

# University & College Counselling

For counsellors and psychotherapists in further and higher education

## Fifty years of student counselling

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Deep roots of an  
evolving profession

+

### **Omnichannelled therapy:**

it's counselling – but  
not as we know it

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### **The dog that became a doctor:**

recognising animal-  
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# From the Editor

**David Mair**

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**A** few years ago, counselling was a word which fell strangely on British ears... Now, however, the word seems to be on everyone's lips and nowhere more often than in our universities and institutions of higher education. Scarcely a month seems to pass without students somewhere clamouring for a student counsellor or protesting at the inadequacy of the more traditional forms of pastoral care.<sup>1</sup>

If you had to guess, when do you think these words might have been penned? This year? Last? Certainly, they seem to reflect current reality and the pressure for 'more counselling' that universities, colleges and 6th form colleges constantly face. In fact, they come from the book, *Student Counselling in Practice*, written in 1973 by the then staff of Keele University's 'Appointments and Counselling Service'.<sup>2</sup> I found it strangely comforting to realise that possibly the good old days weren't quite as easy as we imagine. Perhaps there has always been an uncomfortable fit between counsellors and the institutions that employ them? Maybe there have never been enough counsellors to satisfy demand from students? Whatever the situation, these words seem remarkably prescient and describe a situation all too many of us recognise today.

Nevertheless, the fact that these words were written over 45 years ago testifies to the longevity of student counselling as a profession and should – I believe – help us to stop, and take stock of just how much we, and those

who built the foundations of this profession, have achieved in what is now five decades of existence. In the helter-skelter madness of our busy lives, and especially as our institutions face great uncertainties in the months and years ahead as a result of the COVID-19 pandemic, it's all too easy to forget the challenges overcome, the achievements attained – and the sheer value of the work we have all done in supporting students of all backgrounds to attain their longed-for academic outcomes. In this issue, we have several contributors who invite us to pause and reflect on our roots – on the work of those who 'came before' – and to take pride in the continuing work that supports the mental and emotional wellbeing of students.

*Student Counselling in Practice* opens with these words: 'Our debt to those who have either trained or influenced us in other ways is enormous... Without them we would not be the people we are...' We are standing on the shoulders of some determined, compassionate and downright forceful individuals who paved the way for modern student counselling. I feel a sense of gratitude for what they achieved, and for their legacy, which continues today.

So, take time to reflect; appreciate what we have all achieved. And here's to the next 50 years! ■

## REFERENCES

1. Newsome A, Thorne B, Wyld KL. *Student counselling in practice*. London: University of London Press; 1973.
2. Bell, E. In the beginning... archaeological evidence of life before AUCC. *AUCC 2010*; September: 7-15.



**CORONAVIRUS:**

## Returning to face-to-face work – guidance for members

Almost 80% of members who responded to BACP's recent COVID-19 survey reported losing significant and unsustainable levels of income due to lockdown restrictions, notably the loss of face-to-face working.

Several announcements were made by the UK Government in June about the further easing of lockdown measures, which offer the potential for some to return to face-to-face work.

However, with each of the Four Nations taking a different approach, the landscape of guidance was quite confusing.

To help members, BACP compared the social distancing restrictions, guidance and proposals in each part of the UK, offering key messages for our members to consider alongside practical considerations of returning to face-to-face working.

➔ **Read more on the BACP website:**

[www.bacp.co.uk/news/news-from-bacp/coronavirus](http://www.bacp.co.uk/news/news-from-bacp/coronavirus)



# Notes from Colleges



It is well reported that further education and sixth-form college students are disclosing higher levels of clinical distress, and in

greater numbers than ever before. Even though this demand was starting to emerge back in the early 1970s, it is now occurring at a global level. Despite this, I am conscious that funding for FE provision still seems to be relatively low, although very recently there was the inspiring decision taken by the Scottish Government to provide funding for counsellors in every educational institution across the country. It feels that there is, finally, recognition of the need to support the mental health of our FE population and to acknowledge the emotional complexities that these students often experience on their college journey.

I am conscious that with funding comes the need for robust feedback measures and evidence-based outcomes to demonstrate the impact made by any increase in counselling provision. This is often easy to gain anecdotally, but not always as hard statistical data – especially where not every institution has reliable client record management systems in place. With this in mind, it is incumbent on us all to capture the great work that we do via robust, formal recording means.

It also strikes me, working within FE, just how flexible and dynamic counsellors have to be. In my 15 years working in this sector, there have been a number of new objectives and directives into which I have had to mould my working practices.

This is a short space of time, relatively speaking; when you think about the last 50 years, one could say there have been momentous changes. The recent pandemic has brought a whole new challenge to us all, having to find new and flexible ways to engage students while working online and, for a number of us, getting to grips with technology in a way we have never had to before. I imagine we will continue to need to do so as we go forth into the new academic term.

As I often say to my counselling students: 'Get comfortable with the uncomfortable'. I guess that is what we all need to do for this new term – to be OK sitting with the uncertainty of the new norm.

**Allie Scott**

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## COVID-19 and children, young people and families

Our Children, Young People and Families' (CYPF) Lead at BACP, Jo Holmes, alongside BACP CYPF divisional network members and Natalie Phillips (MBACP), urged Westminster to fund a school and college counselling service in England in line with the rest of the UK.

A letter was sent to Gavin Williamson, the Secretary of State for Education, outlining a number of key school-based counselling campaign asks.

Jo and Martin Bell, our Deputy Head of Policy and Public Affairs at BACP, met officials from the Department for Education, alongside a representative from the Department of Health.

They shared our vision and costings for a nationally funded school counselling programme, partly in response to the rising mental health needs of CYPF during the pandemic, but also to meet the needs that existed before COVID-19.

**➔ Read a copy of the letter on BACP's website:**

**[www.bacp.co.uk/news1-6-20](http://www.bacp.co.uk/news1-6-20)**

## Notes from HUCS



We have some sad goodbyes from the HUCS Executive. I would like to thank Val Watson and Ronnie Millar for their skilled and valuable input as members

of the Executive. You will both be much missed and remembered fondly. And, as the sector celebrates the 50th anniversary of the Association for Student Counselling, we welcome some new faces to the HUCS Executive: Jane Harris, Allie Scott, Lorraine West and Marie Kan. I look forward to working together.

The past few months have been exhilarating, anxiety-provoking and fast-paced. There has been a tremendous sense of 'pitching in' and doing things differently. Recently, HUCS held three online 'Learning from Lockdown' events, delivered via Zoom. In these short

sessions, we shared our experiences as service managers. I learned a lot about what community means and about how important it feels: it was good to see so many faces and hear a variety of voices. I felt a great sense of belonging to something larger than my own institution. We hope to hold more online, as well as face-to-face, meetings in the future.

George Floyd's death rightfully triggered protests around the world. In June, HUCS reached out to our American counterparts in the Association for University and College Counseling Center Directors. We sent a statement of solidarity and commitment to reflection, self-challenge and responsibility for change: below is an extract from that statement.

'As Heads of University Counselling Services in Britain, we would like publicly to speak out to express our sadness, anger and compassion. We are all affected directly or indirectly by the continuing structural and systemic race-based injustices and practices that occur not only in other countries but also in Britain.

'We recognise that as a counselling sector we still have a great deal of

work to do. Our training structures and organisations continue to underrepresent black counsellors, and our universities continue to report an 'attainment gap' in which minority ethnic students do less well than their white peers. Our sector has very few black heads of service and we recognise that we need to continue to ask ourselves why and to own our part in identifying and dismantling the visible and invisible barriers that play a part in this.

'Black Lives Matter, and while racial oppression and injustice persist, we want to speak out against injuries perpetuated as a result of racism, bigotry and discrimination.'

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# Notes from the Chair of research SIG



After months of coronavirus restrictions and a radical change in most therapists' counselling practice, it is a welcome task to stand back

and reflect on the work of student counselling: to celebrate the profession's continual ability to creatively adapt to change. Our collective response to the pandemic is an example *par excellence* of the resilience and resourcefulness of services and practitioners, and these qualities shine through time and again in our continuing evolution as a profession.

This year marks 50 years of the professional representation of student counselling. The Association for Student Counselling (ASC) – founded in 1970 – subsequently became BAC and then later BACP, and is now the largest professional body for therapists working in UK further education, sixth form colleges and universities.

Throughout 50 years of BACP UC (formerly AUCC), there has been considerable evidence of the profession's ability to adapt to the demands of context-specific and wider sociocultural pressures. The range of progressive benefits for UC members – including the competences framework, *University & College Counselling* journal articles, and the JISC Mailbase, to name but a few – show a deep commitment to championing the work of student counselling in the face of increasing complexity, challenge and scrutiny.

Much of the divisional work undertaken, irrespective of changes in name, structure and/or strategic objectives, demonstrates an ongoing commitment to represent the profession at local, national and international levels, and to respond to new and ever-increasing demands of working and delivering effective support to an increasingly diverse student population in a 21st century institutional culture, often driven by principles of marketisation.

What stands out very poignantly when reviewing the literature, published reports and guidance of the last decades is the huge contribution that BACP and BACP UC divisional members have made to this body of work – more often than not, in a

voluntary capacity. Over the five decades, there have been numerous books, journals and peer-reviewed articles dedicated to the nuances of student counselling. All serve as an archive – the historic documentation of hard, work-based conundrums responded to time and again, whether as a result of a changing student profile, more complex mental health needs, or by developing creative forms of support, with minimal resources, in response to institutional need. The work quietly and consistently continues to rise to such demands, and often tolerates a lack of expressed appreciation from the institutions we serve – much as in therapy. As current Chair (2018–2021) of the Research special interest group, I'm proud to be part of a growing commitment within our profession to undertake the research that will underpin our work and reputation as we move forward from this significant milestone in our collective history.

It is important for us all to take this moment of reaching half a century, to celebrate belonging to, and collaborating among, such an innovative community.

## **Afra Turner**

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# Oaks from acorns:

the early days of a student  
counselling pioneer

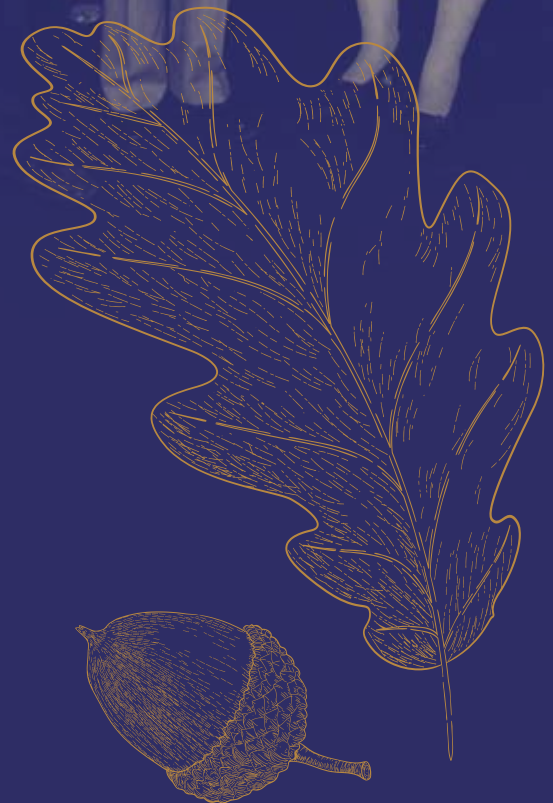






Photo courtesy of Mark Fudge

**Left:** Audrey's retirement in 1983. Audrey is pictured centre, front row

The student counselling service at Keele University was the first such service to be formally established in a British university, by **Audrey Newsome**. One of the counselling team from the mid 1970s to the early 1990s, **Rita Mintz**, reflects on the early pioneering developments at the university, and **Mark Fudge**, current Head of Counselling, offers his insight into how those early visions permeate the service today



**A** celebration of 50 years of the creation of the Association for Student Counselling would be far from complete without returning to the roots of student counselling in the UK. With the passage of time, and the numerous developments that have occurred in the counselling world over the past half century, it is easy to lose sight of pioneering initiatives, and the pioneers themselves, that have provided the firm foundation for what is largely taken for granted today – the bedrock upon which current student counselling services has been built. There are numerous tributaries to such developments, and many individuals have played a significant role in the establishment of contemporary student counselling provision. In the 1950s, the foundations were being laid by Mary Swainson, at what was then the University College of Leicester. To help shine a light on one of the major influences since then, we would like to offer our perspective on the emergence of Keele University's Student Counselling Service, the first fully developed provision in the UK, established by Audrey Newsome in 1964. This article arose out of a meeting between Audrey, Rita Mintz and Mark Fudge, which took place on a dark winter's night in 2014 and was very much a meeting of three generations sharing experience of the same institute across 50 years of student counselling.



Above:  
Audrey  
Newsome

### Audrey Newsome: pioneer and visionary

Audrey came to Keele in the striking winter of 1962 as Deputy Head of the then Appointments (Careers) Service. She had thought that she would never obtain the position, assuming that one of the four male candidates for that post would surely be seen as more qualified and suitable. Indeed, she later recalled that one man had already been told that the job was his and at the time he was looking for accommodation for his wife and child. This was a time, we must remember, when women’s opportunities were much more restricted than their male counterparts: the Sex Discrimination Act was not passed until 1975. This therefore sets the scene – a woman securing the position over the heads of four well-qualified men. To her relief, they were gracious in defeat and wished her well. We can only surmise that the interview panel, made up of, among others, the then first Vice-Chancellor, Professor Harold Taylor, saw a quality in Audrey which trumped other considerations. Perhaps it was Audrey’s capacity to challenge, create and

inspire, which resonated with Taylor’s ability to think outside of the constraints of one discipline, alongside a disposition for human understanding. He, and other members of that panel, had seen something in Audrey that led them to believe that she had the potential to take the service forward in a way that was consistent with the values of a relatively new and developing institution. They were not wrong. Within a few months, the then departmental head, historian Hugh Leach, stood down and Audrey took over leadership of the service.

To place this new service in a wider context, it is important to recognise the developments that were taking place at the time. This was a period of post-war rebuilding, and Keele was one of the new ‘plate-glass’ universities established at a time of expansion of higher education. The university was mainly contained within a 19th century country house, vacated prior to the war. With fewer than 1,000 students, this was a close-knit community, with all students, and many staff, living on campus. It had a strongly individualistic character and soon earned the nickname

‘The Kremlin on the hill’ among the local community, which at the time consisted of pottery, coal and steel industries.

In stark contrast to established, traditional universities, the Keele ‘experiment’ involved a four-year degree programme, including a Foundation Year in which students took a mixture of arts, social science and science courses. It was only after this first year that they specialised in a major and subsidiary subject. The idea was to get away from narrow specialisation and instead to promote a more rounded education, enabling graduates to have the flexibility needed to meet the challenges of the day. Students therefore were presented with choice. They were also living in close proximity to one another, and alongside academics, with all the potential benefits and challenges that this presented.

It was to this environment of a fledgling institution, open to innovation and experimentation, that Audrey brought a clear vision of the essential ingredients needed to enable students to thrive in their studies and be best prepared to face the challenges of life and work that lay ahead. She held the firm belief that emotional and psychological needs were as important as academic. Audrey saw the whole person and the wide range of developmental considerations that needed to be nourished in a growth-producing environment.

It should also be said that Audrey’s beliefs and strong commitment to fostering the holistic development of the individual were impacted by her experience of working in the Youth Service, where she clearly recognised the shortcomings of a system which she believed paid insufficient attention to the wider developmental needs of the young person. In an effort to be better equipped to meet such needs, she secured a place on the master’s degree programme in Counselling Psychology at Columbia University in New York. Having secured a Nuffield scholarship, which was subsequently halved to only £500, she sold all of her possessions to raise funds. Audrey later recalled that she had \$2 a day to live off – and lunch cost \$1.35. She received great kindness from her peers. This was a fertile ground for building upon her developing ideas and beliefs. She not only benefitted greatly from the course, but also met many inspirational figures, including Carl Rogers and Gilbert Wrenn, whose ideas and humanity deeply resonated with her. It also needs to be remembered that the post-war period in the US was a time of optimism and moving forward, and in the world of counselling and

psychotherapy, psychodynamic and behavioural paradigms were being challenged by the humanistic movement – the ‘third force’ in psychology – which was suggesting new and exciting possibilities for unlocking human potential.

These influences were combined with Audrey’s tenacity, courage, fighting spirit and vision, and were echoed by an institution which was young, vibrant and had sufficient resources to support new initiatives. Audrey, with her firm

vision in mind, presented Harold Taylor with a paper – two sides of A4 – proposing the development of a counselling service to complement and be integrated with the current Appointments Board. Professor Taylor’s response was: ‘*This is the most exciting thing I’ve seen in years... What staff do you need?*’. Such a response today, in more conceptual and financially restrained times, might seem unthinkable. Audrey always

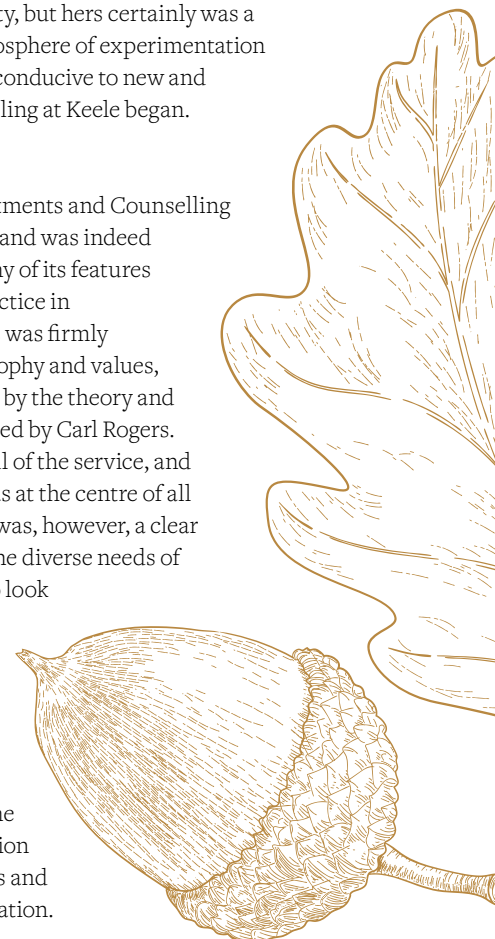
maintained that ‘*Chance favours the prepared mind*’. Perhaps this wasn’t chance or serendipity, but hers certainly was a ‘prepared mind’ within an atmosphere of experimentation and understanding which was conducive to new and innovative ideas. Thus, counselling at Keele began.

### Early days at Keele

The Service (called the Appointments and Counselling Service) evolved over the years and was indeed visionary in its day. In fact, many of its features would represent exemplary practice in contemporary times. The ethos was firmly grounded in humanistic philosophy and values, and was pervasively influenced by the theory and practice of counselling developed by Carl Rogers. This was the very heart and soul of the service, and the counselling relationship was at the centre of all therapeutic encounters. There was, however, a clear recognition that to fully meet the diverse needs of its clientele, it was important to look beyond any one particular counselling school and to embrace a wider spectrum of approaches that could be integrated with its guiding philosophy and principles. We mustn’t forget this was in the day when there was much division between therapeutic modalities and little in the way of cross-fertilisation.

“ **There was a strong emphasis on outreach activities – another clear forerunner to sound contemporary practice and something which would be immediately recognisable today** ”

”





**Above:** Audrey with Mark Fudge (left) and former Keele VC, Professor Nick Foskett at the naming of the Newsome building

In today's world, this more inclusive perspective seems consistent with the current move away from 'tribalism', and it could be argued that it bears some resemblance to pluralistic counselling, advocated by writers such as Cooper and McLeod.<sup>2</sup>

So, the focus was on the whole person – an integration of academic, vocational, personal and social dimensions of students' experience. It was a forerunner of what we might now call an embedded service. Developmental processes, such as the transition to university, relationships, sexuality, academic challenges and career choice concerns, were key presenting issues of many of the clients who utilised the counselling provision. While this was a considerable focus of the service, it was also able to address the needs of those who presented with deep-seated distress and serious mental health issues.

Accordingly, much of the counselling was relatively short term, but there was also clear provision for meeting long-term and ongoing needs. It was for the counsellor and client to decide how many sessions were needed, and this

was regularly reviewed as the counselling process evolved. Thus, there were no external restrictions on what could be provided, and the generous staffing ratios meant there was no need for a waiting list. Counsellors today might be quite envious of such abundance of provision.

In addition to individual counselling, the service offered a range of group sessions. These were considered to be part of the wider educational experience that could contribute to the development of the whole person, and in many respects could be seen as preventative provision. Group offerings focused on areas such as transition to university, vocational exploration, study skills, stress management, social skills and mature student needs. There was a strong emphasis on outreach activities – another clear forerunner to sound contemporary practice and something which would be immediately recognisable today.

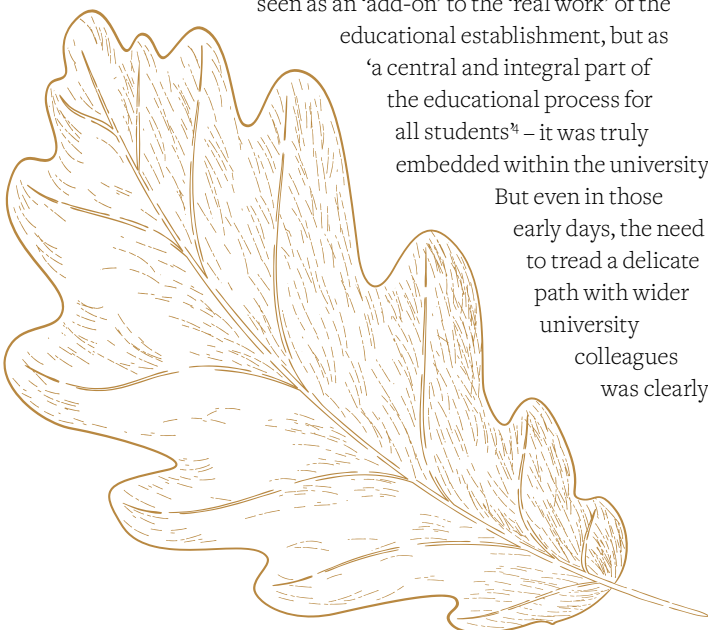
While formal supervision requirements were not yet established, and there were no supervisors around in those early days of student counselling, the Keele Service could be seen as a harbinger of such developments.

Regular ‘case conferences’ were held to explore client work and any issues this raised for individual counsellors. This was in addition to monthly sessions with a consultant psychiatrist, who provided valuable support. There was also a strong emphasis on counsellor self-care, affording protection for both clients and counsellors. The ethos of the service was supportive and caring and provided valuable opportunities for reflection, learning and ongoing personal and professional development. We can look back now and see how much thought was given to the many dimensions of sound ethical practice, prior to the emergence of professional ethical frameworks. In addition, the team comprised highly qualified therapists (difficult to find in a day when counselling training was still in its infancy) who brought their own particular specialism, combined with a fundamental commitment to the education of the whole person, and to the guiding principles and ethos of the university. This helped create the nuanced, embedded service familiar today, and which seems to indicate that this model is the most beneficial to both students and institutes.

The relationship between the counselling service and the wider institution was also a prime consideration in

Audrey’s pioneering vision. Counselling was not seen as an ‘add-on’ to the ‘real work’ of the educational establishment, but as ‘a central and integral part of the educational process for all students<sup>4</sup> – it was truly embedded within the university.

But even in those early days, the need to tread a delicate path with wider university colleagues was clearly



recognised. Then, as now, relationships with all members of the university community – academics, university health service practitioners, administrators, chaplains, welfare staff, student union leaders, porters – needed to be nourished to minimise any sense of competition or threat, and to establish collaborative ways of working. Transparency and open communication were the key to reducing the mystique of counselling in an era when

it was not yet established as a profession and was often shrouded in misunderstanding and mystery. Understanding and working within the dynamics of the institution as well as within the wider social and political context of the day were therefore central, and no easy task to achieve. The sensitivity and open communication that were evident, however, could perhaps still provide important lessons for services in the current day. In many ways, this foreshadows the more recent focus on a ‘whole-institution approach’ to

mental health<sup>3</sup> and was, at the time, seen as developing a healthy academic community.

A full picture of the service is presented in *Student Counselling In Practice*, written in 1973 by Audrey and her then colleagues, Brian Thorne and Keith Wyld.<sup>4</sup> Although it was published almost 50 years ago, it still stands as testament to so much that is important and valuable in student counselling in today’s world.

A prevailing media narrative in the 2000s has reflected the increase in levels of distress and poor mental health within FE/HE, and undoubtedly there have been changes in how students present themselves today. However, it would be folly to ignore the seriousness of some of the work in the 1960s and 70s. Audrey recalled long drives to a local mental health hospital in the Staffordshire Moorlands. In her retirement photograph, she stands with a local psychiatrist, Edward Myers, on one side and the Vice-Chancellor on the other – perhaps symbolic of her work then, and indeed of the path many of us still tread.

This was a world pre ethical frameworks and membership organisations. Student welfare was more attuned to a model of *in loco parentis* in the early 1960s: the age of majority wasn’t reduced to 18 until January 1970, and the notion of Gillick Competence did not emerge until 1985.<sup>5</sup>

“ **There was... a clear recognition that to fully meet the diverse needs of its clientele it was important to look beyond any one particular counselling school and to embrace a wider spectrum of approaches that could be integrated with its guiding philosophy and principles** ”

## Repair given; love restored

British universities are perhaps always in a state of flux, and like the world of counselling, are constantly adapting to the needs of wider society and individuals. At present, many are grappling with finances and an ever-competitive market against a backdrop of global uncertainty and social change. It would be easy, but mistaken, to see this as a linear process. Many commentators have remarked on a tendency to repeat, borrow, amend and represent the past to meet a current audience.

As Virginia Woolf noted, *'...memory is the seamstress, and a capricious one at that'*,<sup>6</sup>

and in many ways, organisations easily develop institutional amnesia in the pursuit of the ground-breaking, modern and corporate. It is perhaps only with a chance meeting and a period of reflection that we are reminded of what came before – a process often mirrored in therapeutic work with the exploration of experience, memory and reaction.

Looking around the sector today, counselling services still bear the imprint of the early Keele model, with close connections to local NHS services, groupwork and peer supervision. Maybe, too, some of the struggle to fit within institutions which have varying degrees of interest in and understanding of counselling, mirrors that early experience. In the early 1960s, Audrey's life and youthwork experience enabled her to recognise that the holistic view of a young person was necessary for them to gain employment and opportunity after graduation: a more contemporary and corporate view would talk about employability and student satisfaction. We talk now of services being embedded within colleges and universities, and this is something that was at the heart of the early Keele experiment.

The 1950s and 60s were a time of change and restoration in the aftermath of global conflict. This was something Audrey wasn't immune from herself. More recently, she talked about the death of her mother, by suicide, when she herself was nine, just before the onset of the Second World War, and the subsequent disruption of being evacuated away from her father and brother.<sup>1</sup> Perhaps more tellingly, she spoke of being restored by love, and of repair taking place through the kindness and compassion of a step-mother. Audrey knew and experienced the value of the relational aspect of the work she would then develop within student counselling. This experience also gave her a tenacity and spiritedness which was a formidable and noted force.



**...relationships with all members of the university community... needed to be nourished to minimise any sense of competition or threat, and to establish collaborative ways of working**



## Wider and full circles

It would be foolhardy and unfair to attribute the development of counselling in the UK to one person or institute. The decade following the end of the Second World War was a time of austerity, and the psychological trauma of conflict and all that remained of this would rumble on well into the 1960s. Another notable figure in the formation of the British Association for Counselling was Hans Hoxter

(1909-2002), a social worker who again recognised the lack of psychological support within post-war Britain and in particular within the education system.

The early 1980s were harsh for many in the UK, and universities didn't escape financial cutbacks. This was a pre-tuition-fees era, unemployment was high, and many public services faced scrutiny. Even so, counselling continued to grow as part of a need to create understanding

and compassion within a country starting to shed its industrial heritage, and along with it some sense of identity. Throughout the 1960s and 70s, counselling services grew and became more established, with the University of Leeds being one of the last to create a service in 1996.

Throughout the 1980s and 90s, services may have been able to meet demand more easily. Far fewer students accessed HE and there was little legislation protecting the rights of those with longstanding difficulties – now enshrined in the Equalities Act (2010) – who may not have received the ongoing support they needed.

In the 1980s, the careers and counselling components at Keele were separated, due to a university decision that each should have its own professional identity. This was reflected across the sector as other services appeared. Thus, although the concept of integrated careers and counselling provision didn't become the norm in the UK, Audrey's vision had a profound effect on the future direction of both counselling and careers services. A consequence of establishment and maturity is the need to contend with questions and challenges, and the need for an evidence base for work undertaken. The last decade saw the creation of IAPT in England and increasing NICE recommendations, along with pressure to provide evidence of successful outcomes. Many services have to contend with the challenge of a medicalisation of therapies and some have adapted their model of service delivery to meet student demand and complexity. And this remains an ongoing challenge: how embedded services, with a deep understanding of an academic context and the challenges it raises, should



# Celebrating 50 years of student *counselling*

Messages of congratulations from **Nic Streatfield**, Vice Chair of AMOSSHE, and **Andrew Reeves**, Immediate Past Chair of BACP.

**W**hile universities are educational institutions, there has always been a recognition that students need additional support to help them achieve in their studies. Historically, this pastoral support was often provided by personal tutors or hall wardens, and in 1967 the University of London's Central Institutions' health service began running a course called 'The management of student problems', specifically for staff who were in dual academic and pastoral roles. The influence of North American universities' guidance and counselling services model precipitated the establishment in the UK of 'a single unit to deal with the educational, vocational, social, personal and emotional problems' at Keele University.<sup>1</sup>

The professionalisation of university counselling services began in earnest in 1970 with the creation of the Association for Student Counselling.

I began working as a university counsellor in 2003, first as a volunteer associate and then as a part-time, paid member of staff. I found that those few counselling hours with students, spread out over weeks or months,

would help them to manage their emotional difficulties to better enable them to succeed in their university experience. Student counselling is now rightly seen as a specialism, in much the same way as student health is deemed a specialism among GPs.

While counselling has been an integral part of university support services for 50 years, much has changed in that time. Counselling services have had to adjust to the increasing numbers of students requiring psychological support, the increased complexity of those presentations, and belatedly to the increasing spotlight on student mental health from senior staff, students, parents and the media. Many counsellors in higher education are now part of multidisciplinary teams and are working much more closely with other support services, external mental health services and with academics through training and policy making. The fact that 94% of student services departments provide student counselling<sup>2</sup> shows the value of the role of counsellors and how important their input has been in supporting students over the last half century.

Carl Rogers famously said, 'I am not perfect, but I am enough'.<sup>3</sup> Reflecting

on success is often hard for those in the caring professions, but as you celebrate a half century of BACP UC (in one form or another), do pause to recognise the immense value of your profession to students, the lives you have positively affected over this time and your role in the transformative quality of students achieving their potential in higher education. ■

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It was in the late 1990s when, having decided to leave statutory mental health services where I worked as a social worker and counsellor, I spotted a job for a full-time counsellor in a university counselling service. Having devoured everything I could read about higher education (HE) counselling, I was successful in my interview and I began my work. I had discovered, of course, that HE counselling had been active and innovative long before my time and was, it could be argued, one of the first true mental health services in such settings – if we frame counselling as ‘mental health’.

Audrey Newsome, who recently died, aged 91, founded the first university counselling service at Keele University in the early 1960s, before I was born. HE counselling, since Audrey’s early innovation, has grown considerably, and there are few universities which do not offer their students a counselling provision to support them at a critical time in their lives.

I must confess that, starting as a university counsellor, I did hold some assumptions: that HE counselling was going to be mostly about homesickness and late deadlines.

My first clients – presenting with a range of issues such as self-harm and eating issues – immediately taught me otherwise. While homesickness and course pressures are, of course, very real issues for students, the reality is that HE counselling offers an impressively high level of response to a broad range of students – representing diversity and difference in terms of culture, age, ability, sexual identity... and so on – and complex and demanding presenting issues.

What I have personally been struck by is that counsellors in HE have not only embraced this diversity, but have engaged with it in such a way as to enable it to be a springboard for staggering innovation in theory, practice, research, ethics and professional standards; not only in the early days of the development of the profession we now know, but in contemporary practice too.

This has not been without challenge, however; and it could be asserted that HE counselling is under more threat now than ever before, as universities look to cut funding, and counselling – a specialist intervention, delivered by highly skilled practitioners – becomes embroiled in definitions around wellbeing.

BACP’s strapline is that *Counselling Changes Lives*; I would go further and claim that counselling saves lives and HE counselling has been directly responsible for not only supporting probably millions of students over the years to navigate times of profound crisis, but has directly saved the lives of many thousands too.

Counselling in HE therefore deserves every celebration and recognition that is sent its way. Counselling in the UK would be in a much poorer place without it, and it will, without any doubt, continue to be a leader in innovation and change at a time when the world needs that more than ever. How we respond to current crises in health and discrimination may be informed, in part, by the collective wisdom of the work we do. ■

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# Omnichannelled therapy: the way forward after COVID-19

One of the main challenges of the pandemic has been the swift move to online work. Doing so safely and ethically requires more than just signing up to Zoom. **Kate Anthony** and **Stephen Goss**, who have pioneered the field of online therapy in the UK, give an overview of some of the resources available to us in developing skills in this area



It occurs to me (KA) as I sit down to write this article that we probably no longer need to explain what online therapy services look like, and that situation is new. But this was not the case in January, 2020. Most members of the profession have had a baptism of fire in light of the COVID-19 pandemic, and much of the anxiety around this has stemmed from an assumption that working at a distance is a replication of face-to-face sessions. Once trainees at the Online Therapy Institute (OTI) learn to approach working online as a new modality, rather than trying to recreate in-room work, anxiety is lessened, and learning can really begin.

Universities hold a unique place in the current situation we face – students often experience their first counselling in a university setting, and it is likely that because of COVID-19, this will be an online experience. We cannot predict the future of the counselling profession post pandemic, but it is likely to at least include technology as part of a ‘blended service’ model of face-to-face and online work, probably via videoconferencing (although the

beauty of working by text in email and chat rooms should not be discounted). Two-thirds of practitioners now expect online work to be a core part of their practice, even after the pandemic and its effects have receded.<sup>1</sup> After two decades of being considered an exception to normal practice – a thing one might consider only if it was necessary or because of a special interest in technology – not only has COVID-19 forced online work to become everyone’s ‘new normal’ for a time, but the positive advantages are sufficiently strong and common for it to be something a significant majority of practitioners, not just a few, want to continue.

This comes as little surprise to the OTI, where we both work. We have become very used to the pleased surprise of practitioners who approach the possibility of integrating technology into their work with initial reluctance and scepticism. Indeed, hesitation over taking such a step is a positive advantage, as the unwary can too readily rush in without sufficient preparation, risking unsafe practice and undesirable outcomes.



As a profession, therapists tend (with notable exceptions) to be somewhat technophobic in comparison with other professional groups – and for good reason. Not only are we a professional group who consider ourselves to be interested primarily in people rather than machines, but it is also true that things *can* go badly wrong in online work, such as breaches of privacy or a loss of relational depth if the practitioner is not skilled or does not know how to handle things like technological breakdowns.<sup>2</sup>

Our work at the OTI includes studying trends in conversations on social media such as Facebook, LinkedIn and similar platforms. We witness daily the current anxiety within the profession, particularly as professional organisations strain to meet the needs of members when working in difficult situations themselves. A response to the emergent crisis was needed within days at most, whereas organisations the size of a professional association can take weeks or even months to marshal their resources sufficiently to give a thorough, co-ordinated response that goes beyond the piecemeal, reactive offers of

sometimes hastily put-together guidance. Clients, particularly those approaching therapy for the first time, typically have fewer anxieties about working online, since electronic communication is a daily normality for almost all of us in 2020. Indeed, it has appeared to be true for a long time that clients have led the way in technologically mediated forms of therapy while professionals hold the responsibility to ensure safety and effectiveness as they seek to respond. In the rapidly developing world of communications technology, where a new invention can become a global norm in a matter of just a few years, it takes a strong ego not to be seduced by each of the new communication methods, as phrases particular to internet culture emerge more widely: ‘friending’, ‘tweeting’, ‘likes’, a simple ‘email it over and I’ll work on it’. We assume fast, flexible communications to be the norm now, and why would this not include counselling and psychotherapy?

Paradoxically, with videoconferencing, we can be – at least sometimes – psychologically closer to our at-a-distance clients than when working

face to face. Despite fears around lack of physical presence when working online, it may be the case that in future this is the only feasible way of having a session: yelling while wearing a face mask and observing social distancing guidelines fits even less well with traditional ways of working than the concept of working at a distance. This is an unpopular view, but we remain positive about the future, and the OTI has been, and is pleased to be, part of the BACP Expert Reference Group on Digital Technologies to help steer the profession in terms of the safest methods of communication to deliver services.

We strongly recommend reading recent research on practitioner views of working during the pandemic, not least to normalise any stress you are under but also to show that none of us is alone in having to adapt to new kinds of isolation created by pandemic conditions. McInnis’ blog – *Are we embracing a new way of working?* – is a good example of such research.<sup>3</sup> Cohesive research on what clients make of the sudden switch to online services is yet to emerge, although anecdotal evidence supplied by

practitioners is – on the whole – very positive. It is much more common for us to hear that the forced move to online work has led to unexpected benefits rather than the reverse, and much of what is voiced is the *difference* between the online and face-to-face environments, at least as much as actual problems. As familiarity grows, anxiety reduces. We all then become more able to differentiate between issues that do need to be attended to, such as helping clients transition in and out of sessions, and those that are just a simple difference, like the difficulties caused by one person talking over another.

### The importance of full training

When the implications of the pandemic were first fully recognised, the OTI was one of the organisations that (like BACP and the Open University) stepped up to provide fast, free access to information needed to continue working, using methods different from face-to-face sessions. Working in these ways seemed the only ethical response to the emergency situation and meant all practitioners had to choose between working outside their usual competences and the risks of delaying or stopping therapy for clients who might suffer or be exposed to risk as a result. We are delighted that at the time of writing we have given basic training to well over 12,000 practitioners since lockdown began in March.

However, as time passes, the imperative for a quick fix that will allow services to continue operating at all, recedes as the time needed to upskill ourselves, and to adapt our services to something that resembles a ‘new normal’ way of working, increases. It is recognised in the UK by most professional associations that training to meet the required competences for online work should take a minimum of 80 hours and be delivered in the same online modality as that for which the practitioner is being prepared.<sup>4</sup> The Association of Counselling and Therapy Online (ACTO) holds an

approved register of organisations that provide this training in the UK, including the OTI’s Certified Cyber Therapist (CCT) qualification to practise. Those who undertook this training before the 80-hour stipulation emerged are able to top up learning to achieve 80 hours, necessary to join ACTO as a member. Furthermore, at OTI we have taken the decision to refund the cost of our short emergency training against the longer, 80-hour CCT as a means of explicitly encouraging this kind of responsible preparation for ongoing online work.

“Two-thirds of practitioners now expect online work to be a core part of their practice, even after the pandemic and its effects have receded”

Full training is an invaluable investment to future-proof your work and that of your college or university. Block booking savings can help, where they are available, to address the needs of a whole staff group: flexible learning programmes are being designed to meet such needs every day. A model that seems to fit particularly well for universities looking to upskill their staff is a blend of reading, videos and written exercises completed over six (or 12) weeks, with weekly (or fortnightly) live tutorials to examine the work and brainstorm solutions applicable to that particular service, drafting protocols and other required paperwork along the way. Speed of progress, and uniformity across the whole team, need to be balanced with opportunity for reflection, consolidation and integration of learning. Otherwise, other research tells us, professional development trainings can have too

little impact on how (or how well) we actually work.<sup>6</sup>

The BACP competences document (under review at the time of writing) is the best place to start in assessing where your knowledge may be improved with full training. Getting online with clients is the easy part, using free resources such as Zoom, but free third-party software needs to be paid for somehow and you usually pay this with your personal data. From Facebook to Alexa, the currency is advertisement targeting, based on your purchase patterns and what you are likely to buy if an advert is placed in front of you on a social media site. The conveniences of allowing your online data to be gathered like this need weighing up, particularly in considering the privacy of your clients’ data. GDPR compliance for therapists forms a significant part of any good course on online therapy, and evidence of such compliance is often a first question from insurance providers, some of whom now also offer specific GDPR issue coverage. We work with Privacy4, a company that works to educate our profession on data protection and privacy laws, to ensure we are getting GDPR right.

### Other legalities

Paid online counselling services started in the mid 1990s, quite early in the development of the internet. BACP was one of the first professional organisations to recognise the need for ethical guidance, as it became apparent that, regardless of whether practitioners felt that using the internet for client work was appropriate or not, clients were definitely choosing to work this way. The client-led nature of online work is, to us, one of its most appealing facets. That said, it is our duty to ensure work is conducted in safe and ethical ways. The work done by BACP in 2001 to produce the first *Ethical Guidelines for Working Online*, with subsequent editions in 2009 and 2015, is testament to the Association’s understanding of the need for clear

practitioner guidance.<sup>7-9</sup> These guidelines, although now partly superseded by the competences, remain remarkably robust.

What no guidelines yet address in a comprehensive way – as far as we know, anywhere in the world – are the differences in national approaches to the legalities of working online. For example, in parts of the US (and shortly Canada), you must be licensed as a professional counsellor in the state where you reside and can only accept clients from the same state. This does not apply to all states, however, resulting in a complex picture that is itself changing as laws and regulations develop over time.

Other pockets of the world have faced their own issues in considering online work. For example, the neighbouring countries of Kosovo and Albania had almost no official mental health system post war, and so had a blank slate from which to approach offering such services. The OTI was proud to be sponsored by the Norwegian Government to assist in setting up those countries' first mental health services (nukjvet.net), thus ensuring that online work was a norm in offering mental health services from the start. Plotting the geographical legalities of online counselling and psychotherapy is a mammoth task, and we are heartened that ACTO Chair Adrian Rhodes has taken this on.

Unfortunately, at the time of writing, we remain reliant on talking to professional organisations in relevant countries to try and pick apart the legality of what we are offering, if we agree to provide services to clients outside our own country of residence. This is particularly relevant to universities whose students may travel for placements or who return to other countries in university breaks. Reciprocal agreements between countries may be the way forward in the future, particularly since leaving the EU.

### Managing demand for university mental health support

With the best will in the world, most university counselling services cannot hold contingency budgets for *force majeure*. Experience shows that the benefits of an embedded counselling service can outweigh those of an outsourced team. However, with increasing waiting times and constricted budgets, university counselling services can come under significant pressure from within the university system with rising levels of demand for support from distressed students. The proportion of students revealing to their institution that they have a mental health problem has increased fivefold in the last 10 years.<sup>10</sup> This has driven senior management to focus on the wellbeing agenda rather than maintaining appropriate funding for counselling, potentially leaving counselling services unable to meet the needs of students or staff, while under pressure to maintain an effective provision of care. However, we have seen good examples of contingency funding being made available to support counselling services in moving online, despite the difficulties in releasing budgets from other activities. This, however, seems to be an inconsistent picture, with very large differences in what each institution has seen fit to provide.

The revolution in online health has seen a growth in peer-to-peer chat room sites, chat bots, messaging services, and wellbeing programmes.

Additionally, funding challenges have begun to shape the mix of mental health and wellbeing services offered by universities and the size of the embedded counselling teams they are able to maintain. With more and more students coming forward to seek help, universities are inevitably struggling to keep up with demand.

As leaders in the field, we understand that tough decisions need to be made regarding budget provision. Zoom has done particularly well out of the pandemic, but remains a substandard platform for mental health provision due to the data privacy issues discussed above. This is true of all the free communication platforms.

There are other, reputable online services such as Big White Wall and SilverCloud, and new provision such as a Care Quality Commission-registered e-clinic, ProblemShared.net – a one-stop shop for university counselling services, founded by NHS doctors and psychiatrists and using technology approved by the NHS for online medical consultations.

There are only a handful of platforms specifically designed to meet the needs of mental healthcare provision, with the specific sensitivities to privacy that accompany it. ProblemShared's starting point is that the mental health professionals working in each institution are best placed to co-ordinate and deliver the highest level of care to the student body.



We know that the mental health services of each university are crucial components of the university infrastructure – connected across multiple departments with the relationships and institutional knowledge required to protect and nurture students under their care.

Such platforms should be able to assess the university's needs (periods of peak demand, waiting lists, likely bottlenecks) and supply highly qualified and speciality-trained counsellors and psychiatrists, all supervised, and available for universities to interview and induct into specific methodologies, policies and practices particular to their counselling service. The wide range of trained professionals available on such platforms makes cherry-picking those suitable for universities much easier than choosing from the CVs of the untrained.

Universities are undoubtedly facing a time of colossal change because of the pandemic, and recent research by YoungMinds highlighted that 67% of parents and carers were concerned about the long-term impact of the pandemic on their child's mental health.<sup>11</sup> Reports of increased anxiety and depression, as well as loss and fear about the future (both in terms of their time at university and what happens after graduation in terms of economic viability) were also recorded. Dr Paul Gorczynski, co-author of the YoungMinds study, concluded:

*'Our findings showed that although students struggled with identifying and describing symptoms of poor mental health, such as symptoms of depression or anxiety, an overwhelming majority knew where they could access mental health resources and support, especially online services. As we move toward an online delivery of university services this next academic year, this is something to remain hopeful about.'*<sup>11</sup>

Research in the field during the pandemic has documented the shift towards online services.

A central finding from the survey of practitioners by McBeath, du Plock and Bager-Charleson<sup>1</sup> shows that the great majority of therapists think that distance working skills should be part of core training for counsellors or psychotherapists. This is something OTI has written on before,<sup>12</sup> but without foreknowledge of the impact a global crisis would have on our field.

### Conclusion

There is no doubt that university services and procedures will need to change in many areas, not least tutoring. Ways in which this might be handled well were addressed in a recent BACP 'Train the Trainers' event, with demonstrations of online group process, among other topics, from the Metanoia Institute.<sup>13</sup>

Futurology is an inexact science, and it remains impossible to predict the precise long-term impact of the pandemic and its effects on future university life, including counselling services. Online therapy has been thrust into the spotlight during this period, with much of the research citing practitioner attitude as being '...more favourably disposed to working by phone or online if the need arises'.<sup>3</sup>

In 2015, the first author (KA) of this article coined the phrase *omnichannelled therapy* to describe how the inclusion of digital services alongside in-room work (offline therapy) was likely to determine the future of the profession.<sup>14</sup> Practitioners need to be able to work safely and effectively with any 'channel' they may use. We are now accepting – whether we do so more or less enthusiastically – that the face-to-face consulting room is just another technology. Omnichannelled therapy includes offline work as a technology to be used as one of many blended technologies working together within one contract; an option to consider alongside email, chat, telephone, video links, virtual reality and more. We had no idea quite how prescient that 2015 prediction would be, of course. Professionally, the last

few months have been the most exciting we have ever experienced, and the OTI, working with ProblemShared, is immensely pleased to be part of the future of university counselling services as they adapt to this changing environment. ■

### ABOUT THE AUTHORS



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# Working with personal data during a pandemic

## Dan Gibson, Data Protection Lead at BACP

The UK's regulator for data protection, the Information Commissioner's Office (ICO), has provided

a statement on its approach to regulation during the pandemic.<sup>1</sup> It will be mindful of the impact regulatory action has on organisations and individuals, but will continue to recognise the rights and protections

“...data protection still needs to be considered and shouldn't be forgotten

granted to people by the law, both around their personal information and their right to freedom of information – meaning that data protection still needs to be considered and shouldn't be forgotten.

The ICO has published a coronavirus information hub on its website,<sup>2</sup> which provides specific support in relation to the pandemic. It covers matters such as contact tracing and provides other useful guidance for organisations and individuals.

I won't replicate the information available on the ICO website and also on the BACP website here, but I will try to signpost you to some of the useful resources available.

Please note that the guidance is being updated as the pandemic progresses, so it's a good idea to keep visiting the various resources available.

### Coronavirus recovery

Lockdown restrictions were being eased at the time of writing. They may well be reinstated or eased further as the pandemic progresses. The ICO has created six data protection steps<sup>3</sup> for organisations to take during the coronavirus recovery period. It has also provided online guidance that discusses matters such as COVID-19 testing, surveillance, individual rights and collecting customer and visitor details for contact tracing.<sup>4</sup>

### Video conferencing

Video conferencing is something that has become a standard tool for therapists during this period of uncertainty, but there are data protection considerations, such as security of the connection, ensuring the correct settings have been applied and ensuring the client knows what they should expect. BACP is unlikely to endorse a specific third-party application for video conferences as it can't guarantee the security and functionality provided by those applications. However, Ian Hulme, the ICO's Director of Assurance, has provided some guidance on the things you should think about when using this technology.<sup>5</sup> BACP has also created some guidance for clients where members share their tips to make the most out of an online session.<sup>6</sup>



## Telephone and e-counselling

Telephone counselling has always been available as a tool, but is being used more since the start of the pandemic. BACP, at the time of writing, was reviewing its framework for delivering effective counselling via the telephone or e-counselling.<sup>7</sup> In addition to this, you may wish to provide your clients with some guidance that BACP has published, with recommendations for some of the most common concerns.<sup>8</sup> There are also some examples of points you may need to add to your existing counselling agreements if you are moving to telephone or online counselling.<sup>9</sup>

## Working from home

A large number of practitioners, who were office based prior to the pandemic, are now working from home. In terms of data protection, there will be several considerations, such as ensuring the security of confidential data and whether you can use your own devices to process personal data. The ICO has provided further information on working from home in its online guidance.<sup>10</sup> ■



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## Cambridge University news

Cambridge University Staff Counselling Centre recognised the need to support clients unable to access online therapy from their homes, writes **Yvonne McPartland**, Deputy Head of Staff Counselling. 'We were conscious of unknown risk among this potentially fragile cohort', she says.

*'Because it is still too soon for face-to-face sessions, we have allocated two rooms in our service for clients to receive remote 'in-the-building' therapy, via Zoom. The system works with the counsellor – wearing a face covering – admitting clients at their appointment time (thus avoiding any waiting room risk), giving a face mask to the client, directing them to our no-touch hand sanitiser, and then escorting them to one of the rooms, and returning to their own room to conduct the online session.'*

## Supporting young people in education: advice from BACP

Thinking and planning for ways to support clients as we return to a new academic year will require imagination.

This extract is from the BACP website. 'As...young people return to educational settings... we recommend confidential spaces are made available to talk to counsellors remotely.

'Young clients may find regular check-ins supportive, providing a way of holding them emotionally between sessions or over lengthy breaks from therapy.

'Private and secure communication cannot be guaranteed when using text via a mobile phone. The most secure form of asynchronous communication is via a secure email platform. You need to consider this in any initial assessment of what is in the best interests of the client.'

➔ [www.bacp.co.uk/news/news-from-bacp/coronavirus/working-online-with-cyp-faqs](http://www.bacp.co.uk/news/news-from-bacp/coronavirus/working-online-with-cyp-faqs)



# Examining the evidence for pre-trial therapy

Counselling clients who are potential witnesses in a criminal trial of their alleged abusers is controversial and challenging. **Peter Jenkins** and **Maddie Nixon** present the case for pre-trial therapy

**T**he controversial topic of pre-trial therapy (PTT) is in the news again, following a successful petition, supported by 13,000 people, against police access to clients' counselling records and their use as critical evidence in criminal trials.<sup>1</sup> The UK Government responded positively, promising a review of current guidelines and endorsing the value of therapy in supporting victims of rape and sexual assault.

All therapists need to develop a working knowledge of trauma and sexual abuse. However, the legal aspects of working with abuse victims and survivors in the form of pre-trial therapy can present some additional, possibly intimidating, features. So, what is PTT? The term applies when a counselling client is a potential witness in a criminal trial of their alleged abuser or abusers. PTT requires a certain level of specialist knowledge, training and experience, including an understanding of the justice system.

Services should have sound initial assessment criteria in place, in order to pick up cases likely to involve PTT at an early stage. They can thereby avoid making potentially inappropriate

referrals to students, or to trainees on placement, who may lack the required knowledge or skills.

It's important to recognise that PTT is different to generic therapy. The key differences include the need for an explicit but flexible contract on the focus of therapy, provision for information-sharing with the Crown Prosecution Service (CPS), the nature and potential uses of record-keeping, and the therapy's overall relationship to the trial process.

The CPS, together with the Home Office and the Department of Health, issues detailed (though non-statutory) practice guidance on PTT. It has been in place for almost 20 years in England and Wales and brings an added and powerful legal dimension to the already challenging work of providing therapy for the victims and survivors of sexual abuse.

There are two sets of legal guidance: one for working with clients who are under 18 years old<sup>2</sup> and one for adults deemed to be vulnerable or intimidated witnesses.<sup>3</sup> We address in this article practice issues related to the latter client group, although much of the material will also apply to PTT with a student population.

“The term ‘vulnerable adult’ is... an operational definition, applied by the courts to all victims of sexual violence. It does not depend on an assessment of the individual client’s level of vulnerability or resilience”

A witness is defined as vulnerable if the court considers that the quality of their evidence will be reduced on the grounds of suffering from a mental disorder under the Mental Health Act 1983, or from a physical disability. Similarly, a witness might be deemed intimidated if their evidence will be diminished by their fear or distress in testifying. In practice, these definitions are interpreted and applied by the courts to any client who has experienced sexual violence. The term ‘vulnerable adult’ is, therefore, an operational definition, applied by the courts to all victims of sexual violence. It does not



**Figure 1** The pre-trial therapy counsellor as a 'virtual' member of the multidisciplinary team of professionals supporting the client.

the court. Records of therapy can include video and audio formats, as well as written notes. Records are set in a quasi-medical, or police, evidential model. They '...should include, in the case of therapy, details of persons present and the content and length of the therapy sessions'.<sup>3</sup> However, the CPS does not require verbatim or transcript-type records of therapy.

In addition, counsellors can be called as witnesses in a court case. They might be asked to clarify specific aspects of their therapeutic practice, or to amplify the meaning of their records, sometimes under hostile cross-examination. BACP guidance advises that: 'Notes kept of therapy sessions should be concise, accurate and reliable in evidence.'<sup>5</sup> Working within the guidance thus adds another dimension to therapy; it is no longer a private, confidential transaction between client and therapist. BACP good practice correspondingly points to the need for clear contracting regarding information-sharing of therapy records.<sup>5</sup>

There is an anxiety in legal circles that PTT can inadvertently undermine the witness evidence. Evidential damage takes two main forms: either contamination or coaching. In the case of contamination, the concern is that the client's own recollections of sexual assault might be influenced by the therapist's use of inappropriate or leading questions, or through exposure to the experiences of other clients, such as in group therapy.

Some agencies share the anxiety about contamination and are convinced that PTT should not be offered to clients in case it compromises the evidence against their alleged abusers, causing the trial to collapse.

The unease about coaching is that there may be the opportunity in therapy for a client to rehearse the answers to questions later asked in court. Clearly, therapists need to be mindful of the legal context and implications of their work. However, it is revealing that the metaphor of contamination suggests a fear that counselling has a somewhat

depend on an assessment of the individual client's level of vulnerability or resilience.

It's worth bearing in mind that almost any therapy carries the potential to become involved in a criminal trial. For example, a client might disclose past sexual abuse in therapy and decide to pursue a criminal case long after the therapy has ended. Given this level of unpredictability, all generic counsellors need to have some basic familiarity with the CPS practice guidance.

The practice guidance explicitly states that the counsellor and client should avoid '...exploring in detail the substance of specific allegations made'.<sup>3</sup> It also calls for close liaison between the therapist, the client and the CPS, with the clear understanding and the explicit consent of the client.

Other key aspects of the guidance are:

- the CPS should be informed of any PTT taking place
- PTT should begin after the client has given their statement of evidence to the police

- detailed factual records of therapy should be kept and made available to the CPS as required
- PTT should focus on the client's current responses and coping, rather than on the original abuse
- certain types of therapy are preferred as supporting this kind of 'current' focus
- the PTT needs to focus on the welfare of the client, rather than simply on the pending court case.<sup>4</sup>

The PTT counsellor becomes a member of a much wider team of professionals, built around the client, including the police, CPS, lawyers and medical practitioners. PTT counsellors might never meet any of the other team members, but their work is available to the CPS in the form of therapy records. The counsellor is therefore a crucial member of the team, with potentially significant implications for the progress and outcome of the criminal trial (see diagram above).

The counsellor's records can play an important supporting role as evidence in the forthcoming criminal trial and will almost certainly be summoned by

toxic quality and needs to be carefully handled in order to avoid infecting an otherwise robust and healthy legal process.

Therapists often have their own concerns about PTT. Some worry that it's almost impossible to avoid revisiting the client's experience of abuse in some way, which could imperil the court process. For others, PTT might conflict with their own values, by seeming to limit client choice, or by postponing more intensive therapy until after the trial.

The uncertainty surrounding PTT is increased by the lack of a central register of suitably qualified therapists. There is, by contrast, a register for court intermediaries, who support clients with disability throughout the trial process. Some training for therapists is available, often in the form of day workshops provided by specialist agencies. But there is no accreditation of recognised training for pre-trial therapists, unlike the training for the separate, non-therapeutic role carried out by independent sexual violence advisers (ISVAs).

Research and commentary on PTT are still fairly limited,<sup>4,6</sup> although one of the authors of this article, who has also worked in an agency that deals with clients who have been sexually assaulted in childhood, has recently produced a qualitative piece of research.<sup>7</sup> The research explores the experience of therapists in providing PTT for adult clients and how they managed some of the dilemmas and issues involved in PTT. Of the six therapists recruited, five worked within an agency setting, five were female, and one was male. All were of white British ethnicity and their ages ranged between 45 and 65. Semi-structured individual interviews were conducted and analysed, using interpretive phenomenological analysis (IPA). The research project was approved by the Research Ethics Committee at the University of Chester and was conducted in accordance with BACP's *Ethical Framework*<sup>8</sup> and Chester University's Research Governance Handbook.<sup>9</sup>

The research highlighted three broad themes: the differences that therapists experienced between providing generic therapy and PTT; the complexity of PTT and the corresponding level of competence required; and the conflicts and dilemmas that PTT can present to counsellors. What was striking about the research findings was the extent of common ground. For example, all of the participants identified good supervision as important in helping them to cope personally and professionally with the challenges of PTT. They also talked about the intensely emotional impact of the work, which often provoked powerful feelings of anger, frustration and sadness.

“ PTT presents clients and therapists with a number of challenges, particularly the need to clarify the focus of therapy and maintain appropriate session records in order to avoid undermining the client's evidence ”

All the therapists believed that PTT was beneficial to their clients. For example, Beth (all names have been changed to protect confidentiality) said: *'To actually see her bloom, it was beautiful.'* Janet found herself mirroring her client's positive feelings about therapy. So, when the client was empowered, Janet also felt herself become energised by the work. Participants expressed the view that therapy was a way of strengthening their clients, by helping them to manage the feelings attached to their trauma. Some of the participants in the study, none of whom worked in FE or HE services, reported feeling reassured by strong backing from their agency in helping them negotiate the legal

complexities of PTT. One participant, Cathy, said: *'I'm just so grateful that my experience of pre-trial therapy is being in an organisation that specialises in it and therefore where we have drummed into us the whole thing about the CPS guidelines.'* Similarly, Beth talked about the benefits of belonging to an agency as a way of being part of a support network, explaining that *'...we have what's called an area lead, so that if I see a client I have concerns for, I can raise that straight away'*. Given that most university and college service heads may not have specialist training in PTT, establishing protocols to follow with your in-house legal departments can avoid confusion or conflict. Additionally, establishing links with your local sexual assault referral centre (SARC) can help to clarify expectations and procedures, which may impact on working with clients who later go on to report an assault to the police. Rape and sexual violence centres which specialise in providing support to victims of sexual assaults may also offer training that equips counselling teams with good foundational knowledge of how PTT may differ from other forms of counselling.

The research explored possible tensions between certain modalities of counselling, such as the person-centred approach (PCA) or eye movement desensitisation and reprocessing (EMDR), and the specific requirements of PTT. The potential conflict between the need to follow the CPS guidance and the client's own preferences and autonomy was highlighted by four of the PCA therapists. For example, Cathy said: *'If it happened that I had a client with whom I was working pre-trial, who really wanted to talk about what had happened, then I would have a bit of a conflict, because of the way that I choose to work, which is in a very person-centred way and which is giving the client the choice about what we talk about'*. In contrast, Rachel welcomed the CPS guidelines: *'I feel what the pre-trial therapy guidance gives me*

*is a framework in which to operate as a person-centred therapist.'*

All of the therapists in the study were fully aware that their notes could be subpoenaed by the court, but there were different approaches to client notes. Rachel showed the client the notes in the following session. James, who used EMDR as the primary intervention with the client, wrote two sets of notes: a summary and a more comprehensive account of the session. With his client's consent, James gave all his notes to the CPS. *'We agreed that I would work completely transparently and openly with the CPS. I gave them the lot.'*

It is clear from the research that PTT presents clients and therapists with a number of challenges, particularly the need to clarify the focus of therapy and maintain appropriate session records in order to avoid undermining the client's evidence. But it can also offer real benefits to clients, supporting them through the process of recovery from sexual trauma.

The research also shows that CPS practice guidance provides a context and framework for counselling in this specialist field. However, since the guidance was issued, there have been significant developments in psychotherapeutic practice as new techniques and modalities have emerged. For example, EMDR is an evidence-based treatment for post-traumatic stress disorder (PTSD), which helps clients to process trauma memories, ideally enabling them to provide a more accurate and comprehensive account of the incident. EMDR involves very little verbal input from the therapist, and the client does not need to talk in detail about the trauma to heal. The risk of a therapist 'coaching' a client is therefore low. The guidance requires updating to take account of such developments in trauma therapy, in order to provide evidence-based therapeutic support to victims and survivors of sexual violence who are going through the court process. A review of the current CPS guidelines could also provide clarity for

counsellors about the types of therapy that can be offered and help address some of the ethical questions raised by pre-trial therapy.

A summary of the research findings exploring the experience of therapists in providing PTT for adult clients is available on request, by contacting Maddie Nixon at [maddie.a.nixon@gmail.com](mailto:maddie.a.nixon@gmail.com) ■

### Acknowledgement

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### ABOUT THE AUTHOR



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**Maddie Nixon** is an integrative psychotherapist, supervisor and EMDR practitioner. She has a private practice and specialises in trauma therapy. Maddie also offers training in pre-trial therapy. [maddie.a.nixon@gmail.com](mailto:maddie.a.nixon@gmail.com)

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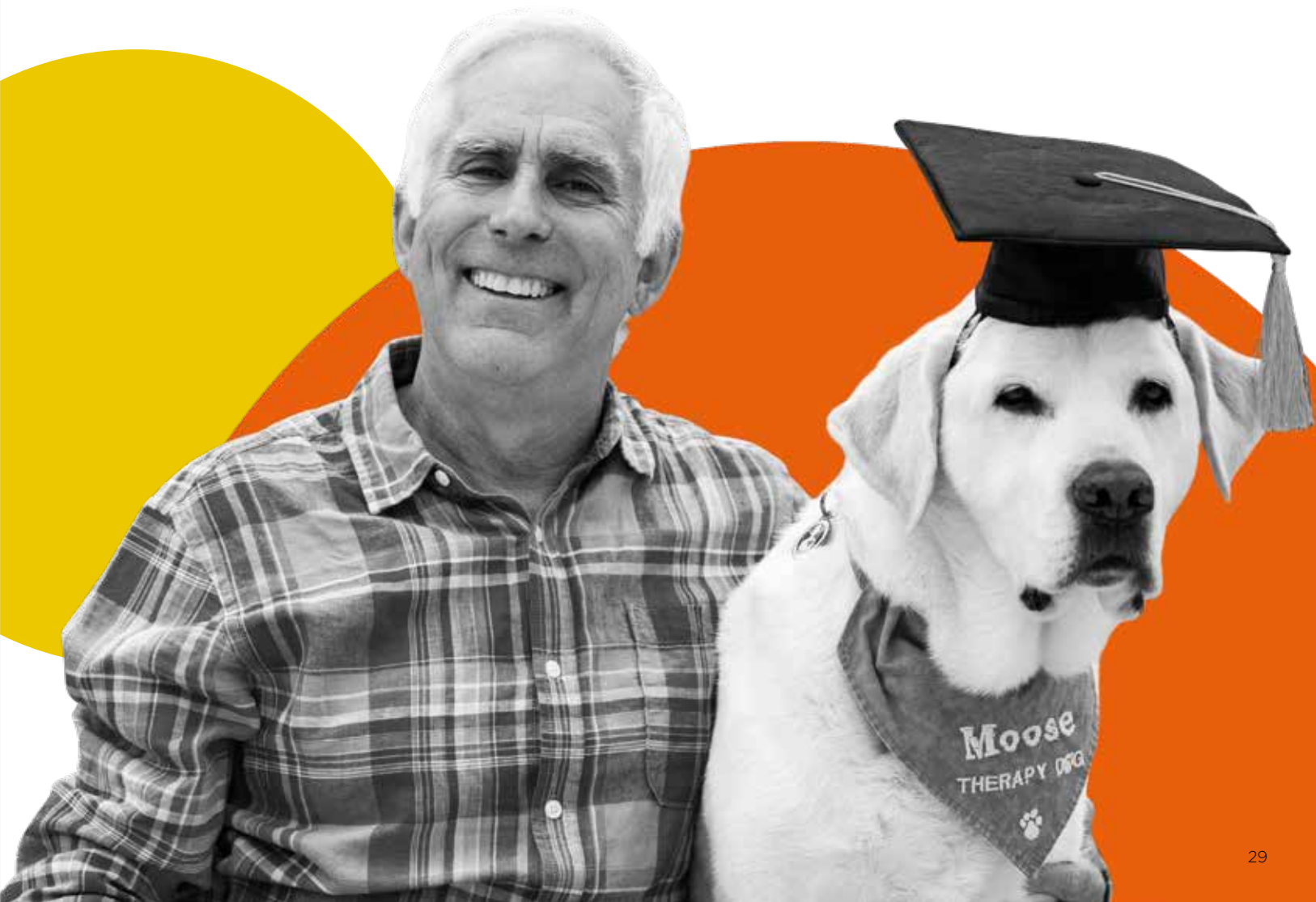


The CPS is conducting a public consultation on the draft guidance on pre-trial therapy which replaces and combines earlier guidance: the 'Provision of Therapy for Child Witnesses Prior to a Criminal Trial' and the 'Provision of Therapy for Vulnerable or Intimidated Adult Witnesses prior to a Criminal Trial', 2002. The closing date is October 2020.

[www.cps.gov.uk/consultation/public-consultation-guidance-pre-trial-therapy](http://www.cps.gov.uk/consultation/public-consultation-guidance-pre-trial-therapy)

# Dr Moose *will see you now...*

Our March issue featured the theme of animal-assisted therapy. Shortly after, Jane Darougar from Leyton Sixth Form College spotted a wonderful article in the press about a therapy dog, called Moose, at Virginia Tech in the US, who had just been awarded an honorary doctorate for his work with students. This story was too good to overlook, so David Mair contacted Moose's owner, **Trent Davis** – a counsellor at Virginia Tech – and asked him to tell the story...





### **How long has Moose been working as a therapy dog?**

Moose has been working alongside me for six-and-a-half years – and has sat in on over 7,000 therapy sessions with students. In all that time, fewer than 12 clients have not wanted Moose in the room – for everyone else, he is a key part of our work together.

### **How does Moose help with your work?**

In many ways! First, Moose is such a calm dog that his presence infuses sessions and brings a sense of trust and acceptance to many students who may be anxious about approaching the counselling centre. Students see me walking around campus with Moose, so we are a known entity: people will stop and talk to me because Moose is there – and because he is so well known,

he has really helped to overcome any stigma attached to seeing a therapist. In fact, I'd go so far as to say that he has helped to make counselling cool! He is readily identifiable with his therapy dog bandana, so stopping to pet him and talk to us is something that feels really safe for everyone on campus.

I work primarily from a humanistic/existential basis and so Moose can actually help with things like empty chair work: if a client is expressing anxious or sad thoughts, or is being very self-critical, I can ask: 'What do you think Moose would say about that?' Because Moose is utterly present, in the moment, and free from judgments, he can often enable clients to tap into a different, more accepting part of themselves. In that sense, he becomes a living metaphor for mindful self-compassion.

“ ...because [Moose] is so well known, he has really helped to overcome any stigma attached to seeing a therapist ”

I also run something called the 'Moose group' – an interpersonal group for more severely distressed students – people who may find interactions with others threatening or extremely challenging. Having Moose in the group – and this group is always extremely popular – adds a level of safety, acceptance and calm that simply would not exist otherwise. These students absolutely love Moose!

Moose – and our other therapy dogs – are also around at drop-in hours: students will come and visit the dogs and find some calm in the midst of a busy campus. I also take Moose along to sporting events, orientation meetings, as well as graduations. He is a well-loved and known part of our campus life.

### **What kind of training did Moose have to become a therapy dog?**

Moose was initially trained as a guide dog for visually impaired people – and he was also approved as an autism support dog for children. He came to us via my connection with a veterinarian on campus who owned a retired guide dog from the same programme as Moose. I'd say that the most important thing about offering animal-assisted therapy is to make sure that your animal is 'bomb-proof'. Moose has never once barked in the time he has been working here; he is totally chilled, and he is used to the concept of working. I'd say it's not enough just to bring a pet onto campus: the animals need to have the appropriate background and training – as do their handlers. I completed a graduate certification at the



# Profile

Elsa Bell

**Elsa Bell** reflects on a long career in student counselling, on how our profession played a key role in the emergence of BAC – subsequently BACP – and identifies some key priorities to guide our future work

## **How did you get into student counselling?**

In 1968, in my first job as a teacher, I became curious about what might be happening in the minds of students who were often very bright but were quite unable to learn. To try to understand this, I enrolled on the course, *Emotional Aspects of Teaching and Learning*, at the Tavistock. That was just what I needed, and fuelled a fascination that has been with me ever since. I didn't plan to be a counsellor, just to be a better teacher, but just over 10 years later, via the Certificate and Diploma in Student Counselling (run by Ellen Noonan) at London University, I was in my first

full-time counselling post in a specialist FE/HE college (now part of the University of the Arts). Eight years after that, I became Head of Counselling at Hatfield Polytechnic and thence to Oxford University in 1990. What I began to learn at the Tavistock developed over time and became the core of my subsequent work – understanding learning as a symbol as well as a process and, equally importantly, that working with the context and experience of education is an essential clinical tool when counselling students.

## **What are your memories of the early days of the Association for Student Counselling (ASC)?**

The first thing to say is that I didn't realise just how young ASC was when I joined it. My first conference in 1978 seemed full of massively experienced, knowledgeable people and I was a little in awe of them. Brian Thorne (UEA) was still Chair – he followed Pat Milner, the first Chair; Gloria Goldman (Brunel) chaired the training committee that was working to assess how far established courses were relevant to student counselling; Wyn Bramley (UCL), John Morton Smith (Hatfield Polytechnic), Ellen Noonan (University of London) and Bernard Ratigan (Loughborough) were developing a series of in-service courses for members. All of these initiatives, and many more, were laying the foundations for the development of ASC. Most significantly, at the 1979 AGM, ASC adopted its first

accreditation scheme that was to form the basis of BAC's scheme in 1983. We owe so much to those who worked diligently during the formative years of ASC to establish student counselling, and indeed counselling as a whole, as a credible profession. But they weren't just knowledgeable and influential, they were welcoming and kind. Thank you George Buckton (Plymouth) and Derek Hope (Brunel) for asking me to dance at the inevitable social evening!

## **Much has changed since those early days. What do you think remains the same?**

I'd pick out three of ASC's founding principles that are still relevant. We need to be clear for ourselves about what we do, why we do it and its relevance to educational success and then communicate this in accessible language – especially important within a culture that prizes outcomes and accountability. The early definition that good counselling services work *developmentally* and *preventatively* as well as with the range of student problems presented to them, allows us, for example, to see the current wellbeing agenda as an opportunity to demonstrate our range of skills, rather than as an attack on our professional identity. Working outside of our consulting rooms (even when demand is high and the temptation is to batten down the hatches) reminds us, and our institutions, that we are not running private therapy services on the margins



of colleges and universities and that we have a responsibility towards our organisations as well as to individual students. This paves the way for the last of the principles that I'd underline – the absolute necessity to identify and work collaboratively with the many academic and administrative colleagues who share our values and who can use their influence and power to bring about the creative change we all desire. ■

**Highlights of Elsa's career**

- Chaired both ASC and BAC
- Co-chaired the founding meeting of the European Association for Counselling
- Founded (with Gerhart Rott from Germany) the Psychological Counselling in Higher Education (PSYCHE) group within the cross-European group FEDORA.
- Chaired the group formed to develop the first UK register of counsellors
- Head of Counselling at Oxford for 19 years
- Retired in 2015 from her final post there as Director of Student Welfare and Support Services.

**In retirement:**

- Emeritus Fellow and Dean of Degrees; Kellogg College University of Oxford
- Currently does some supervision and organisational consultancy
- Works very part time as Advisor to the welfare team at New College Oxford, where, she says, they generously allow her to believe that her brain still functions and that her experience has some current relevance!

**Some of Elsa's publications**

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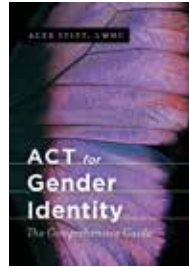
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In the September 2010 issue of *AUCC* (forerunner to this journal), Elsa contributed an in-depth review and appreciation of the emergence of student counselling. She ended that article with words which feel especially relevant in this, our 50th year: *'I salute our forefathers and mothers in ASC who had enough perspective to see what we would gain from coming together, and I salute those who, throughout the history of ASC and AUCC, have continued to allow us all to be different. And to those of you who are the new generation of AUCC, I salute you too and wish you courage and wisdom as you take on the task of being our cartographers of the future.'*<sup>1</sup>



# BOOK REVIEWS



## ACT for gender identity: the comprehensive guide

Alex Stitt  
Jessica Kingsley Publications

ISBN 9781785927997 | £30

This book is intended primarily for professionals working with gender-variant or gender-exploratory clients, but it is also valuable as a self-help guide.

A central theme explored is that acceptance and commitment therapy (ACT) is particularly well-suited to working with gender-variant individuals, due to its core assumption of 'destructive normality' – the idea that mental dysfunction is a typical and normal feature of people's lives, rather than a sign of some kind of

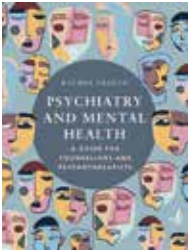
abnormality. The book describes how the ACT practitioner can work with a variety of difficulties that gender-variant individuals are likely to face, from internalised cissexism to dealing with the prejudice, alienation and hostility they may encounter in their families or wider society.

The author explains with clarity the general principles of the ACT model, and also suggests how this can be augmented to make it even more suitable for working with issues of gender variance. The book's greatest strength is its hands-on, pragmatic approach, with a host of mindfulness exercises and other activities designed to help both practitioner and client discover their own values and align their behaviour to embody those values, and ultimately to work towards self-acceptance, actualisation and committed action to live their own version of a meaningful and worthwhile life.

The discussions of theoretical issues are less successful. For example, Stitt introduces the idea of the somatic self, an '*...innocent, emotive part of us that feels our gender*' that '*...is not a creature of choice or deliberation*' but that '*...accounts for our intrinsic sense of gender*'. While this is a potentially promising way in which to conceptualise gender, it is such an important idea that it merits far more attention than the author gives it.

Overall, this is an informative and enjoyable book, wide-ranging in its coverage of issues relating to gender variance. Although it does not fully reach its aim of demonstrating why ACT is especially suitable for this client group (it seems to me that most of the work is done more by adopting a gender-affirmative attitude than the ACT model itself), it is a useful resource for anybody wishing to make their practice more inclusive to gender-variant people.

**Stefan Wilson**  
Counsellor, Birmingham  
City University



## Psychiatry and mental health: a guide for counsellors and psychotherapists

Rachel Freeth  
PCCS BOOKS

ISBN : 9781910919521 | £30

Many of us who have trained as counsellors or psychotherapists will not have had extensive input during our trainings on psychiatric diagnoses of mental illness: DSM and ICD criteria for identifying mental illnesses and syndromes don't tend to feature large in our work. Instead, many of us eschew medical model formulations in favour of relational, dynamic ways of working with emotional distress. A key difference between psychiatric approaches and psychotherapeutic approaches to mental distress is captured in the difference between the question that asks 'What's *wrong* with you?' and the one which wonders, 'What's *happened* to you?'

Nevertheless, in our work within increasingly multidisciplinary teams, interfacing with NHS services, GPs and CMH teams, we frequently meet clients who have been given a psychiatric/medical diagnosis: 'I'm clinically depressed.' 'I've been told I have borderline personality disorder.' And, increasingly, clients have self-diagnosed from the internet and tell us that they think they may 'be' bipolar, or suffering from an anxiety disorder. We also meet with students who have had psychotic episodes, who are struggling with severe eating disorders, as well as many who are taking psychotropic drugs.

There are practitioners who have moved firmly into the 'antipsychiatry' camp, claiming that all drugs are useless or even harmful in dealing with emotional distress, or that mental illness is a myth, the various individual illness classifications prolonging needless suffering, when it is social or political conditions in which clients live that are the real issue. Perhaps, without deeper understanding, it is too easy to take up a hostile position *vis a vis* psychiatry – when we may not be fully appraised of its history, its evolving nature, and the debates within that field itself.

I've long wished for a clear, non-defensive text which would enhance my understanding of psychiatry, the way psychiatrists work, and ways in which counsellors and psychotherapists could *work with*, rather than *against* that enterprise. Rachel Freeth has written that text. A psychiatrist who is also a trained person-centred counsellor, she is admirably (uniquely?) placed to bridge these two professions and to enhance understanding and respect between practitioners. This is a text to keep close at hand to enhance understanding of the issues which clients bring to therapy and to facilitate clear communications when dealing with GPs and others trained in a medical model understanding of mental health. (Freeth takes issue with the term 'medical model', arguing that it is not one unified approach: I use it here as a generic umbrella term.) The range of issues she covers is impressive, and starts with a helpful overview of mental health services in the UK, the way they are organised and their respective remits. She goes on to explore theoretical and conceptual foundations of psychiatric assessment, diagnosis and drugs, before moving on to in-depth discussions of a range of commonly presenting 'disorders', ranging from psychotic episodes, depressive bipolar and personality disorders, eating issues and dissociative disorders.

The section I found most helpful and immediately relevant is titled 'Clinical practice': here, Freeth explores ways that counsellors can most effectively work with clients who present with serious mental health issues such as self-harm, suicidal ideation and psychosis, as well as examining how psychiatric drugs may impact on physical and psychological wellbeing.

This is, I believe, a must-have text for any service, or, indeed, practitioner, who wishes to educate themselves about the interface between professions which may, unfortunately, dismiss the other as a result of faulty understanding. Freeth does not skirt around controversial issues, and is not uncritical of either way of working. This is a profoundly helpful and insightful book, which I hope will facilitate deeper understanding and respect in all who support clients, especially those who are dealing with serious mental health issues.

**David Mair**

Editor of this journal

### REFERENCE

1. Johnstone L. Do you still need your psychiatric diagnosis? Critiques and alternatives. In: Watson J (ed). Drop the disorder! Challenging the culture of psychiatric diagnosis. Monmouth: PCCS Books; 2019 (pp8-23).



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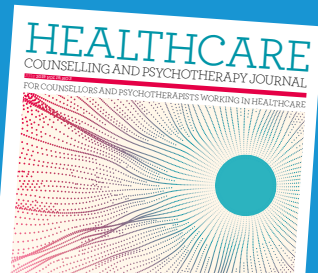
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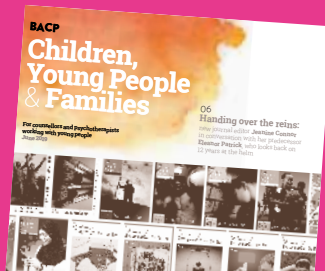
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