simply an ongoing process of caring for yourself. It's about self-awareness, identifying needs, taking steps to meet them and sometimes receiving feedback from others. Protecting and preserving yourself in the face of challenging work. Self-care is also about dealing with troubles arising from our personal life e.g. bereavement, illness, family difficulties, financial stresses etc.

Practitioners encourage clients to look after themselves, but their own self-care may not always be a priority.

This resource provides information about self-care to practitioners, supervisors, service managers, trainers, trainees and others working in a range of environments. The resource aims to cover some of the essentials of self-care, signposting further information, informing practice and stimulating ethical thinking and discussion. There are questions for reflection, and references are made to relevant parts of the *Ethical Framework* (BACP, 2018). Vignettes are fictional.

It may also be useful to refer also to GPiA 078 Fact Sheet and GPiA 094 Clinical Reflections for Practice: *Fitness to practise in the counselling professions* and GPiA 099 Fact Sheet: *Workloads in the counselling professions*. See also BACP CPD Hub online resources at: www.bacp.co.uk/cpd/cpd-hub/self-care.

2 The need for self-care in the counselling professions

Daily life may have its challenges and many practitioners have caring and family responsibilities. Sometimes a crisis impacts e.g. bereavement, redundancy, changes in family circumstances, illness etc. Recently the pandemic impacted us greatly as practitioners, as well as having an impact on the lives of our clients.

Most occupations bring demands, but the work of the counselling professions can be tough. Has anyone ever said to you 'I could do your job'? There is an assumption by some that the work we do is 'just sitting and chatting' negating the amount of effort, responsibility, training, cpd and reflection that is involved.

What pressures might practitioners face?

Practitioners may manage a busy portfolio of work e.g. Employee Assistance Programme work, sessional work, private practice, volunteering, teaching, writing, another unconnected job etc. 'with related administrative responsibilities that are likely to be time-consuming as well as financial concerns. Practitioners working in private practice face isolation, financial insecurity, and most practitioners manage homelife alongside work etc. Additional changes to the profession can be unsettling.

(See GPiA 094 CRP *Fitness to practise*; GPiA 004 Commonly Asked Questions *Working in private practice within the counselling professions* for more information), www.bacp.co.uk/bacp-journals/private-practice/winter-2015/self-care-in-the-face-of-trauma, and <https://learningcentre.bacp.co.uk/#/catalogue/landingpage/item/2eb07ab1-b2d2-44b0-936c-1c6e1f9caf40> (*self-care* in private practice BACP learning hub).

What is the cost of empathic understanding of another's world and its communication? 'Our bodies are literally locked in a synchronised dance, resonating perfectly with the emotional state of the distressed client in front of us... And with the next client ... And the next. No wonder burnout is a risk!' (Jenner, 2016). Val Wosket reminds us just how much as practitioners, we use our 'self' in our relationships and work with clients (Wosket, 2016).

When the work feels intense, primary, secondary and vicarious trauma can happen. Rothschild speaks of emotions as 'contagious' which can, if managed, help us to feel inside another's world but warns 'it is not advantageous to be infected by our client's state' (Rothschild and Rand, 2006). Sometimes, the very issue our client brings mirrors our own life. Client work may involve trauma and intense emotion, which can lead to burnout or compassion fatigue. Ellie Marshall (2019) explores self-care on the effects of vicarious trauma (available in the BACP learning centre).

Within the work there are often challenges through content, risk, boundary blurring, dilemmas etc. Practitioners need to allow time to reflect and improve self-awareness to measure the impact of work, either independently or within supervision. In a job where the aim is to build a relationship only to detach, some endings can be difficult or feel incomplete. Both dual relationships and strong sexual attraction can arise, each requiring careful management. (See Martin et al., 2011 and GPiA 077 *Dual relationships*).

There may be roles that have other demands:

Managers of therapeutic services aim to provide safe, ethical and effective, high-quality services to service-users, often relying on a small number of paid staff and volunteer placements (who themselves may need extra support). Managers might act as a buffer between those who wish to provide a professional, ethical service and those who may not understand the complexities involved. Many decisions may be out of their hands. In the current economic climate funding is a major concern, with cuts resulting in long waiting lists with the prospect of very short-term therapy. They may also have additional responsibility managing risk and safeguarding.

Supervisors have ethical and legal responsibilities. (See GPiA 054 *What is supervision?* Also Wheeler and King, 2001). They need to be sensitive to the dynamics of both practitioner-client relationship and supervisee-supervisor relationship. The *Ethical Framework* affirms that responsibilities lie with the supervisee but in the event something goes wrong there is impact on the supervisor.

Consider the stresses upon trainees and trainers (Dryden, 1995). Trainees can struggle to find placements, suitable supervisors and therapists. There may be additional pressures in the training itself, peer and tutor dynamics, deadline pressures and additional demands of the training and placement themselves.

Trainers also face pressure. Issues with job security and frequent team changes as well as the need to create new relevant material. Relationships with trainees can be complex. Trainers may encounter strong feelings, transferences and projections – first idealised only to be 'knocked off the pedestal'. Trainees may make very personal disclosures so trainers often have to hold space for trainees. Assessment can be a taxing time for trainers and trainees alike.

In conclusion, the work of any practitioners in the counselling professions is not easy. The need for self-care, and modelling self-care as a way of life for clients are important.

3 Ethical responsibilities regarding self-care

BACP members make a formal commitment to self-care:

BACP members agree to:

Work to professional standards by:

ensuring that our wellbeing is sufficient to sustain the quality of the work (Commitment 2d)

and:

We will maintain our own physical and psychological health at a level that enables us to work effectively with our clients (Good Practice, point 18).

We will attend to:

Care of self as a practitioner:

We will take responsibility for our own wellbeing as essential to sustaining good practice with our clients by:

- a.** *taking precautions to protect our own physical safety*
- b.** *monitoring and maintaining our own psychological and physical health...*
- c.** *seeking professional support and services as the need arises*
- d.** *keeping a healthy balance between our work and other aspects of life (Good Practice, point 91 a-d).*

'The care of ourselves as practitioners matters to our clients. They need to know that we are sufficiently resilient to be able to work with them and to withstand the challenges of that work' says Tim Bond (BACP, 2016b). In some cases, a client can worry about the practitioner which can be damaging to the relationship.

Working to professional and ethical standards is part of self-care:

We will be covered by adequate insurance when providing services directly or indirectly to the public (Good Practice, point 19).

Insurance may cover a number of professional risks. Bond reminds us that whilst risk of claim may be low, unanticipated expenditure to compensate a client, legal expenses etc. could be high (Bond, 2015).

As a professional community, practitioners agree:

We will work collaboratively with colleagues to improve services and offer mutual support (Good Practice, point 17).

The nature of the profession and confidentiality boundaries can make work lonely and isolating, particularly in private practice, so peer support and good supervision are very important.

The *Ethical Framework* describes six ethical principles. How might we apply them to our wellbeing? For example:

1. Being trustworthy e.g. can I count on myself to take care of me?
2. Autonomy e.g. do I feel able to refuse to engage in a relationship where I think the work could negatively impact my wellbeing in a way not easily remedied?
3. Beneficence e.g. does work still give me a sense of professional fulfilment?
4. Non-maleficence e.g. is work so tiring it's affecting my personal/family relationships?
5. Justice e.g. am I being fair to myself when I routinely provide services for very little income?
6. Self-respect – are my decisions respectful of my own needs?

Similarly, practitioners are entitled to apply all 13 personal moral qualities to self-care. For example:

Anita, a psychotherapist, was looking forward to her forthcoming wedding. Unexpectedly, her partner ends the relationship. Consequently, Anita feels extremely anxious, finding it hard to sleep or eat. She wants to take a break from work until she feels calmer but has just started working for a new organisation. She fears her clients may feel 'let down' by her.

To help her decide, Anita consults the *Ethical Framework* and asks herself the following questions based on the personal moral qualities:

1. Candour – Can I discuss potential difficulties with my client?
2. Care – I often put other people's needs before mine. How can I put my needs first?
3. Courage – Can I face making some difficult decisions about working?
4. Diligence – I help others manage anxiety. Can I apply this knowledge to help myself?
5. Empathy – Can I find compassion for myself?

6. Fairness – Am I aware of any prejudice I might have?
7. Humility – Might I be seeing myself as indispensable?
8. Identity – Work is so much part of who I am. What happens if I stop (even for a short while)?
9. Integrity – Can I trust myself to take care of me?
10. Resilience – How did I overcome difficult situations in the past and who could help me?
11. Respect – Do I deserve to be looked after (even if it is by me)?
12. Sincerity – Do I practise what I preach?
13. Wisdom – Am I sure my judgment is sound?

In conclusion, self-care carries both personal and ethical responsibilities. Further information can be found in the BACP learning hub online videos. <https://learningcentre.bacp.co.uk>

4 What can get in the way of self-care?

We help clients acknowledge their needs for self-care, make plans and put them into action. So why might it be hard for many practitioners to do this for themselves?

John Norcross describes two 'paradoxes of self-care' (Norcross, 2000).

The first relates to the story of the woodcutter who was too busy sawing to sharpen the saw.

The second is not doing what we might recommend for clients.

He reminds us that being a lawyer does not make that person more honest so why should the counselling professions be good at self-care?

Why do we become therapists?

Carl Rogers satisfied his need for intimacy by becoming a therapist (Rogers, 1990). Irvin Yalom, after a break from his practice to write, found depression affected him and returned to client-work; 'I was more troubled than they and, I think, benefited more than they from our work together' (Yalom and Elkin, 1974).

Emmy van Deurzen in *The Needs of Counsellors and Psychotherapists*, suggests that we need our clients:

'Without them we would not just be out of a job, we would also miss out on an essential source of rejuvenation and self-improvement. It is well worth reflecting on how this in fact implies that we thrive on and need the distress of human life' (Horton and Varma, 1997).

In *The Myth of the Untroubled Therapist*, interviews with practitioners revealed that some used work as a 'buffer' against the pain of personal difficulties (Adams, 2013).

There is a danger of the wounded healer; 'a force for good but if not understood, leads to a deepening of the wound, the practitioner becoming "sacrificed" for the benefit of the client' (McLeod, 1998).

Some practitioners have learned to focus on others since childhood, becoming 'skilled at attuning to the needs of others' (Jenner, 2016). Nicola Davies asks, 'Does being a counsellor help ease your feelings of insignificance and powerlessness?' Saving others can provide a sense of omnipotence and power (Davies, 2015). Hidden motives may be the 'shadow side of helping' (Hawkins and Shohet, 1989).

Sometimes, we have unrealistic expectations of ourselves, e.g. 'I must never make a mistake at work', 'I must solve my client's problems', 'I must always put my clients' needs before my own' etc.

'Hiding behind a mask of mythical perfection will only serve to diminish the meaning of our own suffering and in our professional practice, undermine our ability to appreciate the struggle of those who seek our help,' suggests Adams (Adams, 2014). Good use of supervision and peer support can redress this imbalance.

Practitioners may think 'you must make yourself available day and night, consider your client's needs before your own and allow any intrusion' (Russel and Dexter, 2008).

'Drivers' may rule us:

- 'Please others!' – 'I always work around my clients' availability
- 'Be strong!' – 'I hear harrowing stories but I can't let it upset me'
- 'Try hard!' – 'I won't give up until my client has overcome their difficulties'
- 'Be perfect' – 'I must get every little detail correct'
- 'Hurry up!' – 'My client wants his problem sorted quickly so I'd better offer him three sessions a week'.

Whilst drivers can be useful, they can interfere with self-care. Again, this could be addressed in honest supervision.

Might the professional community be complicit in its own lack of self-care?

How much does training focus on self-care? Despensier suggests that when it does, it is likely to be tucked in briefly at the end, almost as an afterthought. In her interviews with practitioners, Adams heard of significant personal difficulties being kept secret from colleagues through fear of judgment or admitting to vulnerability. But when distress was aired, it found little compassion (Adams, 2014). However, practitioners make an ethical commitment to supporting peers, (Good Practice, point 17).

5 Potential risks of neglecting self-care

Maslow's Hierarchy of Needs (Maslow, 1943) can show how basic needs might be adversely affected by work:

- Physiological e.g. client material keeps a practitioner awake, development of muscle tension or stress-related illness
- Safety e.g. being too busy to think about personal safety when working alone, ignoring emotional impact of work etc.
- Social e.g. loss of friendship, family and intimate relationships due to being too busy
- Esteem e.g. loss of confidence following a client suicide
- Self-actualisation e.g. losing creativity and ceasing to strive to reach your potential during prolonged period of overwork.

The spiritual connection we have with life, the part of us that integrates and transcends our biological and psychological nature can become compromised as we lose a sense of the 'existential concerns' (Yalom, 1980).

Practitioners need to be self-aware to notice when things are deteriorating. Loss of self-worth and doubts about competence impact client confidence. We may begin (rationally or irrationally) to fear complaints, disciplinary proceedings and job loss. We may experience compassion fatigue, burnout, primary, secondary and vicarious traumatisation if we don't take care of ourselves (Rothschild and Rand, 2006).

Practitioners may use the therapeutic relationship to meet their needs. The 'rescuer practitioner' can unintentionally increase the powerlessness of the client, causing them to abdicate responsibility for themselves (then sometimes blame the practitioner) (Davies, 2015).

In response to unmet practitioner need, clients might become exploited e.g. financially, emotionally, physically, spiritually and ideologically (Bond, 2015).

For example, a practitioner who has not attended to their financial security may raise client fees without notice, or one whose need for physical contact within personal relationships has been neglected, may inappropriately touch clients.

By committing to the *Ethical Framework*, we agree to:

Build an appropriate relationship with clients by:

not exploiting or abusing clients (Commitment, 4d.)

The risks associated with neglecting self-care are high.

6 Recognising when self-care requires more attention

You may be only too aware of the stresses upon you but sometimes they creep up unnoticed.

A practitioner may feel overwhelmed, overloaded, angry, apathetic or despairing. Feelings of shame, self-doubt, pessimism and cynicism creep into the work. We may lose the ability to notice and appreciate the resilience, progress and growth shown by some clients or lose faith in the change process.

Sleep patterns and eating habits can change and somatic symptoms e.g. muscle tension, headaches etc. develop. More warning signs and symptoms of stress can be found at www.mind.org.uk.

Practitioners may enjoy the role far less yet be unwilling to take breaks.

Fantasies about completely different occupations emerge. The stressed practitioner may find it more difficult to 'think through' dilemmas and difficult situations. Conflict with colleagues can arise.

Stressed practitioners may feel relieved when clients cancel or repeatedly reschedule sessions. Boundaries slip, sessions start late and end early. Lack of focus and objectivity, decline in empathy all may occur. It can be hard to 'leave work at work' (Norcross and Guy, 2007). Practitioners might steer clients away from difficult topics and challenge less. Inappropriate disclosures, overly 'chatting', giving advice (when not part of the role), may happen as our ethical behaviour becomes compromised.

Some signs and symptoms, particularly when clustered together might signpost a need for enhanced self-care. Honest explorations in supervision are essential.

Practitioners' personal lives may also be adversely affected. Despenser reports stressed therapists struggling with the demands of people in their lives.

Family and friends may consider the practitioner more available to their clients than to them (Despenser, 2013).

To cope, individuals may self-medicate using food, alcohol, drugs, over-the-counter or prescription medicines or engage in other risk-taking behaviours.

The *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-iv (ProQOL)* can also yield interesting information (Hudnall Stamm, 2009).

7 The role of supervision in self-care

Supervision is recommended to anyone whose role involves:

...regularly giving or receiving emotionally challenging communications, or engaging in relationally complex and challenging roles. (See Good Practice, point 73).

and provides practitioners with regular and ongoing opportunities to:

... reflect in depth about all aspects of their practice... (See Good Practice, point 60).

The relevance and importance of supervision to self-care can't be underestimated, it:

...sustains the personal resourcefulness required to undertake the work. (See Good Practice, point 60).

'It is important for all practitioners to be able to bring the issues to supervision and monitor how they are bearing the pain, and how their responses are affecting the professional work, and ask honestly whether and how, their work with clients is compromised or enhanced' (Henderson, 2009).

Having discussions around the supervisee's current level of resilience and making them a routine part of each supervision session, are important, (see GPiA 054 *Introduction to supervision*).

The normative, formative and restorative tasks of supervision (Inskipp and Proctor, 1995) all play a part in monitoring and maintaining a supervisee's self-care.

- The normative function helps monitor standards of practice, competence and ethics.

For example, Billy tells his supervisor he feels extremely attracted to a new client who flirts during sessions.

- The formative function is educational and can help a supervisee develop knowledge and skills – perhaps about self-care. For example, Abbas feels overwhelmed listening to the experiences of a young man who was gang raped. He intends finding a therapist and wonders whether his supervisor knows other creative options to support himself.
- The restorative function helps practitioners recharge batteries, dis-identify from the emotional charge of client work and attend to self-care. For example, Stephanie, the manager of a counselling centre, spends much of her time trying to provide an ethical, effective service with shrinking funds. She feels frustrated by it all and uses supervision to explore how worn out she is beginning to feel.

However, there may be times when the practitioner needs to engage in personal therapy to ensure their wellbeing by exploring personal issues in more depth.

Supervisees and supervisors each hold responsibilities regarding the self-care of the supervisee. Usually, the supervisor can only work with what they are told or shown by their supervisee. Thus, the supervisee is responsible for giving a free and honest account of their work and the impact it has upon them whilst being open to feedback and discussions. The supervisory skill is to maintain the alliance, such that the supervisee feels able to talk openly about vulnerabilities whilst having their work judged against acceptable levels of practice.

A supervisor may require courage to confront questionable practice whilst still providing a degree of support to the supervisee in difficulty; 'The push of normative tasks is to confront the issue as sensitively and skilfully as possible, but not to duck the responsibility to do so' (Henderson, 2009).

It is vital that supervisors attend to their self-care. For more on this see www.bacp.co.uk/events-and-resources/ethics-and-standards/ethics-hub/supervisor-support-blog/paying-closer-attention-to-our-own-self-care.

8 Exploring ways to 'care for self'

In the *Therapy Today* column 'Self-care' www.bacp.co.uk/bacp-journals/therapy-today/2017/march-2017/self-care, members were invited to answer, 'How do you care for yourself?' Diverse ideas of what helps included bread-making, crafts, singing and stargazing. One positive consequence of the pandemic was a change in ways of working and allowed time to reflect on self-care.

How do we practise better self-care? 'As we see with clients, it doesn't usually require a heroic effort or a complete life makeover to generate really positive results.' (Venart in Shallcross, 2011).

Cultivating self-compassion and resilience are central. Resilience is the ability to 'bounce back' from adversity, www.apa.org/topics/resilience/building-your-resilience. A large contributor to resilience is having caring and supportive relationships, also making realistic plans and taking steps to carry them out; improving self-esteem; recognising your strengths and abilities, and having capacity to manage strong feelings and impulses. Remembering how you coped well in the past and sources of personal strength help (www.apa.org/topics/resilience/building-your-resilience). Part of resilience is being flexible and adaptable.

'Boundaries' are fundamental to providing an ethical and safe service, and are crucial to self-care. The *Ethical Framework* states:

We will establish and maintain appropriate professional and personal boundaries in our relationships with clients... (Good Practice, point 33).

An important boundary is whether we take on new clients. Pressure to accept clients from referring colleagues, ex-clients, returning ex-clients, can all make the decision difficult, and it can feel like a conflict between 'putting clients first' or ourselves.

Good work-life balance is important. I remind clients that life is something that happens outside work – how do you feel about this statement? Socrates warns 'Beware the barrenness of a busy life'. Before taking on new work, Walsh suggests asking yourself three questions; 'What is my motivation? Does it align with my values? and Do I have a choice?' (Walsh, 2017). More information can be found at www.bacp.co.uk/events-and-resources/self-care-resources.

Regarding time-management, Despenser explores the importance of scheduling your time (Despenser, 2013).

How often do you set aside time to reflect and take stock or just 'potter'?

It is important to nurture supportive personal relationships. At a professional level, BACP runs network events that can help you develop new contacts and supportive peers.

It is important to attend to perhaps the most fundamental area of self-support – the physical self. Do you pay attention to your own basic needs: sleep, sensible eating, staying hydrated, exercise and social activities? Do you pay attention to your posture at work, attend medical appointments, look after your physical needs?

Practitioners make 'reasonable adjustments' when working with disabled clients but do they consider what adjustments they need to make to work to their full potential?

Are you satisfied intellectually? How can you address this in or out of work?

Whilst we may advocate for counselling, psychotherapy or coaching, how many practitioners are happy accessing these services? It can be hard to find a practitioner with whom you do not have some sort of professional connection. Feelings of shame, and worries that fitness to practise might be questioned, can stand in the way. Others doubt the usefulness because they 'know how it works, how to hide, play the game etc.'

What can be useful in its place? Mindfulness can be useful as a self-support (Kabat-Zinn, 2004; www.headspace.com).

Liz Cox, a coach, advocates the use of reflective writing to boost personal and professional development (Cox, 2017), and there are useful logs to help reflection (www.getselfhelp.co.uk/docs/ACELog.pdf).

'Perhaps even more than the body, the spirit, in a job as absorbing and demanding as ours, needs stimulation, change, refreshment, expansion.' (Despenser, 2013). Engaging with any spiritual parts of ourselves may also be important in self-care.

Can practitioners create healthy, regular forms of escape? Either short freedoms such as reading for 10 minutes or taking a walk in nature or longer breaks, such as a holiday. Engaging in creativity can also be a healthy escape.

Ask what boosts self-esteem, sense of competence, achievement and status – could you build more of it into your life?

Financial self-care is important. In the current economic climate money worries impact wellbeing greatly. If you get paid, does the amount seem fair to you, accurately reflecting the service you provide? See www.bacp.co.uk/bacp-journals/private-practice/june-2019/money-matters.

As previously stated, insurance (an ethical requirement) provides 'peace of mind'. A sense of safety is essential as many practitioners work in isolated conditions (BACP, 2015; see GPiA 004 *Commonly Asked Questions: Working in private practice within the counselling professions* and GPiA 106 *Clinical Reflections for Practice: Safe working in the context of the counselling professions* for more information).

The Suzy Lamplugh Trust has published personal safety tips on lone working, see www.suzylamplugh.org/pages/faqs/category/personal-safety.

Some practitioners develop creative ways to look after their emotions before, during and after sessions. A practitioner might wear some form of protective item that symbolically protects against difficult work e.g. a piece of jewellery that 'deflects trauma' or a fantasy 'shield'. During sessions, we might consult our 'internal supervisor' (Casement, 1985).

After a session, some practitioners have developed 'room clearing' rituals whilst others change clothing, wash hands or shower.

Vignettes

At their last meeting, Ashley threatened to make a complaint against Marie, a befriender. Marie feels really nervous about her next session. Her supervisor, Betty, has been very supportive, so Marie decides that during the session she will imagine Betty is sitting close to her, providing a calming presence. She places a chair nearby and selects a cushion to represent Betty.

Anoushka has been coaching a client who she really doesn't like. At the end of each session, she finds it difficult to get him to leave. Even when he has gone, it feels like he is 'still in the room'. At the end of the next session, after he has gone, Anoushka practises a room clearing ritual.

Tim has counselled in the same room for six years and feels safe there. A water leak means the room is unusable and so he has hired a therapy room nearby. Whilst Tim is relieved he found this room, it feels like he's lodging with a 'kind aunt' and he longs to return to his familiar space.

For more self-care ideas, see Rothschild and Rand (2006).

9 Summary

A counselling professional's work can be demanding.

Whilst everyone's way of looking after themselves differs, what is common is that self-care is an ongoing process to be learnt, re-learnt, remembered, practised, maintained and monitored. As life circumstances change over time, so probably will our self-care strategies.

Self-care is both an ethical and personal essential. It is neither self-indulgent or selfish but a healthy, self-respecting, mature process founded on self-awareness, self-compassion and sometimes, consultation with 'trusted others'.

It is vital (both at organisational and individual levels) that the counselling professions place self-care high up on their ever-growing list of 'things to do'.

This resource began with a tale and ends with some words from Edith Sitwell, critic and poet:

'I have often wished I had time to cultivate modesty ... But I'm too busy thinking about myself.'

10 Questions for reflection

1. What brings meaning, satisfaction or enjoyment to your role as a counselling professional?
2. What personal factors or traits mean that self-care may be more challenging for you?
3. What does work bring to your life? Does it enhance your life, drain it (or somewhere in between)?
4. To work effectively as a counselling professional, we need to feel safe. What measures do you have in place to help you keep safe?
5. How would you know you are starting to feel overwhelmed? Can you write a list of symptoms, physical and emotional that you should look out for?
6. Do you have a personal strategy for your overall self-care? If not, what could be your first step towards building one?
7. Reflect on the balance of nourishing and depleting activities in your life – do you need to redress this?

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About the author

The original author Karen Stainsby is BACP Registered and Senior Accredited as a counsellor and supervisor and works in private practice. She is a member of the BACP Ethics and Good Practice Steering Committee and Ethical Decision-Making Working Group.

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