

# BACP *Workplace*

For therapists working with employees, employers and EAPs

Issue 121 July 2024

*'Why is workplace bullying still not taken seriously?'*

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Inside the  
Civil Service:  
*voices suppressed*

SHORTLISTED  
2021  
MEMBERSHIP  
EXCELLENCE  
AWARDS

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# Working wounded

As we enter the summer months, a new chapter unfolds in the form of a new Government. Whatever follows, the legacy of the former Government is everywhere. This month, the UK COVID-19 Inquiry published its first report and investigations into the UK's resilience and preparedness for the pandemic. We heard much unedifying testimony about the dysfunctional workings at the heart of the former Government. I found Helen McNamara's, former Deputy Cabinet Secretary, to be particularly damning and insightful. Speaking plainly, she told how an absence of humanity and a misogynistic culture at No 10 permeated every aspect of the Government's response to the pandemic with deadly consequences.<sup>1</sup>

So, I was interested when Sonia Stojanovic, who worked for the Civil Service for 25 years, contacted me about her research into the lived experiences of employees who were bullied while working in the Civil Service. She writes our lead article, 'Inside the Civil Service: voices suppressed'. Asking more generally why workplace bullying isn't taken nearly seriously enough, Sonia shines a light on inconsistencies that exist in how emotional abuse at work is treated in law. She makes the point, that while it is now illegal to abuse your family members with coercive control, it is not illegal to similarly abuse your colleagues in the workplace, which begs the question, why?

Interestingly, her research also explores the employees' experiences of workplace counselling and how helpful they found it. Unsurprisingly, a successful therapeutic outcome depends on the therapist understanding both the organisational culture and how micro-aggressions

can facilitate bullying, especially institutionalised bullying.

It made me reflect on how an episode of workplace bullying almost 30 years ago, while I was working at the BBC, led me to seek counselling for the first time. Fortunately, it was a positive and life-changing experience, empowering me not only to respond to the behaviour but also fuelling my decision to train to become a therapist specialising in workplace counselling.

While it's a cliché, of course, it is so often our wounds that become transformative gifts to help others to heal. Tom Fox, a former soldier with the Armed Forces, was diagnosed with chronic PTSD and is now committed to improving access to mental health services for armed services personnel across the UK. It was my pleasure to talk to Tom for 'My workplace' on page 14.

And finally, we say farewell to Sarah Worley-James who began writing 'Cyberwork' eight years ago. Back then, the world of online counselling was treated with some suspicion by much of the profession. We've come a very long way since then. Bringing her expertise and professionalism to the pages of *BACP Workplace*, Sarah has written with her characteristic warmth and a light touch. She has decided it's now time to hand over to a new writer. So, I'd like to say a very big 'thank you' to Sarah.

I hope you enjoy this issue. ●

**Nicola Banning**  
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### REFERENCE

- 1 Weaver M. 'Absence of humanity': Helen MacNamara's evidence to Covid inquiry. *The Guardian* 2023; 1 November. <https://tinyurl.com/ypw8djkn> (accessed 17 June 2024).

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## Notes from the Chair

# Growth and renewal



‘BACP Workplace members should feel rightly proud of the vital work that we are engaged in with our clients and organisations’

**Vianna Boring Renaud**

**I** don't know about you but it seems to me that it's taken a long time for summer to arrive – I keep hoping that the sunshine is going to stay for more than a day or two, at least, but that remains to be seen!

### New direction

Recently, I was delighted to attend a meeting along with the six other BACP divisional Chairs to meet BACP's senior leadership team, including Phil James, CEO and Ben Kay, BACP's Transformation and Digital Director. It was a great opportunity to get to know one another and ask some important questions about the past, present and future directions of BACP's seven divisions, as well as how BACP plans to collaborate and support the future development of the divisions.

I felt encouraged to learn that in spite of some recent organisational challenges including staff changes, turnover and restructuring, that BACP is fully committed to working alongside the divisions and recognises the value of our expertise. BACP is working on an exciting programme of events for members and will continue to keep you informed through all the usual channels.

In terms of the Workplace division, it's good to know that we can forge ahead with our plans, in the knowledge that BACP supports our aims. With this in mind, the Executive Committee will be gathering for our annual two-day meeting in October, and I am currently working closely with Julie Hughes, Deputy Chair, to draw up an agenda and plan of action for the work ahead of us. We are aware that we need to review recruiting new

members to the Executive Committee, and explore ideas for events that are tailored to the interests of workplace specialists, including networking meetings and Communities of Practice. I am confident that with support from BACP's senior leadership team we will be able to come up with a new divisional action plan that will closely support BACP's strategic plans. It's an exciting time and we look forward to making it happen.

### Thank you and goodbye

In the meantime, we have experienced a change within the Executive Committee as sadly, Jonny Ward, a firefighter and therapist, has decided to stand down after several years of service and move on to new challenges. I'd like to say a very big 'thank you' to Jonny on behalf of all the Executive Committee who have served with him. It has been wonderful to learn from his expertise and his knowledge as a member of the emergency services. We wish Jonny all the best for the next chapter.

### Changing times

As I write, our young people are in the midst of the challenges of exam season which is also felt by their parents and carers, and those who work in education. We are also less than a month away from a General Election, with Martin Bell, BACP's Head of Policy and Affairs, stating that: 'There's never been a General Election where the mental health of the nation has been in such a precarious state.' BACP has been working hard to communicate that the next Government must take decisive

# Royal College of Nursing – State of the Profession Report

According to recent research from the Royal College of Nursing, nine out of 10 nurses come into work when sick, laying bare the pressures that staff face.

Last year, 85% of nurses still turned up for a shift at least once, despite having issues such as stress, back pain, a cold, anxiety or depression.

Almost half (46%) did that between two and five times, and almost one in five (19%) did so on more than five occasions, according to the *State of the Profession Report* published by the Royal College of Nursing, a survey of more than 11,000 of its members across the UK.

The numbers of nurses working through illness is also growing. Last year, 85% did so, up from 77% in 2021.

Nurses feel impelled to work while sick to help plug gaps in rotas and ensure patients receive the best possible care, the RCN said.

Pat Cullen, the former union's General Secretary and Chief Executive, said: 'In desperate attempts to hold services together, more and more nursing staff are turning up to work while sick. They are sacrificing their own welfare to care for patients. These dedicated professionals shouldn't have to sacrifice their health and wellbeing to prop up neglected services.'

But that is the daily reality, and it is patients who ultimately suffer.'

The RCN's biannual research into the state of the nursing profession also painted a picture of a workforce that is unhappy, overworked, downtrodden and increasingly frustrated about pay. It found that:

- 71% feel they are under too much pressure at work
- 66% say they are too busy to give patients the ideal level of care
- 45% are planning to quit or considering doing so
- Only two in five would recommend nursing as a career – and 21% regret becoming a nurse.

The NHS in England alone is short of 34,709 nurses, the most recent vacancy figures show.

Pay emerged as the biggest frustration. Almost nine out of 10 (88%) said a pay rise would make the most difference to them, far ahead of more flexible working hours (30%), more holidays (30%) and shorter hours (25%).

**▶ You can read the RCN's report *State of the Profession* here: [tinyurl.com/32dsj2x5](https://tinyurl.com/32dsj2x5)**

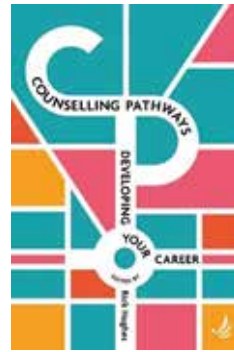
action, and ensure that better access to and increased investment in mental health support – including counselling and psychotherapy – must be a priority and translate into real change. I'm sure we all agree to this.

With the holiday season soon upon us, I hope you and your loved ones will enjoy some downtime and relaxation together. I find, that sometimes, it's only when I slow down and take a break that I can truly reflect on my work. Of course, it's so important that we stay reflective in our practice – but as you take your summer breaks, I hope you can take stock and look at what you've achieved in your professional life. BACP Workplace members should feel rightly proud of the vital work that we are engaged in with our clients and organisations – it's true, counselling really does change lives.

Keep up the good work! I wish you all a restorative break over the summer. ●



# BACP Workplace writers contribute to new book *Counselling Pathways: Developing Your Career*



## Date for the diary

### Bristol

### Fostering supervision in an uncertain world

**Date: 26 September 2024**

### BACP's event dedicated to supporting supervisors

Robin Shohet has over 30 years of experience in supervision and will deliver the opening keynote for the day: 'Fear and love in supervision (and beyond)'. The second keynote: 'Navigating local and global contemporary challenges: the counselling professions in times of turbulence, challenge and change' will be presented by BACP President, Professor Lynne Gabriel.

The event will explore the issues manifesting in supervision, including the challenges supervisors might face. It'll also look at the contextual, contemporary, and practice-based issues that present in supervision.

You can choose from a mix of workshops, including 'An introduction to AI for supervisors' delivered by Richard Miller; 'Supervising students' delivered by Nicola Blunden, and Alix Hearn will present a session on 'Global instability and anxiety/war'. Other workshop themes will focus on 'supervising practitioners working with adoptive clients', 'supervising CYPF practitioners' and 'how accessible is your supervision'.

We hope to establish a community and collaborative feel with the opportunity to network in-person with peers, learn from presenters and share knowledge. Along with the strand facilitators, you'll also be able to identify ideas and solutions that can be explored further.

The event will take place from 9am to 5pm at DoubleTree by Hilton Bristol City Centre. On-demand recordings from the event will be available from Wednesday 2 October 2024 until Thursday 2 January 2025.

**You can book your place by visiting BACP Events online:**  
<https://tinyurl.com/5n6cuu94>

If you're looking for a gift for a counselling trainee or a newly qualified counsellor, a new book *Counselling Pathways: Developing Your Career* could be the answer. Referred to as 'a must read' and 'gold dust' for newly qualified counsellors and those looking for a new direction, Nicola Banning talks to author, Rick Hughes about the book.

### Why did you write the book?

The idea had been niggling away in the back of my brain, since my counselling diploma course in the mid-1990s. It was a brilliant course; training me 'how' to be a counsellor, but there wasn't much on 'where' to be a counsellor.

Recently, a young person asked me what it was like to 'be' a counsellor, so I lent them some books. They came back and asked: 'But where can I work as a counsellor?' I couldn't lend them any books on this subject as I didn't have or couldn't find any. Bingo!

I started out in the workplace sector as I came from organisational life before my counselling training. And yet I found there were multiple contexts within which I could practise. I had spells in an embedded service, I was contracted as an organisational counsellor, I worked as an EAP affiliate, and I also worked for an EAP provider as a telephone counsellor, case manager, business development consultant and account manager – just not all at the same time!

### Whose doors did you knock on?

I scoured the workplace mapping surveys from both BACP and UKCP to find out where counsellors practised. This helped me narrow the chapter themes down to NHS primary care, private practice, online, workplace, counsellors who coach, HE and FE, the third sector, hospices, children and young people, and a final chapter on spirituality in counselling practice.

Next, I sought out the great and the good from the counselling world; those who had been there, done it, and could share their own experiences, tips and insights.

It includes a chapter on online counselling by Sarah Worley-James. For the workplace chapter, Vianna Boring Renaud, Chair of BACP Workplace, leads with Eugene Farrell and Andrew Kinder writing about EAPs, Nick Wood on embedded services and Julie Hughes, past Chair of BACP Workplace, about workplace counselling.

### You've worked in the field for nearly 30 years as a therapist, writer, editor and head of service, was there anything that surprised you while working on the book?

I think it was more about what the book reaffirmed for me. There are a lot of very talented and experienced practitioners out there. Like me, they wanted to share their career journeys, often quite personal, to fast-track readers into the many different contexts and sectors in which to practise.

Many of us have learnt the hard way, so we wanted to navigate the pathway for other practitioners. In fact, one of the key questions I posed to contributors was, 'What do you know now that you wish you had known when you started working in your sector?'

### Who will benefit from reading your book?

Primarily, I'd say trainee counsellors will find that the book offers invaluable guidance to help them consider 'where to work as a counsellor', giving them choices and options that they may not be aware of.

Yet, having changed sectors multiple times in my career, any counsellor who'd like to shift into a different context will find the contributor's experiences, inspiring, informative and insightful.

I've been surprised to have had feedback from readers who are not counsellors. One I received said: 'Wow, I didn't realise counselling could make for such a varied and fascinating career'. It does. Job done!



Rick Hughes

# Campaign success as counselling scheme to support jurors launched



Jurors who've experienced mental and emotional strain following difficult cases will be entitled to free counselling sessions as part of plans announced by the Ministry of Justice.

The pilot scheme will launch this summer and comes after a campaign led by Manchester Metropolitan University, which BACP was pleased to support.

It will provide specialist expert support for jurors, offering six free counselling sessions, alongside a 24/7 telephone helpline for round-the-clock triage support, advice and information.

Approximately 350,000 people are called up for jury duty each year in England and Wales. Manchester Metropolitan University research shows a fourfold increase in signs of post-traumatic stress disorder (PTSD) among jurors following short-term exposure to murder case materials. Some 50% of jurors experience signs of post-trial trauma such as nightmares, intrusive memories and sleep disturbances.

In England and Wales, jurors are not offered any specialist wellbeing support either before, during or after trials, with official approaches to juror mental health support consisting solely of signposting to the Samaritans and their GP.

The programme will be piloted in 15 courts and will include six free sessions for jurors who hear disturbing evidence, including murder, abuse and cruelty. Crown Courts in London, Liverpool, Mold, Birmingham, Bristol and Teesside are among the regions selected for the scheme.

It will be funded by the Ministry of Justice and will run for about 10 months, following a procurement process for services to provide the counselling support. His Majesty's Courts and Tribunals Service (HMCTS) will then look at how best to direct resources longer term to support jurors.

Dr Lisa Morrison Coulthard, our Director of Professional Standards, Policy and Research, said: 'This pilot is an important step in the right direction to ensuring jurors who perform a valuable civic duty are supported with the mental health impact of this role.'

The campaign was led by Manchester Metropolitan University and supported by BACP, the British Psychological Society, Canadian Juries Commission, the University of Leicester and wellbeing provider CiC.

Senior Lecturer in Forensic Psychology at Manchester Metropolitan University, Dr Hannah Fawcett, said: 'This pilot project is a positive first step in recognising some of the potential psychological challenges of participating in jury duty and supporting those who have been affected by distressing cases. I welcome the introduction of specialist wellbeing support for jurors, who play such an important role in creating a safe and fair society for us all.'

## BBC Radio 4, *File on 4* Long COVID: Mind Over Matter

There are some two million people with long COVID in the UK, and most of them, around one and a half million, have symptoms that interfere with day-to-day activities. Fatigue, breathlessness, heart palpitations and severe dizziness are just some of the conditions people experience.

Currently, there's no test for long COVID and it could be years before we know for sure how best to treat the condition. This struggle to get help is leaving some very unwell people desperate and willing to try anything to get better.

*File on 4* investigates a range of treatments with varying degrees of evidence and talks to the people affected.

**To listen, you can catch up on BBC Sounds:**  
[tinyurl.com/3h5xu5h5](https://tinyurl.com/3h5xu5h5)



## Feedback

We welcome readers' letters and comments. If you've read something in *BACP Workplace* you would like to comment on, please do get in touch: [workplaceditor@bacp.co.uk](mailto:workplaceditor@bacp.co.uk)

*Inside the Civil Service:*

# voices suppressed

Why is the issue of workplace bullying still not taken seriously enough? **Sonia Stojanovic** has worked for the Civil Service for 25 years and shares her research from in-depth interviews with members of staff who have experienced it. She explores the scale of the problem and considers what helps or hinders when employees receive workplace counselling







*Sonia Stojanovic is a counsellor, psychotherapist and accredited workplace mediator and has worked in the Civil Service for over 25 years in operational and managerial roles. She has written and delivered training courses and presentations on personal/professional development and mental health and is currently completing a doctorate in psychotherapy.*

Workplace bullying is a perennial problem for organisations which is estimated to cost the UK £18 billion per year, according to a study by ACAS.<sup>1</sup> But there is a human cost too and one that workplace counsellors will bear witness to when they see clients referred from organisations across the sectors. The last 25 years of my professional life has been spent working for the Civil Service as a manager, as a mediator and supervisor in the Home Office, as a trade union representative for the Public and Commercial Services union (PCS), as well as serving as Vice President of the Heathrow and West London branch of PCS. I've represented employees undergoing disciplinary and grievance procedures, provided mediation to try to informally resolve bullying-related issues, and immersed myself in tackling unacceptable workplace behaviour. In the process, I've also been subjected to bullying, which has only strengthened my determination to call out this destructive workplace behaviour and work to create change.



In this article, I share my research into the lived experience of victims of bullying in the Civil Service, which has informed and guided my interventions to support those victims in my role as a counsellor and psychotherapist. I hope that by sharing my research, it will be of value to counsellors, psychotherapists and other helping professionals.

### Setting the scene

In the 2020 Civil Service Staff Survey (in which 66% of staff responded), 9% of respondents felt that they were being bullied.<sup>2</sup> As there were approximately 430,000 people employed in the Civil Service at that time, it equates to 25,500 people responding to feeling bullied. Of those, 39% reported the bullying, but unfortunately 70% of those respondents felt that no appropriate action was taken by their management. In a recent survey undertaken by the PCS union, the largest union for civil servants in the UK, 45% of their health and safety representatives reported that bullying was the second biggest issue their members faced, the largest being stress. This raises questions about the culture of work within the Civil Service, and how seriously the issue of workplace bullying is taken and responded to.

### Westminster culture

In 2017, the #MeToo movement in the USA had consequences for UK workplace environments, and brought abuses of power more keenly into the public's awareness. A series of reports made by junior staffers at the House of Commons followed, relating to inappropriate sexual behaviour experienced at work. The scandal at the time earned the name 'Pestminster'. The following year, judge, Dame Laura Cox, conducted an independent inquiry into workplace bullying and harassment at the Palace of Westminster, and interviewed 200 people who felt bullied while they were working there.

Contributing to the behaviour, Cox reported an ongoing culture of deference and subservience, which was perpetuated by 'the acquiescence of senior management, the institutional minimising of complaints, the lack of effective procedures to address them, and the lack of support for those targeted by such treatment.'<sup>2</sup> Furthermore, Cox reported the severe impact that these bullying behaviours had on those who were subjected to them – often, people who had previously considered themselves competent professionals were experiencing a loss of confidence, eating and sleep disturbance, mood swings and panic attacks.

Commenting on the important role of workplace counselling in supporting victims of bullying, Cox

**'It was, MacNamara said, "a he who shouts loudest culture", which did not respect the needs of women or people of global majority background'**

noted that the waiting times to access counselling support are too long, and that the EAP counselling service is 'overworked, under-resourced, underpromoted and undervalued by the senior administration.'<sup>2</sup> She further commented on the need for such provision for staff, stating that: 'a service of this kind is becoming increasingly important in the workplace and its work deserves to be expanded and promoted.'<sup>2</sup>

The need for workplace counselling in the Civil Service was highlighted once again last year by Helen MacNamara, former Permanent Secretary at the Cabinet Office during the COVID-19 pandemic. In her witness statement<sup>3</sup> on the UK Government's handling of the pandemic to the COVID-19 Inquiry, she highlighted the evolution of a macho culture at the heart of Government, where female employees were ignored and talked over at meetings, being made to feel invisible. It was, MacNamara said, 'a he who shouts loudest culture', which did not respect the needs of women or people of global majority background. Furthermore, she said of the failings of the Cabinet Office that, 'the most serious of which was the failure to provide counselling or psychological support'<sup>3</sup> to the people who worked there.

### What is workplace bullying?

The UK Government's own definition states that: 'Bullying and harassment is behaviour that makes someone feel intimidated or offended. Harassment is unlawful under the Equality Act 2010.'<sup>4</sup> While this offers an overarching and general definition, it could be open to subjective interpretation, and I've found the more specific definition offered by ACAS to be more helpful. Their guidance on what constitutes bullying states: 'it is offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means that undermine, humiliate, denigrate or injure the recipient.'<sup>1</sup>



Currently, workplace bullying is not in itself illegal, unless there is evidence that it is based on one of the protected characteristics of the Equality Act 2010. However, I'd suggest that this is at odds with the spirit of the Equality Act 2010 and the Serious Crime Act 2015, both of which outlaw acts of domestic abuse, such as coercive control. This means that while it is illegal to abuse your family members with coercive control, it is not illegal to abuse your colleagues in the workplace. I'd argue that this inconsistency should be a cause of concern for anyone invested in our emotional and psychological health at work.

I have incorporated the terminology of the Serious Crime Act 2015 into the definition of bullying that I used for my study, defining it as 'personal oppression by abuse of power or social agency that has a serious, adverse effect on another person'. I'd suggest that someone who has been signed off sick from work with work-induced stress due to bullying is suffering a 'serious, adverse effect', and this in itself should motivate action to enable the victim to receive effective support interventions, both therapeutic and managerial.

### Behaviour in Westminster

There have been high profile cases brought to the public's attention whereby influential and powerful figures in Westminster have been investigated for bullying behaviour. Former Home Secretary, Priti Patel, was independently investigated by senior civil servant, Sir Alexander Allan, who found that, 'Her approach on occasions amounted to behaviour that can be described as bullying in terms of the impact felt by individuals.'<sup>15</sup> Given that the Cox Report had been published only two years earlier, it seems astonishing that the former Home Secretary did not appear to realise that 'some occasions of shouting and swearing'<sup>15</sup> constituted bullying.

The then Prime Minister, Boris Johnson, responded by overruling the Allan report and deciding that Priti Patel had not breached the Ministerial Code of conduct. This suggests that bullying behaviour is not only seen as an acceptable way for ministers to manage their staff, but that there is one code of conduct for staff from which ministers are exempt, and quite another for ministers in which they can behave as they please, including depriving their staff of respect and dignity at work. This has further called into question whether the Ministerial Code of conduct is fit for purpose.<sup>6</sup>

There are similar cases of bullying behaviour in the Civil Service which have since come to the fore. Last year, the then Deputy Prime Minister, Lord

**£18 billion**  
**Workplace bullying is a perennial problem for organisations which is estimated to cost the UK £18 billion per year, according to a study by ACAS<sup>1</sup>**



**66%**  
**In the 2020 Civil Service Staff Survey (in which 66% of staff responded), 9% of respondents felt that they were being bullied<sup>2</sup>**



Chancellor and Secretary of State for Justice, Dominic Raab, was also the subject of an independent inquiry commissioned by the Prime Minister, Rishi Sunak, into allegations of bullying by his staff across three government departments. The enquiry, carried out by independent employment law barrister, Adam Tolley KC, found that Raab had been overly aggressive in meetings, abused his power and humiliated, undermined and intimidated his staff using behaviour that was, 'beyond what was reasonably necessary' to enact his management style.<sup>7</sup> Although Raab said in response that he had not intended to bully anyone, Tolley found that it was reasonable that Raab ought to have been aware of the impact of his behaviour on his subordinates.

### Emotional abuse

Looking more broadly, I believe that workplace bullying is a form of emotional abuse, and it needs to be well understood by mental health practitioners engaged in supporting workplace mental health wellbeing. However, while it is illegal for anyone to physically assault their work colleagues in the workplace, emotional abuse is not illegal. It's my view that employment legislation needs to change to keep pace with the changes made in other settings; for example, domestic abuse is widely recognised as something that is not always physical abuse, and the same now needs to apply in an employment setting. This stems from my research which explored the devastating impact that bullying can have across all aspects of a person's life – the psychological, the physical, the social and the spiritual, in terms of the impact it has on the meaning people make of their lives.<sup>8</sup>

### Experiences of bullying

In my study, the impact of bullying on the respondents was largely devastating. I carried out a qualitative study using in-depth interviews with people who had worked in the Civil Service in the previous five years, and I analysed the data using interpretative phenomenological analysis. All the respondents recognised feeling that they had noticed the start of bullying behaviours towards them when they had shown some type of 'otherness' to the uniformity of staff profile in their work area.

Their 'otherness' could include behaviour such as challenging practices in their workplace, either established-practices which perpetuated an outdated status quo, or practices which were undermining, humiliating or discriminatory. Staff

with disabilities also appear to have fallen outside a requirement for conformity, with periods of sickness absence or a requirement for reasonable adjustments, which received a hostile response from an individual's line manager, developing into a chain of bullying behaviours. While disability discrimination is clearly against the Equality Act 2010, these episodes of bullying were 'dressed up' as something else; for example, by using the department's attendance management procedure to threaten people's jobs if they did not conform and behave like everyone else, irrespective of what their individual needs might be.

A performance management system (now abolished in some Civil Service departments but not all), appears to have been used to punish staff who challenged their managers by alleging that they had demonstrated 'poor behaviours' or were underperforming in other ways. Some respondents were subjected to false allegations by their managers as a precursor to embarking on a performance or disciplinary procedure.

I'd argue that using departmental management systems which exist to ensure that the management of staff is efficient, equitable and fair, to instead bully people who are in a poor position to respond, is a form of institutionalised bullying. The checks and balances of having a countersigning manager, i.e. the line manager's manager, to independently and fairly assess how someone is managing, seemed ineffectual from the experiences that my respondents described. The countersigning manager either took a grade-conscious view of the situation and supported the line manager (irrespective of the facts of the case), or they took a *laissez-faire* view – by not getting involved and trying to ignore the situation where possible.

### Sick leave

All of the respondents in my study were signed off sick with work-related stress at some stage while experiencing the bullying behaviour. Respondents shared a wide variety of similar symptoms, including general anxiety, eating and sleeping disturbances, severe symptoms of depression that went beyond low mood (such as not feeling able to get out of bed), feelings of pointlessness, paranoia, flashbacks, withdrawal, alcohol abuse and suicide ideation. Some respondents reported experiencing migraine headaches and stomach pains. Their reported emotional and physical symptoms seemed to match the criteria for PTSD specified in DSM-5.<sup>9</sup>

Returning to work was challenging and respondents either made a gradual return or started an entirely different job or role. All respondents experienced a loss of trust in their

# 430k

**There were approximately 430,000 people employed in the Civil Service in 2020, which equates to 25,500 people responding to feeling bullied**



# 39%

**Of those, 39% reported the bullying, but 70% of those respondents felt that no appropriate action was taken by their management**



employer and their managers, with many reporting suffering both a loss of self-confidence and a sense of self. Having previously regarded themselves as competent professionals, they were left doubting their own abilities, not only in the workplace but in their daily lives outside work. Others found that, where once their job had given them an important sense of meaning in their lives, this had been lost and they were left with a sense of meaning vacuum.

### Reflections on therapy

Most of the respondents accessed some form of counselling or psychotherapy, either from their EAP or from a private therapist, while they were experiencing the bullying at work. How helpful the respondents found the therapy depended on a number of factors, including how well the therapist understood the client's work environment. Some reported feeling frustrated at having to explain their work situation in detail to the therapist, which they felt was limiting in the value that the sessions had for them.

This reflects the findings of a German study, where the victims of bullying were treated as inpatients at a German psychotherapy clinic,<sup>10</sup> and gave feedback that they felt their therapy experience was hindered by the therapist not having an adequate knowledge of their work area.

In my research, I found that the micro-behaviours and micro-aggressions that facilitate bullying, particularly institutionalised bullying, are not well-recognised, identified and called out early enough by victims. This may be because they do not recognise these initial hostile acts as bullying, which is why therapists, trade union representatives or other helping professionals need to be able to offer appropriate support to name and address what is taking place before the situation escalates.

To build an effective therapeutic alliance, the therapist needs a deep understanding of the nature of bullying in order to work at the edge of the client's awareness, and help to deepen their understanding. Not all the respondents found that the therapy they were provided with met their needs, for example, single modality therapy such as CBT was not helpful to all. Others found that analytical psychotherapy, where they could explore their past experiences that the bullying episode had triggered, helped them to move forward.

The number of sessions offered was also an issue of concern. Many felt that the six-session model, on offer via their EAP, was not sufficient. Unhelpfully, some reported requesting further sessions and were allocated a new therapist,

and so they had to explain their experiences again and build a new therapeutic relationship from scratch. Respondents also talked about their need for after-care, after a case of workplace bullying had been concluded (usually, with either party being moved to an alternative workplace). A space was needed to continue to process the trauma of their experiences, whereby they could gain support as they developed a changed perspective and life-interpretation which had come about due to the bullying behaviour experienced.

### Closing thoughts

Workplace bullying within the Civil Service will remain an ongoing issue, despite the introduction of various initiatives to tackle it over recent years. To create meaningful change, a holistic view of the institutional culture of the organisation needs to be taken, where its internal processes, such as the 'blame, shame and punish'<sup>11</sup> approach to maintaining standards, are replaced with alternative dispute resolution strategies, and outdated performance management is replaced with regular dialogue and constructive relationship building.

This would highlight, instead, the importance of identifying micro-aggressions and resolving them at the earliest opportunity, rather than letting them develop and fester while a lengthy grievance process of questionable effectiveness trundles on, further damaging people who are already in a vulnerable position.

By embracing a more person-centred approach to management, the Civil Service could leave behind the culture of 'strong' or 'robust' top-down, hierarchical management that was so popular in the last century. It remains to be seen whether the next Government and organisational culture in the UK will eventually accept that it should be a human right to attend your workplace without being emotionally abused, and support that with legal and managerial instruments.

In the meantime, counselling and psychotherapeutic interventions have a vital role to play in enabling victims of bullying to recognise the nature of what they are being subjected to, and helping them to find that suppressed voice to call out that enough is enough. As Helen MacNamara put it in her evidence to the COVID-19 Inquiry, 'The absence of this support not only damaged the people involved but I am sure that it impacted the quality of the work. Both matter.'<sup>13</sup> ●

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### REFERENCES

- 1 ACAS. Seeking better solutions: tackling bullying and ill treatment in Britain's workplaces. London: ACAS; 2015. [Online.] <https://tinyurl.com/2p8ya4am>
- 2 Cox L. The bullying and harassment of House of Commons staff. Independent inquiry report. Parliament UK; 2018. [Online.] <https://tinyurl.com/44juwe32> (accessed 28 May 2024).
- 3 UK COVID-19 Inquiry. Witness statement of Helen MacNamara. 2023. [Online.] <https://tinyurl.com/3nrz5zzj> (accessed 28 May 2024).
- 4 UK Government. Workplace bullying and harassment. London: Gov.UK; 2021. [Online.] <https://tinyurl.com/34ujnbf> (accessed 28 May 2024).
- 5 Cabinet Office. Ministerial Code investigation. London: Gov.UK; 2020. [Online.] <https://tinyurl.com/3bk63293> (accessed 28 May 2024).
- 6 Institute for Government. The handling of the Priti Patel bullying inquiry has fatally undermined the Ministerial Code. Institute for Government; 2020. [Online.] <https://tinyurl.com/2bmet3us> (accessed 28 May 2024).
- 7 Tolley A KC. Formal complaints about the conduct of the Right Honourable Dominic Raab MP Deputy Prime Minister Lord Chancellor and Secretary of State for Justice. 2023. [Online.] <https://tinyurl.com/2dfnwj7u> (accessed 28 May 2024).
- 8 Van Deurzen E, Arnold-Baker C. Emotions. In: Existential perspectives on human issues. Basingstoke Hampshire: Palgrave Macmillan; 2005.
- 9 American Psychiatric Association. Diagnostic and statistical manual of mental disorders. Fifth Edition, Text Revision (DSM-5-TR). 2022. <https://tinyurl.com/y4xzh2w3>
- 10 Schwickerath J, Zapf D. Inpatient psychotherapy of bullying victims. In: Einarsen SV, Hoel H, Zapf D, Cooper CL (eds.) Bullying and harassment in the workplace. Abingdon Oxfordshire: Taylor and Francis Group; 2020.
- 11 Little D. How to eliminate a toxic workplace culture [Webinar.] TCM Group 2023; 18 May. <https://tinyurl.com/y6hzz99k> (accessed 3 June 2024).

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**Tom Fox** is a former British Army soldier whose service took him across the world. Diagnosed with chronic PTSD in 2015, Tom is now committed to improving access to mental health services for armed forces personnel, past and present, across the UK. Training to be a therapist, Tom talks to **Nicola Banning** about his mission

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*Tom Fox is a former soldier with experience in finance and IT sales following his military service. Diagnosed with PTSD in 2015, he later founded Thoughtify Ltd to raise mental health awareness in business. Tom was involved in commissioning the new NHS specialised mental healthcare services for veterans OpCourage. He also contributes to the development of NHS services for veterans and is now training to become a counsellor.*

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**Website:** [www.thoughtify.co.uk](http://www.thoughtify.co.uk)

**NB: What drew you to join the armed forces?**

**TF:** I came from a broken home in South London. I was brought up by my grandmother, and when she died, I found myself at 15, living on my own in a council property. I needed to eat and live, so I left school to work. There was a building boom in London and I soon found work, but when the boom subsided, I was without work, money or qualifications. But I came from a family with a history of military service and I'd been drawn to the idea of joining the armed forces as a means of escaping my circumstances. It seemed a preferable option to the pervasive crime I witnessed daily, which I was determined to avoid.

**NB: You've spoken in radio and TV interviews about how your military life impacted your mental health. What made you realise that you were unwell?**

**TF:** When I returned to the UK after service, I worked in finance and embarked on a path to gain professional qualifications. I think my success in roles outside the military were fuelled by an intense drive to excel, but unconsciously, I was trying to escape my past life and rushing to create a new version of myself. In my personal life, things weren't going too well. I had been ill for some time, and although I knew I was

# My workplace

experiencing psychological problems, I continually repressed them.

My symptoms worsened as my defences broke down and I had several big panic attacks, which I thought were heart problems. I suffered memory loss, lack of sleep, hypervigilance and emotional numbing; I was quite angry and negative towards certain people, especially if I felt judged. I hated commuting as I dreaded being on a crowded tube or public transport where I believed a terrorist attack would take place, and I hated driving on the M25 as the traffic jams reminded me of a vehicle ambush that I'd been involved in. I stopped talking to my friends and socialising as everyday life became too overwhelming.

**NB: What mental health support was available to you?**

**TF:** My GP diagnosed me with depression and prescribed antidepressants but my condition worsened, prompting several return visits until I saw a different doctor. The next GP took a more comprehensive approach, inquiring about my current job, background and exposure to stressful environments. When I mentioned that my job, while stressful, was not as intense as it had been in Iraq, she probed further. It was that doctor who played a crucial role in my recovery by referring me to the South London and Maudsley NHS Foundation Trust, where I was assessed and subsequently referred to Combat Stress, the veterans' mental health charity. At that time, there were no specialised NHS mental health services specifically tailored for armed forces personnel, but Combat Stress had a contract with the NHS to provide comprehensive support to veterans grappling with complex mental health issues.

**NB: How effective did you find this help to be?**

**TF:** I felt safe and fully supported for the first time in a long time. The residential treatment programme, held at Tyrwhitt House, provides a beautiful, calm, therapeutic environment, offering tranquillity and aiding recovery by being surrounded by acres of meticulously maintained grounds that you can use whenever you wish. It was a secure base where I sensed genuine care and commitment from all the staff. They were there for me, offering help and support to the fullest extent, yet never interfering or imposing.

There is also a library, an occupational therapy workshop, a gym and a relaxation room. You can get involved in gardening, photography, archaeology and a range of recreational activities, alongside the comprehensive individual treatment plan of therapies. I think the day I left was probably harder than the first day I stepped through the doors.

The supportive environment allowed me to focus on my recovery, and connect with both clinical staff

**‘This sense of loyalty and mutual support is deeply ingrained in our military ethos, and I believe it is unique to the armed forces’**

and fellow veterans sharing similar issues. I learnt that I wasn't alone in my journey with mental health challenges; many others were also navigating their own difficulties to varying degrees. This experience fostered acceptance and helped me come to terms with my diagnosis and the reality of having a 'mental illness'.

Veterans shared their stories with me and we had meaningful conversations about our experiences. This built a sense of trust and camaraderie, empowering me to open up in therapy, and explore my identity and reasons for seeking help. Being in a secure environment surrounded by fellow veterans emphasised the enduring sense of comradeship that is, I believe, unique to the Armed Forces community. Despite our individual challenges, we supported each other, reinforcing the sense that we would help each other through adversity. This sense of loyalty and mutual support is deeply ingrained in our military ethos.

The clinical team at Combat Stress recognises and values this collective identity among veterans. In addition to delivering exceptional treatment, they acknowledge and harness the power of veterans' shared experiences, to foster positive self-image and promote change.

**NB: What else helped you to recover?**

**TF:** Alongside the love and support of my partner, I had the will to grow and as I gained more self-awareness, I realised that returning to my previous work environment would not be healthy and could lead to a relapse. This left me wondering what to do next as I had a family to consider, and the prospect of finding a new career was daunting. It took about three years of therapy and personal development before I felt ready to contemplate returning to work, and what that work might entail.

I decided to use my experiences to help others improve their wellbeing. I discussed this with my therapist at Combat Stress, who emphasised the value of my personal experiences in the armed forces, and encouraged me to use them as a foundation for helping others. This positive reinforcement was unexpected but empowering.



It boosted my confidence and motivated me to pursue my new goal.

I initially trained as a Mental Health First Aid instructor and gradually expanded my qualifications to deepen my understanding of mental health issues, the significance of mental wellbeing across different life stages, relevant legislation, available services, public perceptions and treatment options, before embarking on a course in counselling training.

**NB: What access to psychological support is available for armed forces serving personnel via their employer?**

**TF:** Defence Medical Services (DMS) provides a range of services for regular serving personnel in the UK, those serving overseas, and, in some cases, their families. In the British Armed Forces, depression is the most common mental health disorder, with the Ministry of Defence reporting that 12.7% of the British Armed Forces were seen in military healthcare for a mental health reason.

**NB: And, what mental health support is available to veterans via the NHS?**

**TF:** It's a common misconception that the NHS operates as a unified national health service. In reality, each home nation has its own health service, and has the autonomy to allocate funding and commission health provisions according to its population's needs. This decentralised structure unfortunately creates a unique health inequality, with significant disparities in the services available to the Armed Forces community across the UK.

Fortunately, in England, reservists, veterans, certain family members, carers and the bereaved (referred to collectively as the Armed Forces community), have access to a range of specialised NHS England services tailored to their needs. One such service is Op COURAGE, the Veterans Mental Health and Wellbeing Service, which provides support from trained professionals, who either come from the Armed Forces community or have extensive experience of working with military personnel.

I've had the honour of contributing to the design and commissioning of Op COURAGE, and related mental health services. It's a source of pride that I proposed the name Op COURAGE. Together, we've transitioned from a scenario with minimal veteran-specific mental health services and heavy reliance on charity services, to a national health service bolstered by dedicated charity partners, rapidly expanding in a short period of time.

The collective effort of my NHS colleagues in developing these services has been nothing short of extraordinary, from the exceptional leadership, as well as the senior management team, the clinical leads and the

**'I learnt that I wasn't alone in my journey with mental health challenges; many others were also navigating their own difficulties to varying degrees'**

invaluable contributions of the lived experience group.

**NB: What still needs to change so that former or serving armed forces personnel receive support regardless of where they live in the UK?**

**TF:** It's crucial to recognise that serving in the armed forces entails unique challenges not experienced in other occupations. Military service imposes significant restrictions on rights and freedoms that are typically taken for granted by the wider UK population. Service personnel willingly sacrifice civil liberties and face heightened risks, including injury or death, often influenced by political decisions and operational commitments.

Upon leaving full-time service, personnel transition into the reserves and may be called up during emergencies or national needs, as determined by the Defence Secretary. Military personnel and veterans confront distinct mental health risks due to exposure to intense stress, prolonged periods away from home and the challenges of transitioning to civilian life.

The Armed Forces Bill, which became law in December 2021, enshrined the Armed Forces Covenant, establishing a duty for certain public bodies in health, education and housing to acknowledge and honour the unique obligations and sacrifices of armed forces members. This legislation aims to mitigate disadvantages experienced by the Armed Forces community, and underscores the importance of providing specialised support where justified.

However, disparities persist across the UK due to differing approaches among home nations in providing health services for the Armed Forces community. This leads to a significant health inequality where veterans in Scotland, Wales or Northern Ireland, may not have access to the same services as those commissioned by NHS England. This situation raises questions of fairness and justice, particularly for veterans. How do you tell a veteran who has served in the British Armed Forces

and given so much in service to the UK as a whole, that because they live in Scotland, Wales or Northern Ireland, mental and physical health services recently commissioned for the Armed Forces community in England aren't available to them?

More action is needed to address these disparities and ensure equitable access to healthcare and services for all members of the Armed Forces community, regardless of their location within the UK after service.

**NB: I know you are committed to this and working with other organisations that share this commitment. What can you tell me about this aspect of your work?**

**TF:** In my voluntary roles with NHS England, the Royal College of Psychiatrists, military charities and other organisations, my overarching goal is to help enhance healthcare services and outcomes for veterans and the Armed Forces community, by using my voice as a member of that community. I recognise the significant efforts of military charities and organisations, and I believe that the most impactful results are achieved through collaborative efforts. I'm dedicated to working closely with a diverse range of organisations to advocate for improved access to quality care, and effective services tailored to the unique needs of veterans and their families.

Supporting the development of veteran-specific services, raising awareness about their unique challenges, and helping them receive the necessary support, will I hope make a positive difference for those with health needs. Through collaboration, advocacy and community engagement, I hope to contribute to meaningful change that will ultimately improve the overall wellbeing of our veterans and their families.

**NB: You are Managing Director of your business, Thoughtify – what can you tell me about it?**

**TF:** Setting up Thoughtify to provide mental health and wellbeing training and consultancy, in both the corporate and public sectors, was a significant step in my recovery. Thoughtify operates as an accredited learning centre for the Royal Society of Public Health, offering regulated qualifications in mental health, wellbeing and behavioural change. Our course offerings include programmes such as Mental Health First Aid, and workplace wellbeing courses accredited by the Royal Society for Public Health (RSPH) and the Royal College of Psychiatry.

I've had the privilege of collaborating with major organisations such as Facebook, Citrix, NHS England, Sky Broadcasting, Warner Bros and Conde Nast (Vogue). I've travelled extensively to deliver training and provide services to organisations in the USA, Middle East and

**'It's early days, but I think that I would like to work with veterans and those from blue light services, particularly men'**

Europe, expanding the reach of Thoughtify's impact on mental health awareness.

During lockdown, I created a platinum award-winning podcast series called *Mentally Healthy Leaders*, featuring senior executives, special forces soldiers, entrepreneurs, world record holders and other inspirational leaders (<https://tinyurl.com/bdhe6xyd>).

**NB: You're now training to be a therapist – how is it going?**

**TF:** It's been quite a journey. I've now completed three years of college, yet starting my Level 2 course feels like just yesterday! Despite the usual challenges, I'm genuinely enjoying the experience and feel fortunate to have an outstanding tutor, and a supportive group of classmates. The course is integrative but primarily focuses on psychodynamic principles. I've gained a deeper understanding of myself, uncovering unconscious processes and unresolved conflicts from my past that have shaped my behaviour. This exploration has heightened my self-awareness, and deepened my insights into human behaviour and psyche.

But the current economic climate is challenging and the expenses associated with education, personal therapy, books, printing and transportation in London can quickly add up. Finding a suitable placement is yet another challenge. It would benefit students if local agencies and colleges collaborated to streamline the placement process. The uncertainty and pressure to secure a placement within a specific timeframe to accumulate counselling hours by the end of the course has caused significant stress for many fellow students. Collaborative efforts to facilitate placements could alleviate this stress, and support students in achieving their academic and professional goals more effectively.

**NB: What work are you drawn to once you are qualified as a therapist?**

**TF:** It's early days, but I think that I would like to work with veterans and those from blue light services, particularly men. I have a natural affinity and it would seem a waste



not to use that to try and help others recover from a place that I'm familiar with.

I'd also like to work more closely with senior business leaders and executives. I know from my own experience how mentally demanding and, in many ways, lonely and isolating it can be to be in a senior position, and have to show up every day as a top performer and decision maker, while behind the façade trying to manage and cope with emotional distress and physical exhaustion.

**NB: As a student member of BACP, is there anything that you would like to see BACP do when it comes to psychological support for the armed forces?**

**TF:** I'd like to see BACP sign the Armed Forces Covenant, and work to raise awareness among its members by developing training materials and guidance specific to this too often overlooked minority population group.

**NB: What advice would you give to therapists who are looking to work with veterans?**

**TF:** There remains a significant stigma in workplaces regarding veterans' mental health issues. Unfortunately, many veterans face job loss once their employers learn about their PTSD or past mental health challenges.

Counsellors play a crucial role in supporting both veterans and non-veterans alike. However, it's essential to recognise the unique complexities of

*‘Veterans report feeling alienated when working with civilian therapists, who may lack understanding of military experiences’*

working with veterans, who belong to a quite secretive and commonly misunderstood community. Veterans report feeling alienated when working with civilian therapists, who may lack understanding of military experiences. They find themselves explaining military concepts and historical contexts, which can be frustrating and detract from the therapeutic process. This disconnect can lead veterans to terminate therapy prematurely, leaving them with the feeling that seeking help from counsellors is futile and irrelevant to their needs.

There is a great six-part podcast series on the Combat Stress website for anyone who wants to learn from veterans speaking about their experiences, mental health and mental health problems (<https://tinyurl.com/vr54ctmp>).

**NB: What have you learnt from your military life that you will take into your life as a therapist?**

**TF:** It's impossible to pick one thing or to sum it all up in a paragraph. Just like our clients, we are a complex mix of experiences encompassing a wide range of life events, interactions and challenges. Positive experiences, such as achievements and supportive relationships, and negative experiences, such as trauma and adversity.

If I had to choose three things I've learnt from life, it would be the ones that I've listed below. But rather than broaden my explanation for choosing these three things, I'd like to ask the reader to reflect on them, and consider what they mean to you and how they align with your own three lessons for life.

- Your most important personal quality is integrity
- If you think you can, or you think you can't, you're probably right
- Humour is a powerful medicine. ●

### Tell us about your workplace

If you have thoughts about any of the issues raised in this interview or would like to talk to the editor about your workplace, we would like to hear from you. Please email Nicola Banning: [workplaceeditor@bacp.co.uk](mailto:workplaceeditor@bacp.co.uk)

## Workplace matters

# The trust factor

**Sandi Mann**

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**R**emember all the fuss about that Mother's Day photo of the Princess of Wales and her children? Once Kate revealed the truth about her health, the furore quickly died down, but it was striking how upset the British public were over an edited photo. As we all edit and enhance our snaps – why did this one garner such attention?

The issue at the heart of what was termed by some as *Kategate* was never about Kate's photo editing skills. It was about trust, and a perception that the British Royal Family could no longer be trusted.

Delving into the whys and wherefores of how this trust got broken (and later restored, according to a YouGov survey following the saga<sup>1</sup>) is beyond the scope of this article, but the whole episode highlighted the vital importance of the trust factor within relationships. Trust has been described as perhaps the most important ingredient for the development and maintenance of happy, well-functioning relationships<sup>2</sup> – and this includes working or business relationships. Trust is arguably one of the most important factors that can determine the success or otherwise of a company, a product and, of course therapy.

Trust comes in many flavours within therapy:

### 1. Trust that the client can reveal information safely, without fear of judgment or unwanted reaction

This means more than not laughing inappropriately or appearing critical, for example. Clients can also feel that trust is broken if the therapist's attempts to appear non-judgmental can make them appear too distant or aloof: 'my old therapist did not think what I told them was a big deal...they didn't react. I felt like I was making a fuss out of nothing.' This is a typical

comment I sometimes hear. The trust in being validated was gone, the therapeutic bond snapped.

### 2. Trust that we will keep the client's information safe and confidential

Not many therapists are unprofessional enough to share information down the pub, but I have dealt with the aftermath of breaches of confidentiality involving family members or spouses of a client.

### 'Trust within the therapeutic relationship then, is the cornerstone on which successful therapy can be built'

We also have to be very careful within our teaching or even public dissemination work; I do media interviews and am often asked, for example, about the most unusual phobias I have ever come across. To offer up personal, idiosyncratic fears would be a breach of trust, even without identifying the client, since they may be able to identify themselves.

### 3. The client needs to trust that we are the right person to help them and that we have the appropriate training and qualifications

Given the lack of regulation of the therapeutic community, this is a minefield for the client to navigate. They trust us implicitly and that is a huge responsibility – we must take care to not overreach our skill base or to come across as something we are not.

### 4. Trust that we are putting the client's needs at the centre of our work with them

Clients need to trust that we are not distracted or preoccupied. They must

trust that we will tell them if we are not the right fit for their needs, or if they are fit to be discharged or have less frequent sessions. They must trust that we will turn up on time and be fully invested in the session; and that we will do anything between sessions that we have pledged to do (such as send information sheets and/or sign documents).

### 5. Trust in the therapeutic process that the techniques we use will be the right ones and can be expected to help

Following NICE guidelines and explaining the choice of treatments are important in maintaining trust in the process. It is our duty to explain if we think a different approach than we can offer would be best – and why. A good way to check this trust could be with the use of the credibility/expectancy questionnaire (CEQ).<sup>3</sup>

Trust within the therapeutic relationship then, is the cornerstone on which successful therapy can be built. Like with Kate's edited photos, once trust appears to be broken, the impact can quickly spiral out of control – and no amount of photoshopping will be able to fix it. ●

**Dr Sandi Mann** is a Senior Psychology Lecturer at the University of Central Lancashire. She is an accredited CBT therapist and an accredited EMDR practitioner. [www.mindtrainingclinic.com](http://www.mindtrainingclinic.com)

## REFERENCES

- 1 You Gov/Sky News. Survey Results, 15–17 March 2024. [Online.] <https://tinyurl.com/mr33jfbh>
- 2 Simpson JA. Foundations of interpersonal trust: handbook of basic principles. In: Kruglanski AW, Higgins ET (eds). Social psychology: handbook of basic principles. 2nd edition. New York: Guilford; 2007 (pp587–607).
- 3 Devilly GJ, Borkovec TD. Psychometric properties of the credibility/expectancy questionnaire. *Journal of Behavior Therapy and Experimental Psychiatry* 2000; 31(2), June: 73–86. <https://tinyurl.com/yc4vf4fr>

# Conversations

## *Why it pays to keep in touch*



As families continue to weather a cost-of-living crisis and spiralling childcare costs, how can employers best support their female employees to make a successful return to work after maternity leave? **Cathy Sansom** and **Rachel Stern** share the findings from their research

Women are often told that, 'there is no good time to have a baby', but this feels particularly pertinent in the current climate. Concerns have been raised about the UK's declining birth rate and what this means for society.<sup>1</sup> Reasons for the decline in births include, among others, the cost-of-living crisis, unaffordable childcare and a lack of affordable housing.

Despite this worrying trend, the Office for National Statistics reports 82% of women will be mothers by the time they are 40.<sup>2</sup> In 2022, three in four mothers with dependent children (75.6%) were in work in the UK, reaching its highest level over the last 20 years.<sup>2</sup> Also, according to the ONS, there were just over 600,000 live births in the UK in 2022, meaning an estimated 450,000 women each year taking maternity leave.<sup>2</sup> While the length of maternity leave varies and depends on several factors, increasingly, it includes the financial pressure on working mothers to return to work.<sup>3</sup> Furthermore, not all mothers will be eligible for Statutory Maternity Pay or Maternity Allowance.

It is therefore no surprise that mothers who are offered keeping in touch (KIT) days by their employer (during their maternity leave) will take them – as by doing so, they will receive additional pay once their Statutory Maternity Pay has ended. However, currently, only around two-fifths of organisations provide their employees with the option of KIT days.<sup>4</sup> While KIT days are not a statutory entitlement and are optional, on the part of both the mother and the employer,<sup>5</sup> we are advocates of the value that they bring to all concerned.

### What is a KIT day?

KIT days are days that employees can agree with their employer, to work during their maternity or adoption leave, and to help stay in touch with the organisation, such as attending meetings or training. Employees can take up to 10 paid days during their period of leave. KIT days are a matter for mutual agreement between the mother and their employer. The employer does not have to offer them, nor can they insist that KIT days are used. Those who are self-employed and receiving Maternity Allowance can also work up to 10 KIT days, without it impacting their maternity pay.

### What does the research say?

While there is limited research into the uptake, experience and impact of KIT days, recent studies have started to shed light on the opportunities and challenges that they can bring. Our research into this aspect of women's working lives has added to the knowledge, and we share it in this article.



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**Rachel Stern MA Oxon, Experimental Psychology** is an ICF-certified coach at Associate level, and Brand Strategist working with health and wellness brands. She is passionate about advocating to improve the experiences of working parents, has produced a playbook into best practices, and set up parent mentoring programmes. She is also a trustee of The Parent Village charity.

In partnership with Bloom UK, a professional women's network, Rachel Stern (co-author of this article) led research into the experiences of over 200 women before, during and after their return from maternity leave, exploring the mothers' emotions at different stages of that timeline, including their KIT days. The insights have informed the development of *The Great Return*, a best practice playbook and practical guide to support working mothers to have a positive maternity experience.<sup>6</sup>

At the Metanoia Institute (Middlesex University), Cathy Sansom's doctoral research considered mothers' experiences of their KIT days. Using narrative inquiry and an online survey, she gathered insights into how a range of mothers felt about returning to work and focused on the impact of KIT days, considering if they were being used to the best effect for the mothers concerned.

### KIT days – a mixed picture

**The motivators:** Undoubtedly, there is a financial incentive and using KIT days can have a tangible, financial benefit to women and their families. While there is no regulated pay structure for KIT days, typically, a mother is likely to be paid their normal rate for a day's work. Other women cited the desire to stay connected or to reconnect with their employer, hear about company news, catch up with colleagues, attend training and help to ease their upcoming transition back into the workplace.

**The barriers:** We found the main reason that women did not take KIT days was either that their employer did not encourage the practice, or that women were unaware of them. Research from Totaljobs and The Fawcett Society found that approximately 22% of new mothers do not have access to KIT days.<sup>7</sup>

For others, a lack of childcare provision also limits the ability to attend KIT days, and this is compounded for women having

subsequent children. Often, when partners or family are not nearby and able to look after the child/ren, KIT days become logistically impossible for women.

For a minority, there are practical considerations if they are still breastfeeding, such as whether provisions are in place for them to have a private and comfortable space to express breast milk. Interestingly, Sansom found in her research that accommodations at work are often made for mothers when they actually return to work, but not for the KIT days themselves.

### Women's experiences

It is fair to say that women's experiences of taking KIT days are varied. While for the mother, there is an emotional investment put into planning and attending a KIT day, these often complex emotions have not been considered by the employer, nor have the necessary proactive steps been taken to support her.

In our research, the mothers often expressed feeling excitement about reconnecting, and pleased about 'rediscovering themselves'. However, they also felt anxiety about the logistics, not knowing what to expect and what they might discover in terms of company updates at work, changes to their role etc. and guilt at leaving their baby.<sup>8,9</sup>

There can be a no-win paradox of being a working mother on a KIT day. If she is asked if she misses her baby, (an innocuous question one might think), it can feel loaded with emotion. If she replies, 'Yes', she could be viewed as 'a bad mother' for leaving her baby, and if she says, 'No', she could be considered a bad mother for not caring. Either way, she can end up feeling like a 'bad mum'.

Others spoke of feeling like 'an outsider', no longer feeling that they belonged at work. Among those still breastfeeding when attending KIT days, mothers might feel fear or shame, should they find themselves leaking milk during the day, and there might be no provision for expressing milk on the premises, leaving mothers to resort to the use of toilet cubicles. An interruption for a mother in expressing milk can have a permanent effect on her milk supply, leading to regret at having taken the KIT days.

There was often a lack of preparation on the line manager's part, ahead of the KIT day. Women can be unclear on the rights of the employer and the employee, and who should initiate the KIT days, how the days should work and what to expect.<sup>9</sup> Mothers might not be able to access the building if their passes have expired, leading to the unwelcoming scenario of arriving to find an empty office because everyone else is working from home.

**'KIT days are days that employees can agree with their employer, to work during their maternity or adoption leave, and to help stay in touch with the organisation, such as attending meetings or training'**

It has been known that, in some cases, mothers have not received payment for the days they attended, which is a clear breach of law.<sup>8</sup> This can arise when KIT days are arranged directly with a line manager, without anyone in Human Resources or Payroll being informed. It can also lead to feelings of isolation and anxiety about returning to work by the mother.

Mothers who have to use KIT days to relieve workload pressures or cover work of others when companies are understaffed can feel very used, rather than nurtured, or that the KIT day has added value to them and their return to work.

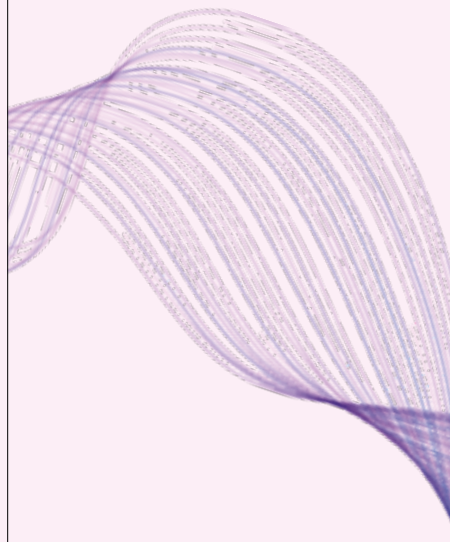
### Benefits

However, KIT days can be beneficial. Indeed, two-thirds (66%) of mothers in Stern's research and 67% of second-time mothers in Sansom's research, found KIT days to be beneficial in some way.<sup>8,9</sup> Many mothers were invited to attend relevant key meetings and training which they found useful. Keeping in the loop and knowing what was happening at work meant they were less daunted in preparing for their return to work. Informal conversations with supportive and empathetic colleagues, as part of the KIT day, helped women to feel that the workplace was still a place to which they belonged.

Overall, when employers were flexible and accommodating of the mother's needs, this led to a more positive experience overall. The impact of the pandemic and the shift to working from home meant that women were able to take their KIT days while working remotely, and this was helpful. One mother explained that this was extremely convenient for her given she was still breastfeeding at the time. However, some women used a KIT day as a true 'dry run' of the commute to work.

### What can employers do?

A positive KIT day experience paves the way for a more successful return



to work at the end of maternity leave. It is an opportunity to make a mother feel valued, to allay anxiety and to instil confidence ahead of her return. Sansom's research showed that small changes by employers could significantly improve the KIT day experience for returning mothers, and help in her overall return to work.<sup>8</sup>

Maternity leave, and KIT days, are often emotional for the mother. Taking an empathetic approach as an employer is key. However, there are also practical considerations to consider. Training a company's managers on what to do before, during and after the mother's maternity leave is valuable. In Sansom's research, nearly all returning mothers found that their relationship with their manager was either important or very important to the success of the KIT days. This means that training for managers is essential to understand the practicalities and the emotions that the employee can experience, and help to alleviate unnecessary anxiety.

Workplace therapists and coaches are well placed to provide training, and to educate managers and organisations about this important transition in a woman's life. It is a time when a little thought and consideration can make a big difference to how a mother returns to work after maternity leave. It is not unusual for managers to benefit from training to understand just how anxious a mother can be about attending a KIT day, or leaving her baby for the first time with a third party. Managers also need to be aware of the sources of emotional and psychological support for staff that are available, either via an in-house service, employee assistance programmes (EAPs) or coaching.

### Closing thoughts

Sansom and Stern's research found that KIT days are a benefit for both employee and employer but that they should not be left to chance. With the right preparation, by both parties, KIT days can be a valuable springboard back into work and re-engagement. Some simple, practical and emotional steps can help the employee and her manager take the uncertainty and anxiety out of this key stage in a woman's professional and personal life. ●

# 82%

**According to the Office for National Statistics (ONS), 82% of women will be mothers by the time they are 40<sup>2</sup>**



# 3 in 4

**In 2022, three in four mothers with dependent children (75.6%) were in work in the UK, reaching its highest level over the last 20 years<sup>2</sup>**

# 450k

**There were just over 600,000 live births in the UK in 2022<sup>2</sup> meaning an estimated 450,000 women taking maternity leave.<sup>2</sup>**

# 22%

**Research from Totaljobs and The Fawcett Society found that approximately 22% of new mothers do not have access to KIT days<sup>7</sup>**



### REFERENCES

- 1 Stewart H. Birthrate in UK falls to record low as campaigners say 'procreation a luxury'. *The Guardian* 2024; 23 February. <https://tinyurl.com/8s9sp82c> (accessed 28 May 2024).
- 2 Office for National Statistics. Families and the labour market. Gov.UK; 2021. <https://tinyurl.com/yc5d54vk> (accessed 28 May 2024).
- 3 Maternity Action. A perfect storm. [Online.] <https://tinyurl.com/p8uz6cm6> (accessed 6 March 2024).
- 4 Chartered Institute of Personnel Development. Employer focus on working parents. [Online.] <https://tinyurl.com/ud7cs8az> (accessed 6 March 2024).
- 5 UK Government. Employee rights when taking maternity and other types of parental leave. [Online.] <https://tinyurl.com/3t7c7ba5> (accessed 6 March 2024).
- 6 Bloom UK (in partnership with Major Players). The great return: a practical guide covering the run up to maternity leave, during leave itself and the return. [Online.] <https://tinyurl.com/bdd335t4> (accessed 6 March 2024).
- 7 Fawcett Society (in Partnership with Totaljobs). Paths to parenthood: uplifting new mothers at work. [Online.] <https://tinyurl.com/3ryzjwhf> (accessed 6 March 2024).
- 8 Sansom C. 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. [Dissertation.] Metanoia Institute (Middlesex University); 2024.
- 9 Stern R (for Bloom UK). Understanding women's experiences before, during and after maternity leave. [Report.] 2021.

If you have an idea for a possible article for *BACP Workplace*, the editor would like to hear from you. Please write to: [workplaceditor@bacp.co.uk](mailto:workplaceditor@bacp.co.uk)



# *What is the best preparation for KIT days?*

## **What can the employer do?**

- Offer managers training on their responsibilities regarding employees taking maternity leave
- Explain what KIT days are and introduce them as an option
- Be clear on the policy around financial compensation
- Ensure that Human Resources (HR)/Payroll are kept informed regarding payment
- Ask the employee about communication modes and timing during her leave (and ensure she knows that there is no right or wrong answer).

During the employee's maternity leave and before the KIT days, managers need to consider whether:

- Her pass will work to access the building (if attending the office)
- Her IT credentials will allow her to log on and access necessary applications
- Colleagues know that she is going to be in so that they can be present
- There is someone responsible for taking her through what has changed during her maternity leave
- There is time in her diary and a place to express milk if she is still breastfeeding.

## **What can mothers do?**

- Before your maternity leave begins, talk to your manager
- Explain your preferred mode of communication during your maternity leave
- Find out if KIT days are an option and plan for them
- Ask about your firm's financial compensation policy
- Be realistic about what you can do during each day
- Make provision for expressing milk if you are still breastfeeding
- Plan for a mix of catching up on work and reconnecting with people
- Seek out networks that could help e.g. parenting groups.

*‘In our research, the mothers often expressed feeling excitement about reconnecting, and pleased about “rediscovering themselves”’*



**Hannah Isted** is the founder of HI Communications, supporting small business owners with their digital marketing. She is the creator of *The Best 90 Days Ever*, a marketing membership which shares a quick, daily prompt that shows businesses how to make promoting their work simple, easy and fun. She has worked with hundreds of small business owners, helping them to increase their online presence through workshops, talks and one-to-one social media management. In her podcast *The Social Sunday*, she shares marketing advice to help product and service businesses get out of their own way and share how brilliant their work is.

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**Title:** *The Best 90 Days Ever* – How 10-minute marketing can transform your business one day at a time

**Author:** Hannah Isted

**Published by:** Practical Inspiration Publishing

# Books



In *The Best 90 Days Ever* – How 10-minute marketing can transform your business one day at a time, author and marketing expert, **Hannah Isted** offers a fresh approach to marketing your business. She talks to **Nicola Banning** about how 10 minutes a day could make all the difference

**NB:** I found your enthusiasm for marketing infectious. Where does your interest come from?

**HI:** Thank you so much! It originally started when I was at university studying event management. I realised that I loved organising events, but I loved telling people about them even more. I knew I wanted to be self-employed so I started HI Communications. At the time, I noticed there was a gap for marketing for small businesses. Fast forward seven years, and as my business grew and social media platforms were changing, I wanted to find a way to help even more business owners. In 2021, I started my 10-minute marketing membership, *The Best 90 Days Ever*.

I love the idea that if I can demonstrate to others how much I enjoy promoting my own business, some of that enthusiasm will show them that

marketing doesn't have to be boring or intimidating. It can genuinely be a fun part of your day.

**NB:** Why is marketing so often a part of the business that is neglected for the self-employed?

**HI:** I'm not sure it's so much a part that's neglected, it's always there and people know that they generally can't have a successful business if they don't tell people about it. But it seems that marketing is a task that falls to the bottom of the to-do list each day, either because there are more important things to be doing, or we just don't know where to start.

That's why I've found the concept of *The Best 90 Days Ever* works so well, because it takes away the decision of how to promote your business each day. You open the book and the task is right there in front of you. It makes it harder to talk yourself out of it.

**NB:** How did you arrive at the concept of 10 minutes a day?

**HI:** I've found that the majority of business owners overestimate how long marketing tasks take to complete. Part of that time can be procrastination or overthinking, and part of it is assuming that marketing tasks need to take a long time for them to be effective. I've found that just isn't true, marketing can be very quick and easy.

As someone who drinks a lot of tea each day, I noticed each time the kettle was boiling, I was getting my phone out to stand there and scroll, instead of doing something useful. While it didn't seem like a big deal to spend 10 minutes scrolling, when you notice how many of these pockets of time there are during the day, like standing in a queue, or waiting for a friend, it adds up to hours instead of minutes. I wondered what would happen if I spent those 10 minutes doing something useful that could move my business forward.

It turns out, the answer was quite a lot! Three years later and I haven't stopped! We need to trust ourselves that we **can** get things done quickly and we **do** have something useful to share with our audience, even if it only takes us 10 minutes. Whether you're finding yourself scrolling on your phone, or you are so busy throughout the day that you think you don't even have time to stop for a cup of tea, I think we can all find 10 minutes for our business.

**NB: Your book offers daily tasks for small businesses over 90 days – who were you writing your book for?**

**HI:** I'm always writing for people who **want** to promote what they do, but don't know where to start or struggle to come up with ideas. I work with people who know they need to be more visible and are ready to try something new to grow their audience.

Lots of business owners don't want to post online because they think they're too salesy, they have nothing useful to say, or they don't want to share too much about themselves or their clients online. But that's the great thing about marketing, you get to decide what your boundaries are.

There are 90 actions in the book but I'm very open that you won't do them all. I tell everyone that joins, 'take what you need and leave the rest'. You get to choose which parts of marketing play to your strengths, whether you are better at writing a blog post or you can easily talk about your subject on a podcast. Some tasks won't be a perfect fit, but they will often spark an idea that does feel like a way to promote your business.

**NB: What is your best advice for workplace therapists who want to promote their services but don't know where to start?**

**HI:** I always start with what you enjoy and feel like you could easily speak about if you were in a room with someone, and they asked you a question (which I expect you often are!).

One of my favourite tasks in *The Best 90 Days Ever* book is the mind map task.

You write your name or the name of your business in the middle of the mind map and let yourself write down everything you know or could speak about. Nothing is too big or too small, but as you start to put pen to paper, it will show you there is so much you could create content around and you won't be short on ideas.

We all have a unique way of talking about a subject, so even if you are sharing something that you think people have heard before, they haven't heard the way **you** talk about it. Try writing a post or an email about your favourite topic

with no expectation that anyone is going to read it.

Worst case scenario – you've had good practice at writing. Best case scenario – it's ready to share or there are parts you can reuse and repurpose.

**NB: You encourage people to batch create content for marketing their business. Can you explain what you mean by this?**

**HI:** Batching means creating multiple pieces of a similar type of content at the same time. This could be seeing how many posts you can write in the next hour, or giving yourself time to work on blogs or emails, or recording your face to camera videos while the lighting is good. It's great because you can focus on one task at a time and give yourself the chance to get into a flow. You're not swapping between tasks and losing time or concentration. When you've created your content, you can add it to your 'library' wherever you store your content ideas.

**NB: Do you have any tips for the camera shy (who may simply rely on reputation and word-of-mouth recommendations for new business) about how to create authentic video content?**

**HI:** Video content is important but it's not the be-all and end-all of content. If you are really struggling with video content, don't force yourself to use it as a marketing tool, or give yourself the chance to practise before you do. I'd much rather you showed up in a way you felt comfortable with, than gave up on marketing because you dislike video content.

That said, I **love** to use video as part of my marketing plan because it is so quick. If you do a live video for 10 minutes, that's how long it takes. Video is great because it gives people the chance to get to know you, hear your voice and experience what it's like to chat with you, which could really put people at ease if they are speaking to a therapist for the first time.

If you're trying video and feeling camera shy, build up your tolerance at the beginning. Start by posting a picture of you on your stories, then try a video with your voice in the background. When you're ready to do face-to-camera videos, practise first

by filming it using your phone camera, rather than within the Instagram app. It doesn't matter if it takes 10 tries or you're reading from a script, you're just getting used to seeing your face and hearing your voice. If you're ready to progress to live videos, the 'practise' function on Instagram is brilliant, and it means you can try the tech and have a go without anyone seeing you.

**NB: Are there any success stories that you can share of how 10-minute marketing can make a difference to a business?**

**HI:** I know it's a cliché but everyone who joins *The Best 90 Days Ever* and tries even one new task is a success story to me. There have been clients who have won large work contracts, started their own email newsletters, created offers and programmes, or come back to promoting their business again after having a baby or a break from work.

**NB: For anyone feeling stuck about how to market their business, can you suggest three simple steps to generate some energy to do things differently?**

**HI:** Absolutely. It feels like it's frowned upon to have fun with your marketing but it's definitely possible to bring energy when you're promoting what you do!

1. Start with what you enjoy. Think about that topic from earlier and do something that is going to spark up your interest again. It could be having a conversation with a colleague, listening to a podcast or watching a YouTube video on it. What's going to get the ideas flowing again?
2. Play to your strengths. Nothing is more frustrating than spending hours trying a marketing platform that you find difficult. If you're good at writing, let yourself write. If you're good at video, record some videos. Do something that comes to you with ease so that you aren't wasting your energy.
3. Use something you've shared before. Your best content is probably something you have already shared, you don't need to reinvent the wheel each time, especially if there are certain topics you share on repeat. Go and find a post from this time last year and share it again. I can't even remember what I shared last week so it's unlikely your audience is going to remember what you shared 12 months ago.

Most importantly, enjoy it. Your audience is waiting to hear from you and find out more about your business. You have so much knowledge to share, why not put it out into the world and see what happens? ●

Do you have a query or issue about your work that you'd like some help with? Please email the editor: **workplace editor@bacp.co.uk**

# Q&A

## How can we incorporate single session therapy (SST) into our workplace counselling service?

**“ I manage a public sector in-house counselling service that provides access to counselling for over 8,000 employees. Staff also have access to an EAP. Our service is always under pressure to do more with less, and we constantly need to justify our rationale, efficacy and budget. The team and I have been contemplating offering SST as part of our broader offer to staff, and we are considering the merits and drawbacks of introducing SST. What should we consider to help us decide whether or not to incorporate this model into our service?”**

Thank you for your question which highlights your wish to keep reviewing developments in counselling models – this is, of course, essential to our practice, both as independent practitioners and as service managers outlined in BACP's *Ethical Framework*.<sup>1</sup> It also reflects ongoing demands to manage limited resources, innovatively and creatively, assessing service demand, with client needs and expectations.<sup>2</sup> These have to be balanced with a professional and ethical desire to develop what our services can offer.



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### What is SST?

Sometimes called 'One at a time therapy', Windy Dryden describes SST as: 'A purposeful endeavour where both parties set out with intention of helping the client in one session, knowing that more help is available if needed.'<sup>3</sup> It has been around for longer than many of us may imagine – in fact, it was first being used by Sigmund Freud most famously with Gustav Mahler in 1917, then in Carl Rogers' famous session with 'Gloria' in the 1960s, and as a more formative model in 1990 developed by the American psychotherapist, Moshe Talmon.<sup>4</sup> Interestingly, Dryden has recently written a substantial amount of literature promoting and advocating SST, and should you choose to proceed, you may find his work informative.

Perhaps we should start by thinking about the basic premise of SST – in that a client attends once and usually only once. The premise of SST turns almost everything we may have hitherto understood about therapy and the therapeutic relationship on its head. So, what evidence is there for its efficacy?

In 1990, the research conducted by Talmon showed that 68-88% of clients who only attended one session indicated a satisfaction with that session, establishing SST as an effective and

ethical model. However, a systematic review in 2023<sup>5</sup> concluded that further research would be helpful to establish the characteristics of clients who benefit most from SST.

## Fundamental principles

It's worth reflecting on the two fundamental principles that apply: the first being that the client chooses to engage with SST if it is offered, having been fully informed of the process, reminding us that BACP's *Ethical Framework*<sup>1</sup> and the Workplace Counselling Competence framework<sup>2</sup> require clients to be given accurate information of what a service offers. The second fundamental principle is that if the client wishes to have a further session(s), this/these should be offered.

## First and only session

A unique premise of SST is that, given **every** client who attends therapy attends a first session, and this can be used to its full capacity using the methodology of SST. They may go on to attend some or many more, but that first session can be and is an effective one. It is the manner and matter of that one session, and its potential to have an impact, that is necessary and sufficient for a positive outcome.

As a service manager, a crucial element of your work is to be mindful of and to manage the three-cornered contract between the client, counsellor and organisation,<sup>2</sup> and the Workplace Counselling Competence framework (Section 2.2) highlights this aspect of working in an organisational context.<sup>2</sup> You ask about both the merits and the drawbacks, and I have responded by looking at this from the perspective of the client, the counsellor and the service.

## Merits of SST

### For the client:

- Help is offered at point of need and not at the point of availability
- The client is seen quickly without commitment to other appointments
- Harnesses the spontaneity of the client at the moment of need and motivation
- Maximises the effectiveness of the session
- Opens a door to further help if required
- It is collaborative but retains client autonomy
- Establishes/reinforces a problem-solving approach to issues, enabling the client to transfer what they have learned to reflect on other issues.

### For the counsellor:

- Offers immediate help to those seeking it (therefore not adding to waiting list pressures)
- Engages the client quickly and enables the therapist to respond at the point of need and assess risk
- SST has a high probability of client satisfaction and solution
- Serves as a point of onward referral (if required).

### For the service:

- The service is responsive at the point of need
- It is welcomed by commissioners as it makes effective use of resources and can reduce costs
- It is an ethical and effective format as clients are fully informed before choosing SST
- SST is an additional offer alongside existing counselling services. The drawbacks of SST are few, if any, and these are better described as significant considerations to be taken into account by client, counsellor and service provider.

## Considerations for SST

### For the client:

- The client must be fully informed of the process and give informed consent – this relies on adequate communication from the service provider
- SST will not suit every client
- The client may feel they have 'failed' if they return
- SST only looks at one issue.

*'Rapid access to support is perhaps the key element that clients so often seek'*

### For the counsellor:

- Counsellors need to adapt to the mindset of SST and familiarise themselves through CPD. The Workplace Counselling Competence framework<sup>2</sup> (Section 9.3) is particularly relevant
- It is a big shift in therapeutic relationship building/therapeutic style which may not suit all
- As a drop-in service, it might not be fully used which may leave appointments unfilled
- For those services or counsellors paid per session, it may correlate to loss of income although their sessions may be filled with many SST clients.

### For the service:

- It requires planning and diligence in setting up and delivery to ensure each client is fully informed
- Identify a willingness from individual counsellors who are offered

appropriate training. See Workplace Counselling Competence framework<sup>2</sup> (Section 9.3)

- Effective monitoring and a process of reviews should be in place.

## How does SST sit within a workplace counselling context?

I am sure, from your experience as a service manager, you will recognise that often workplace counselling clients who access support are motivated and bring their problem-solving skills with them. With this in mind, such clients are open and willing to engage quickly with SST, given clear and unambiguous information about the approach. For service providers who are designing a range of service offerings, SST can sit well within a workplace approach that might include time-limited counselling, a coaching model, critical incident support and psychoeducation groups. Rapid access to support is perhaps the key element that clients so often seek.

## Summary

The recent rise in the popularity of SST is a positive one that, treated with the correct preparation, information given to the client and training for counsellors, is a progressive development about the way in which we think about delivering therapeutic services in the workplace. ●

## REFERENCES

- 1 British Association for Counselling and Psychotherapy. *Ethical Framework for the Counselling Professions*. Lutterworth: BACP; 2018. [Online.] <https://tinyurl.com/2pdab2f8>
- 2 British Association for Counselling and Psychotherapy. *Workplace counselling competence framework*. Lutterworth: BACP; 2021. [Online.] <https://tinyurl.com/28m7kvt2>
- 3 Dryden W. *Single-session therapy: distinctive features*. Abingdon: Routledge; 2019.
- 4 Talmon M. *Single-session therapy: maximizing the effect of the first (and often only) therapeutic encounter*. California: Jossey-Bass; 1990.
- 5 Kim J, Ryu N, Chibanda D. Effectiveness of single session therapy for adult common mental disorders: a systematic review. *BMC Psychology* 2023; 11: 373.

### *For further information:*

The Workplace Counselling Competence framework recognises and supports the roles of workplace counsellors and enhances professional standards. You can access the framework at: <https://tinyurl.com/5n86ma3e>

## Cyberwork

# We've come a long way

**Sarah Worley-James**



I sit down to write this in my garden on a beautiful sunny day in early summer. I can hear a blackbird singing, and see the sparrows and bluetits crowding around the feeders. It is peaceful and I am full of hope for the start of summer after the long, wet spring. What I see, feel and hear all around me are the beginnings of new life, growth and the promise of a continuous future, whatever life may hold for us.

But as our profession knows well, endings go hand in hand with beginnings – which brings me to write my final column of 'Cyberwork', after eight years at the helm. What a time of great change it's been, both personally and professionally, and especially in the world of online therapy. The pandemic created an opportunity for new ways of connecting across professions, including ours.

And so, what was once a niche, little-used form of communicating and facilitating the therapeutic process, working online has since become a recognised, valuable and creditable way of accessing and delivering counselling. Now taught on pretty much all counselling courses, it has opened up access to therapy for many more people. I celebrate this change – while also feeling concern about whether the levels of training and skill, that are necessary to work ethically and effectively online, are really understood.

My journey has taken me down many new paths in these last eight years. I became a mother just a few months before I started writing this column. I began working online with trauma and neurodivergent clients. I wrote my book, *Online Counselling – An Essential Guide* and became the Counselling Service Manager at Cardiff University.

And, just a couple of weeks ago, I was diagnosed as having ADHD.

Recognising my neurodivergence has been a long and gradual journey of self-discovery over many years until all the pieces suddenly fell into place – it was a lightbulb moment. People who knew me were so unsurprised. So many of my struggles throughout my life now make sense, and it became obvious why I have always been able to connect so well with neurodivergent clients and supervisees.

**'But as our profession knows well, endings go hand in hand with beginnings – which brings me to write my final column of 'Cyberwork', after eight years at the helm'**

My initial response to recognising my neurodivergence was one of liberation, relief and excitement. It explains why I struggle with focusing. How many times have I put my laptop down, distracted by the voice in my head saying, 'I must just put a wash on'. Or a noise I just had to investigate or an email I had to send before I forget again? It explains why I think at a million miles an hour because I have a 'butterfly brain', or as someone described ADHD recently: 'It is like having lots of trampolines in the brain that thoughts bounce on and off in every direction, lost before you can get a hold of them.' It explains why I love, and need, the variety of managing a team, being in private practice, writing this column, as well as books, articles and organising my first conference

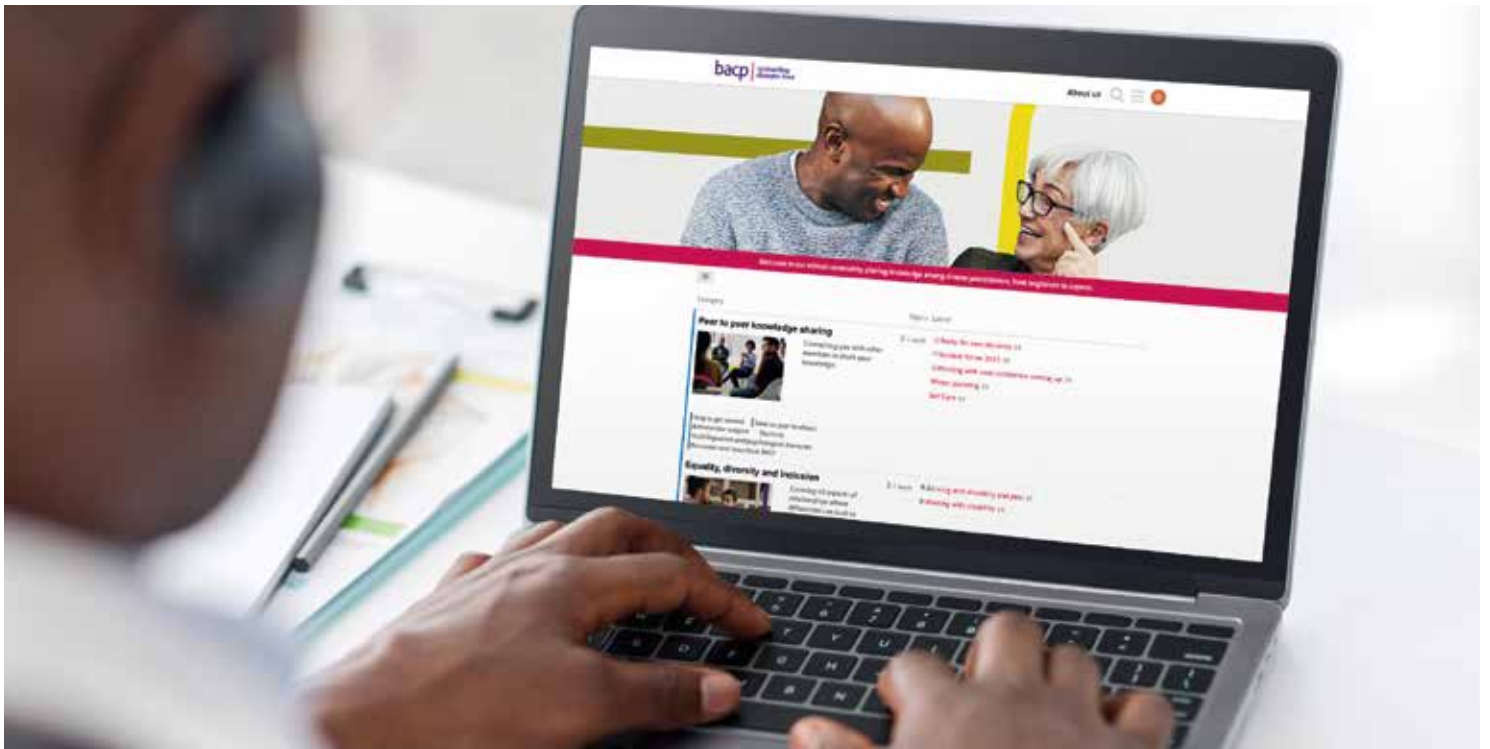
later this year titled, 'Unmasking Neurodiversity' at Cardiff University. It will be a space to explore both the neurodivergent client and counsellor perspectives, for there are many of us in the profession who are neurodivergent. It's serendipity that I chose the topic of this conference just a few weeks before everything clicked, and I realised that I am neurodivergent.

I still have much to process, with the help of my wonderful counsellor – online of course! But finding the right counsellor for me, and the best I have ever worked with, demonstrates to me again an important benefit of working online – of not being restricted to the pool of available counsellors geographically, and so I'm able to find the right fit, regardless of location.

I have 'ah-ha' moments pretty much every day, so this journey can be a little overwhelming at times. I am fortunate that my interest and focus on the value and vitality of self-care are helping me to manage it all, along with having an incredibly supportive and understanding manager.

I have always believed that we need to be open to opportunities, new beginnings and possibilities, to see where they may lead us. My journey of self-discovery is a huge beginning, full of promise and liberation, as I am unmasking everywhere – having not realised how much masking I was doing. So, while I have some sadness at this being my final column, I am full of anticipation for where life will take my future self – and as I look back and say 'goodbye', I find myself thinking that we've come a long way. ●

**Sarah Worley-James is the Counselling Service Manager at Cardiff University and author of *Online Counselling – an essential guide*.**



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