



COVID-19 Response:

**Counselling under
localised and rapidly
changing lockdown
restrictions**



Introduction

How do the constantly changing (often local) lockdown restrictions, relating to interpersonal contact, affect counselling?'

How can therapists continue to offer safe, ethical and meaningful therapy, when our work settings may be continually changing? Indeed, illness or contact with COVID-19 infection may also impact on the availability of both therapist and client and lead to unpredictable session attendance. This exploratory paper considers factors important to the client and practitioner when transitioning between in-person and remote provision of therapy.

How to use this resource

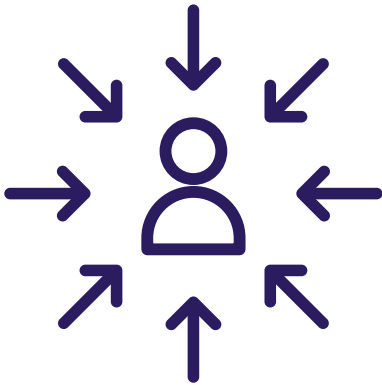
Members have a contractual commitment to work in line with the *Ethical Framework for the Counselling Professions*. This resource isn't contractually binding on members, but it's intended to give support by providing points for consideration, which are valid at the time of publication. Recommendations given are the views of the authors but have been written in the context of the BACP *Ethical Framework*.

Specific issues in practice will vary depending on clients, models of working, the context of the work and the kind of therapeutic intervention provided. Specific issues that emerge from client work are often complex and we always recommend discussing practice dilemmas with a supervisor or consulting a qualified and experienced legal or other relevant practitioner.

In this resource, we use the word 'therapist' to describe counsellors and psychotherapists, and 'therapy' to describe counselling and psychotherapy. We use the terms 'practitioner' and 'counselling related services' to include the practice of counselling, psychotherapy, coaching and pastoral care.



Considering the impact on the client



It is important to refer to the ***Ethical Framework*** to underpin our work and be central to our decision-making processes. With every engagement we need to consider whether we can honestly say that the commitments we make to our clients are honoured:

- At the point of contracting
- As part of our initial and ongoing assessment of risk
- In our ability to be both flexible and boundaried
- In our communication throughout the process with clients, regardless of the setting in which this takes place
- In honestly monitoring the impact of change and uncertainty on ourselves, our work and our client relationships.

Those trained and experienced in working remotely prior to COVID-19 will recognise the phenomenon of '**blended approaches**' where the therapist and client may agree to a change being made to the therapy setting – sometimes to achieve new or different therapeutic goals (or for more practical reasons). Blended approaches can sometimes be useful and promote new and unexpected areas of growth or sometimes they can be less positive.

Change and **resilience** are two factors which will affect our response as we consider the following:

- How able is each individual client to manage change and engage with it constructively within any form of therapy?
- The client's ability to cope with change.
- What part does their **attachment style** (Bowlby, 1988) play? Insecure attachment styles are often considered through the lens of **fragile process** (Warner, 2000) by person-centred therapists and Borderline Personality (Kreisman, Jerold & Straus, 2010) for those using a diagnostic model.
- Do they equate repeated change with rejection or harm because of their past?
- How can we ensure accurate assessment of this at the start of counselling?

Two session assessment model



We might consider the potential value of a **two-session assessment model** – where clients are encouraged to attend both a face-to-face session and an online or phone session so the impact of each setting on the session dynamics can be assessed.

A single-session assessment model is often considered standard when beginning to work with clients, however, it is our experience that some organisations and private practitioners use a multi-session assessment model when clients present with high levels of risk and or additional complexity. A multi-session assessment model may be more familiar to therapists working with couples (Karpel, 1994).

Moving between face-to-face and online or phone communication can complicate the therapy. A two-session assessment model can be helpful, where the practitioner and the client can try both of these settings before contracting to work together.

Due to the restrictions you are currently experiencing it may be that you are only able to meet the client remotely. If you can currently only work online or by phone, we recommend re-contracting with the client in the first session when in-person contact becomes possible. This will enable you to assess how helpful and safe moving between the different settings are for this client.

We suggest a two-session model which includes the following additional components:

- **Include in the face-to-face assessment**

- Discuss with the client the importance of the therapy room in their ability to feel physically and psychologically safe

- **Include in the remote assessment**

- Discuss with the client the importance of the room they have chosen to use for remote therapy. Do they feel physically and psychologically safe there?

- Discuss with the client the different aspects of their environment, which may well be their own home, that need to be considered, such as confidentiality, for them to feel safe.

- **Include in both face-to-face and remote assessment**

- Discuss feelings the client may have about their existing experience of relating to others through various media (including phone and online communication) which may differ from in-person contact.
- Explore with the client the impact of moving from one setting to another.
- Explore the client's experience of change and unpredictability in their life and how they respond. The questions (below) may be helpful.

It is helpful to consider ways carrying out a more explicit assessment of the **impact and implications of change** for the client, as well as a comprehensive **assessment of** their potential resilience in the face of change both in therapy and in the wider world. This may involve a more collaborative approach than usual.

Suggested questions to include in a Two-Session Assessment Model:

- How have you been affected by the restrictions on meeting other people?
- A lot of work and personal relationships are having to be carried out online or by phone rather than meeting in person – how have you found this?
- The changes in restrictions from moving to different tiers to lockdown have sometimes been frequent and come into effect quickly – how has this affected you?
- In general how do you cope with change and unpredictability?
- Do you notice anything different in your response to people and organisations whose actions may have changed during these different circumstances?
- Have you found ways to support yourself during these changes?
- Have you found ways to keep yourself calm?

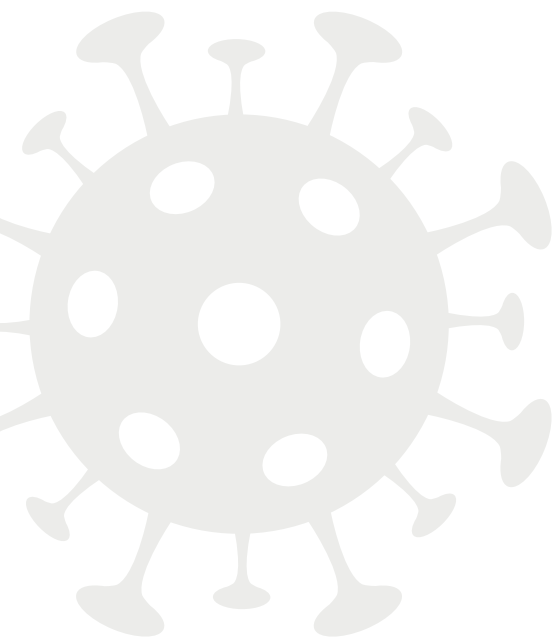


In these changed circumstances, therapy may no longer be appropriate or helpful and alternative support may need to be offered. Letting clients know this, particularly if they are distressed, can be difficult.

However, it is also important not to repeat and exacerbate any early experiences of inconsistent caregiving for clients when we cannot provide a consistent environment for therapy. For clients who are presenting with Fragile Process or Borderline Personality, the lack of consistency and predictability may increase distress and risk, and the client will not find the relationship beneficial.

Clients who may not be suitable for a blended model may be:

- Experiencing high levels of distress around the movement of personal and collegial relationships between remote and in-person contact.
- Not maintaining relationships that are usually supportive when remote contact is the only option.
- Experiencing high levels of distress associated with unpredictable and inconsistent environments.
- Unable to identify any means to calm themselves when faced with unpredictable and inconsistent environments.



Considering the personal impact

We may need to increase our self-assessment skills in the face of these conditions in order to recognise the impact of change on our own emotions and practice (through supervision, further training etc). We may need to reflect on our personal attitudes and biases and how we convey these both consciously and unconsciously to our clients.

Possible reflective questions

- How have I been affected by the restrictions on meeting other people?
- A lot of work and personal relationships are having to be carried out online or by phone rather than meeting in person – how have I found this?
- The changes in restrictions from moving to different tiers to lockdown have sometimes been frequent and come into effect quickly – how has this affected me?
- In general how do I cope with change and unpredictability?
- Do I notice anything different in my response to people and organisations whose actions may have changed during these different circumstances?
- Have I found ways to support myself during these changes?
- Have I found ways to keep myself calm?
- What are my personal responses to people who want to meet in-person?
- What is my reaction to people who will not engage in remote contact?

We need to reflect on and assess our ability to provide continuity of relationship, approach, frame and technique across different forms of engagement i.e. 'in the room' or 'remote' (some therapeutic approaches are perhaps better suited to this than others).

Suggested additions to contracts

Due to the changing nature of restrictions, I am offering clients the possibility of working with me online and/or by phone (*delete as appropriate*) and when restrictions allow, to also meet me in-person.

In acknowledgement that moving between remote and in-person contact is likely to have at least some impact on our therapeutic relationship, I am contracting for a two-session assessment model. This means that ideally, we will begin our therapeutic relationship with one session in-person and one session remotely. This will allow us both to be prepared for meeting in these different ways.

If we need to start to work remotely and there is no way to meet in-person, then we will have one assessment session to begin the work online or by phone (*delete as appropriate*). We are also agreeing that if, at some point in the future, it becomes possible to meet in person, the first meeting will be an assessment session where we will evaluate together whether it is beneficial to move between these two contexts.

Useful Resources



Bowlby, J. (1988) *A Secure Base: Parent-Child Attachment and Healthy Human Development*. New York: Basic Books.

Karpel, M.A. (1994). *Evaluating couples: A handbook for practitioners*. New York: Norton.

Kreisman, M.D., Jerold, J. & Straus, H. (2010) *I Hate You - Don't Leave Me: Understanding the Borderline Personality*. New York: Penguin Group.

Warner, M. (2000) Person-centred therapy at the difficult edge: a developmentally based model of fragile and dissociated process. In: Thorne, B. & Mearns, D. eds. *Person-Centred Therapy Today: New Frontiers in Theory and Practice*. London: SAGE Publications Ltd.

About the authors

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John has been in private practice since 2005 and trained to work therapeutically online in 2007. John is currently in practice as a psychotherapist, supervisor, coach & large group facilitator. John is director at Temenos Education Ltd and a founding partner at onlinevents.co.uk and has been passionate about opening up opportunities for experiential learning online for over a decade.

John is fascinated by the capacity humans have to connect over long distances with and without the aid of technology. Throughout the current pandemic John has extended his large group facilitation to online groups of between 10 and 1,000 participants and constantly learning about the ways we relate that can be both difficult and deeply healing.

Kate Dunn Registered Member MBACP (Snr Accred)

Kate is a psychotherapeutic counsellor, supervisor, consultant and trainer, usually working both 'in the room' and online. Kate has a particular interest in the online therapeutic relationship, the subject of her research and writing which has featured in academic journals and professional handbooks. Kate has been privileged to have engaged with clients and supervisees throughout the world over many years, using a variety of online approaches and applications.

Kate keeps up to date with advances in information technology and is curious about the impact they have on human interaction and society generally as well as the unique challenges they present and the potential they offer within wide-ranging psychotherapeutic settings. The COVID-19 pandemic has led to an unprecedented growth in the use of technologically mediated, distance-based approaches to therapy, something that is changing the face of our profession as we move on into a new era.

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