

**31<sup>st</sup> BACP International Research Conference 2025**

# **Impact through collaboration**

## **Abstract Booklet**

# Keynote Presentations

## Impact through collaboration in Trauma informed and social justice orientated research: Challenges and Opportunities in working with marginalised communities

**Professor Divine Charura**

York St. John University

Therapists are increasingly engaging with research knowledge that draws upon social justice orientated principles and which highlights its impact on marginalised communities. **In this keynote Professor Divine Charura will share insights from his Trauma informed and Social Justice orientated research. Drawing examples from a number of research projects in which he has collaborated on with colleagues and diverse organizations supporting marginalised communities he will share some of the challenges, opportunities and impact of that research in local, national and international contexts. He argues that if counselling and psychotherapy Trauma Informed and Social Justice orientated research is to be fit for our contemporary world, then it has to be conceptualised with and inclusive of diverse voices of those with lived experiences of trauma, and social injustice. Collaboration in the widest and most inclusive sense, therefore, becomes inclusive of those minoritized/marginalised in diverse communities, who are often left “outside the sentence” of research. Some of the co-created research, he has been privileged to engage with in different contexts includes for example with organizations such as the NHS, not for profit sector, and with populations/ communities of people resettled from war-disrupted, politically disenfranchised and also environmental disaster areas.**

**This keynote aims to stimulate discussion and critique of the importance of shifting our focus on impact through critical reflexivity and engaging diverse research methodologies, many of which challenge assumptions about knowledge, truth and just power, and the rationality in ways that exclude some diverse communities, and their bodies of knowledge. Professor Divine Charura will conclude by sharing the value he has found in collaborating with practitioners, researchers and other interdisciplinary teams at all levels who are interested in a paradigm shift towards decoloniality in research, power-with rather than power-over communities/participants, and re-worlding forms of knowledge-making that are inclusive and exist outside dominant research methodologies.**

## Stories of trauma, healing and harm in carceral settings: Reflections on research with women in prison

**Dr Kate O'Brien**

**Durham University**

Kate O'Brien is Associate Professor in Criminology, Durham University. She is Co-Director of the [Inside-Out Prison Exchange Programme](#) and has been teaching the programme at undergraduate and postgraduate level at HMP Durham, HMP Frankland and HMP Low Newton women's prison since 2014. Her research combines theoretical analysis with practical policy recommendations, aiming to address structural inequalities within criminal justice systems. She advocates for reform that moves away from punitive measures and toward restorative, rehabilitative, and community-centered approaches. **In this paper Kate will explore the opportunities and challenges of engaging women in prison-based trauma-informed interventions. She will draw on some of her current work with women in prison, including projects focused on the harms associated with the early days in custody for women and their families; the impact of imprisonment on mothers separated from their children; and the role of Rape Crisis affiliated organisations in supporting women impacted by gender-based violence.**

# Discussion Panels

## Lived and Learned: A panel on lived experience in research

**Andrea Anastassiou with Kamil Sterniczuk, Olivia Rose Kersey and Jennifer Bostock**

Involving people with lived experience (PLE) in counselling and psychotherapy (C&P) research is increasingly recognised as essential to producing meaningful, relevant, and impactful findings. However, there are still relatively few reports in the extant literature of PLE reflecting on their involvement, or opportunities for PLE to feedback to researchers who facilitate the process. As such, this session explores the participation of PLE in research from their perspectives and highlights the value of lived experience in C&P research. The session will be chaired by a member of the BACP research team and will feature a panel of three people with lived experience of counselling and psychotherapy who have contributed to public health research in a range of settings and roles. This includes reviewing research funding applications on the BACP Grants Peer Review Panel. The panel members will share their valuable insights to offer practical advice for researchers, explore barriers to involvement, and discuss how researchers can move beyond tokenism towards authentic collaboration. The session will provide a space for mutual learning between researchers and PLE where both forms of knowledge are valued and future directions for more inclusive research can be co-created.

## Improving the Evidence Base for Investment in Workplace Psychological Therapies: *Maximising Impact Through Collaboration*

**Prof. Lynne Gabriel<sup>1</sup> with Dr Wolfgang Seidl<sup>2</sup>, Prof. Jo Yarker<sup>3</sup>, Miriam Mintz<sup>4</sup> & Kris Ambler<sup>5</sup>**

<sup>1</sup>President, BACP; <sup>2</sup>Partner, Mercer; <sup>3</sup>Professor of occupational psychology, Birkbeck, University of London; <sup>4</sup>Clinical supervision manager, Able Futures; <sup>5</sup>Workforce Lead (Policy and Public Affairs), BACP

BACP's policy team will use this opportunity to bring together voices from across the UK who are working in sectors where psychological therapies are key to keeping people in and supporting people back to work.

The topic is incredibly timely in light of the Government's Get Britain Working White Paper and recent publication of the "Keep Britain Working Review: Discovery Phase," led by Sir Charlie Mayfield, which report highlighted the need for government and employer collaboration to support people in and out of work, with a welcome shift towards prevention and early intervention to help people stay in work and get back quickly if they fall out.

Workplace counselling and psychotherapies can play a significant role in reducing sickness absence and help build individual resilience, ensuring that people stay in work and are better able to manage the impact of stressors. However, it is widely recognised that there is a dearth of good quality research evidence that highlights these impacts, which greatly limits opportunities to influence key stakeholders, including policymakers and commissioners and make a case for greater investment in workplace therapies.

Speakers will talk through their various perspectives and experiences, reflecting on the need to take a collaborative approach to building the evidence base for investment in workplace psychological therapies. Focus will be given to how stakeholder organisations might:

- Improve the collection and sharing of performance and ROI data
- Conduct research in diverse workplace contexts, including SMEs and different occupational groups to ensure the generalisability of findings
- Develop a more collaborative approach between workplace counselling providers, supporting a shared practice approach, including the pooling of resources and practice resource networks.

# Research Papers

## Exploring whiteness within the context of antiracist Psychotherapy education: a narrative inquiry into therapists' experiences.

**Frances Basset**

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Despite years of commitment to diversifying and becoming more inclusive, the psychological professions remain exclusively white with ongoing problems of recruitment and retention of people of the global majority as a concern.

A long history of inequity in training, practice and psychotherapy research has shaped these problems. Concerns about racism were illuminated following the onset of the Covid 19 global pandemic, the racist murder of George Floyd on 25th May 2020 in the USA, and the re-surgency of the Black Lives Matters movement. At this time, all the professional bodies re-committed to tackling racism within the profession.

In an effort to deepen understandings of whiteness, and building on an initial survey (Basset, 2022), an in-depth narrative inquiry was undertaken to explore counsellors' and psychotherapists' experiences of whiteness within antiracist psychotherapy education, a markedly under-researched area within psychotherapy.

From a starting point of critical realism, and with a focus on social justice, qualitative, semi-structured interviews were carried out with six culturally diverse, experienced counsellors/psychotherapists from varying modalities.

Using Gilligan's Listening Guide (LG) as a method of data analysis, responses to experiences of whiteness produced fourteen 'contrapuntal' voices across the group of six participants. Themes associated with the different experiences of whiteness became evident with the most significant being 'whiteness as violence' experienced by all participants of the global majority. Whiteness as hegemonic orientation, whiteness as ambivalence, and a theme of needing to conscientize whiteness also became apparent.

Voices that resist, expose, acknowledge and disrupt whiteness are linked to a cycle of hope. Whereas voices of compromise, assimilation, ambivalence and 'pushback' are associated with a cycle of hopelessness. Ending the violence that colleagues of the global majority experience cannot be overstated and specific recommendations for psychotherapy education are offered.

## Co-producing men's mental health and suicide prevention research with a charity partner

Gary Shepherd<sup>1</sup> & Holly Murphy<sup>2</sup>

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### Background

Our research team from the York St John University counselling department, collaborated with the York-based men's suicide prevention charity Menfulness to conduct a 10-month, co-participatory research project. The aim was to provide an evaluation of service for the charity and assess it against the Samaritans' guide for engaging men earlier (The Samaritans, 2021). The project ended with a one-day conference for mental health stakeholders.

### Methods

We surveyed 250 members of Menfulness and carried out one-on-one interviews, along with focus group discussions.

### Findings

Our findings revealed a strong alignment with the Samaritans' guidance. We found that since joining Menfulness, the number of members reporting poor mental health dropped significantly - from 92 to 22 participants. The number of men who experienced low moods fell from 112 to 32. A significant finding was that, prior to joining the charity, 17 men had attempted suicide, but none reported attempts after becoming members. We observed a shift in attitudes toward seeking therapy or counselling; while 22% of participants were extremely unlikely to seek therapy before joining Menfulness, this figure decreased to 3% after joining. Those extremely likely to seek therapy rose from 15% to 70%.

### Conclusions

The project has fostered stronger community ties and opened new opportunities for collaboration. We successfully secured further funding to extend the project until March 2025, and have applied for funding to establish and evaluate a new branch of Menfulness in Scarborough, an area facing elevated suicide rates and socio-economic challenges. The goal of Menfulness is to adapt this model for areas with higher levels of deprivation and expand the service across the north of England.

Limitations of the project were limits on the time able to engage with our co-researchers, since they were employed full-time as well as being charity trustees. Throughout the research we engaged in reflexivity within our mixed-gender team, which was important when researching topics related to masculinity (Lefkowich, 2019).

Another outcome of the research was an academic journal article asking what men gained from listening to the Menfulness podcast (Murphy et al., 2024). We interviewed nine male listeners of the podcast and analyzed their responses using thematic analysis. We concluded that the podcast promoted inclusive and flexible examples of masculinity which encouraged reflectiveness

and help-seeking among listeners. We recommended ways to promote flexible masculinity through podcast content.

#### Ethics

The project was granted ethical approval (ETH2223-0264) by York St. John University.



## Helpful and unhelpful factors associated with outcomes in psychological therapies for adults with eating disorders: A scoping review

**Gabriel Wynn<sup>1</sup>, Joanna Omylinska-Thurston<sup>2</sup> & Lacey Thompson<sup>3</sup>**

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Studies comparing effectiveness of different models of specialist psychological therapy for eating disorders tend to find, as with psychological therapies for other presenting problems, that outcomes are essentially equivalent across the models. This points to a possibility that common transtheoretical or transdiagnostic treatment factors (e.g. therapeutic alliance), client factors (e.g. readiness to change) and/or extratherapeutic factors (e.g. quality of social support) may mediate or moderate outcome. However, given the distinct behavioural and cognitive features that differentiate eating disorders from other mental health difficulties, it cannot be assumed that common factors associated with outcome in psychological therapies generally, bear the same profile as those associated with outcome in eating disorders treatments specifically.

### Research aims and purpose:

This study aims to identify helpful and unhelpful factors that may influence outcome in established eating disorders treatments. Findings from this study will inform an Arts for the Blues (<https://artsfortheblues.com>) creative group psychotherapy programme to support adults with eating disorders.

### Methods:

The study follows PRISMA ScR reporting guidelines with a collaborative data analytic approach. Ethical approval not required for secondary research.

### Results:

Preliminary findings will include thematic domains containing helpful and unhelpful treatment factors, client factors, mediators, moderators, client preferences and extra-therapeutic factors associated with therapy outcome. These will be ready in time for the BACP Research Conference.

### Limitations:

As there are currently no known published studies on common factors associated with outcome in eating disorders therapies, our findings may point to the need for further research. As scoping review is a relatively new qualitative method, standards for structure and quality of reporting findings are nascent, and we hope to contribute to these.

### Equality, diversity and inclusion considerations:

Gabriel and Joanna seek to create opportunities for allied professionals to collaborate on producing research designed to inform practice. With this study we have deliberately included practitioner-researchers and experts by experience with diverse personal, clinical and research backgrounds from across large regional NHS Foundation Trusts. We aim to develop knowledge that will help inform creative therapy approaches attuned to the experiences and needs of adults seeking help for eating disorders.

## **PCE-CfD and Long-COVID: A Service Evaluation on the Benefits of using Person-Centred Experiential Counselling for Depression with People with Long-COVID**

**Matthew Leavesley**

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Person-Centred Experiential Counselling for Depression (PCE-CfD) is a time-limited psychological therapy used within NHS Talking Therapies (formally known as IAPT). As a NICE (2022) recommended therapy to treat depression, it was developed out of the Roth, Hill and Pilling (2009) humanistic competence framework that blends person-centred therapy (Rogers, 1951) with emotion-focused therapy (Greenberg & Watson, 2006). Its main aim is to support people whose actualising processes have been impeded by their depression (Murphy, 2019). However, with limited empirical evidence, NICE (2009) does not recommend PCE-CfD to treat patients whose low moods are caused by their long-term physical health condition (LTC) or medically unexplained symptoms (MUS). Instead, Cognitive Behavioural Therapy (CBT) is preferred due to its efficacy of reducing depressive symptoms with those who are suffering with chronic health problems (NICE, 2009; NCCMH, 2018). However, with the emergence of Long-COVID in 2020, and it being classified as a new LTC provided an opportunity to offer patients a different therapeutic approach. Moreover, with recent evidence highlighting how people living with chronic/persistent health conditions face not just a 'broken' body but also a disrupted self-narrative causing depression (Fang et al, 2024; McAlearney et al, 2024); justified a more humanistic approach to psychological treatment. Therefore, a secondary research project was proposed to retrospectively assess whether PCE-CfD was effective in reducing symptoms of depression for Long-COVID patients. However, even though service evaluations do not require NHS Research Ethics review, they do need to be GDPR and Data Protection Act 2018 compliant and registered with, and approved by, the Research and Evidence Department, which this project adhered to.

In all, 31 Long-COVID patients were found to be treated with PCE-CfD over a 24-month period (2022-2024) and were added to a secondary dataset. T-Tests were used to analyse the self-reported quantitative data that patients completed. Significant reductions were found with PHQ-9, GAD-7 and WSAS scores before and after treatment. These results highlight the potential benefits of using PCE-CfD alongside Cognitive Behavioural Therapy (CBT) for patients whose symptoms of depression arising from their Long-Term Health Condition (LTC). Limitations of this service evaluation are that its findings lack validity, reliability, and generalisability. With a small sample size, one geographical location and with a service evaluation only aiming to find out 'what went well' demonstrates its lack of application. Nevertheless, these findings do highlight the importance of choice for patients whose mental health is being impacted by their LTC.

## Exploring the experiences of women and non-binary counsellors in relation to gendered power dynamics in the therapeutic relationship.

**Amanda McGarry**

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**Purpose:** To explore the experiences of women and non-binary counsellors in relation to gendered power dynamics (GPD) in the therapeutic relationship. This research aimed to understand counsellor's experiences to establish a theoretical framework for GPD in the therapeutic relationship from the perspective of women and non-binary counsellors. This research took a multi-disciplinary approach, exploring sociological and feminist literature on gender and power, alongside counselling literature on the therapeutic relationship.

**Method:** A co-operative inquiry (CI) group was established to research this area. Further theoretical sampling, in line with the principles of constructivist grounded theory (CGT) (Charmaz, 2014), was done using one to one interviews and a group interview. Ethical approval for this study was granted by the University of Chester.

**Findings:** A theoretical model was constructed made up of five core categories which goes beyond a descriptive account. These core categories are: making sense of gender, experiencing gendered power and its influences, identifying factors which impact the therapist's response, being impacted by the work, and exploring the difference identity can make. This research found that the experience of GPD begins before the client and counsellor meet, and has the potential to continue after the relationship has ended.

**Limitations:** In relation to the CI, some elements were compromised due to this being a doctoral piece of research. For example, the group were presented with a research question, rather than agreeing this together, and I alone completed the data analysis. In relation to CGT, due to a lack of funding a pragmatic approach in relation to saturation was adopted, based on 'theoretical sufficiency' (Dey, 1999, p. 257).

**Implications:** A great deal of training and research is focused on the power dynamics between the counsellor and client, encouraging an intersectional perspective, on the basis of reducing client harm. However, research exploring the counsellor's experience, including potential counsellor harm due to the power held by the client, appears to be limited, although negative impacts in relation to practice have been noted (Ali et al., 2005; Porter et al., 2015; Wright & Murphy, 2024).

**EDI:** Co-researchers were asked to identify as a woman or non-binary counsellor, which allowed for individual expressions of gender identity. The study was first advertised in groups for counsellors with marginalised identities. Theoretical saturation was also focused on gaining further diversity in the sample.

## Has the trauma experienced by individuals who lived in the East End of London through the World War II Blitz had any generational impact on their children and grandchildren, and if so, how can this inform psychotherapeutic practice?

**Mark Wood<sup>1</sup>, Angela Jewell<sup>1</sup>, Elizabeth Lindley<sup>1</sup>, Fatima Alali<sup>1</sup> & Jaqueline Summers<sup>1</sup>**

<sup>1</sup>Student Counsellor, Lewisham Counselling and Counsellor Training Associates (LC&CTA)

We aimed to explore if generational trauma is present within London's East End Community because of parental/grandparental lived experiences of surviving the WWII Blitz. There is a lack of research relating to this potential client group and our purpose became to raise psychotherapeutic/practitioner awareness, if such generational trauma exists.

As a time-limited research project, we had to turn away respondents; the willingness/keenness to participate was so profound. However, ten semi-structured audio-recorded interviews were conducted with participants whose parents/grandparents experienced the East End Blitz. Interviews were transcribed then data extracted using Thematic Analysis informed by the principals of Interpretive Phenomenological Analysis (Smith et al, 2009). Inclusively, the research was open to respondents of any age/class or gender whose parents/grandparents had survived the East End WWII Blitz. However, our findings may be ungeneralisable due to the relatively small number of respondents, all of whom were over sixty-five years of age.

Our training institute's Board of Ethics approved our research before participants were recruited, who were offered six no-fee counselling sessions should intrapersonal issues arise due to their research participation. BACP guidelines for research in counselling/psychotherapy were followed throughout the study (Mitchels, 2018). Our findings fell-into several overarching themes.

The psychological effects impacting participants appeared to include their experiencing caretakers who were often anxious, insecure, over-fearful for loved ones' safety and possessed a sense of guilt, conversely coupled with an outer stoicism and the suppression of emotions. Our participants also reported they were discouraged from expressing their feelings which were in turn suppressed; the need to maintain "a stiff upper lip" was the message participants grew up with. A profound "moving on" mentality existed within the respondents' families and surrounding communities - focus on "rebuilding" meant participants often hid any need to discuss difficult experiences and such silence/impassiveness was encouraged. The parental/grandparental overprotectiveness participants experienced appeared, at times, to stifle/stunt their adventurous spirit, and the emotional distancing experienced from caretakers impacted on our participants ability to relationally connect.

In conclusion it appears the East London Blitz has had psychological generational-impact for the contemporary elders in this community; especially manifest in the suppression of emotions, demand for silence/stoicism and the mandate to "get on with it". Furthermore, as numerous respondents were turned away, it seems there is need for many in this community

to psychologically process the generational impact of the Blitz. Additionally, we question what, if any, are the generational implications of WWII on our nation's psyche and its introjected trauma. We suggest further, wider research takes place.

## Firefighters' Perceptions and Experiences of Counselling and Mental Health Support

**Jack Ollerhead**

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My research explored how newly qualified firefighters perceive and experience counselling and mental health support. Using qualitative interviews with six developmental firefighters, alongside my own experiences, I completed a reflexive thematic analysis (Braun & Clarke, 2006, 2019) and developed three themes. I recruited 5 male firefighters and 1 female firefighter which is largely aligned with the demographics of UK fire services. Ethical approval was received from the Keele University School of Medicine Ethics Committee.

The first theme was 'the watch looks after itself.' The second, 'the walls have ears,' and the third, 'outsider with insider knowledge.' The three themes capture the importance of the watch lifestyle; the concerns firefighters have about the implications of seeking support; and that firefighters would prefer talking with someone who understands their job role.

This research contributes to the understanding of how counselling and mental health support is viewed by firefighters and how it could be improved. It has also identified an opportunity for collaboration between different practitioners (peer-led interventions, counsellors, other mental health practitioners) and collaboration with firefighters, managers and occupational health departments to provide support for emergency service personnel. Through this collaboration, counsellors can seek to develop their understanding of these job roles which can help to facilitate an empathic therapeutic relationship.

This study was not without limitations. I would have liked to devote more time to this study, potentially developing more themes, but due to the time constraints of a master's course, I was unable to do so. This was my first experience of conducting qualitative interviews. With more experience, I may have asked more tailored follow up questions. Another limitation of this study is that all of my participants expressed a generally positive attitude towards mental health and support. This may be indicative of how developmental firefighters perceive mental health support but could also have been influenced by social-desirability bias.

This study was intended to support my future work as a counsellor for emergency service personnel. However, it can help others working in that field and those who seek to promote mental wellbeing with firefighters. My analysis could be used by fire services as I have identified how being supported by someone who understands their job can make support more accessible to firefighters. I have also highlighted how support that is completely internal to the fire service may be a barrier to newly qualified firefighters.



## Thinking differently about ‘Student Mental Health and Wellbeing’ (SMHWB) in the UK - learning from undergraduates’ storied ‘university life’ self-reflections.

**Heather Sutherland**

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Recorded rates of undergraduate student mental distress in the UK have been rising (Thorley, 2017). Exacerbated further by societal events (such as COVID-19 (ONS, 2022) and the ‘Cost of Living Crisis’ (Student Minds, 2023)), this rise does not show signs of abating. Student demand for university mental health support services is increasing (Priestley et.al., 2022); the citing of mental difficulty as a primary reason for students to consider leaving their studies has been noted (Lewis and Bolton, 2023), and levels of student suicide remain concerning (ONS, 2022).

Though UKHE sector commitment to respond/act appears positive, there remain large gaps in awareness and fully effective support provision (Gask et.al., 2017). Main concerns are arguably located in the definitions and approaches informing research on SMHWB. The (implicit) deficit (Davoren et.al., 2013) and individualizing emphases in SMHWB discussions are significant. Frequently overlooked is student personal agency (Farrell, Mikroyannidis & Alani, 2017) and the interplay between that agency (student) and the structure (university) in issues relating to SMHWB. Qualitative understandings are afforded little space (Foster & Francis, 2019) - in-depth knowledge of students’ own understandings and reflections on SMHWB, situated within the overall landscape of their lives as ‘whole persons’, is lacking and/or incomplete (Broughan & Prinsloo, 2020).

The reported research, (ethically approved by Northumbria University), was conducted across 2020-2023. Guided by a research lens formed through a multidisciplinary amalgam of the researcher’s lived experience of sibling suicide loss, the mode of questioning and foregrounding of personal narratives put forth by the Power Threat Meaning Framework (Johnstone & Boyle, 2018), and sociological perspectives on emotion, the project asked, ‘What do undergraduate students qualitatively express about their mental health and wellbeing experiences during their ‘undergraduate stories’?’ 21 undergraduate students participated in/via multiple Free Association Narrative interviews fronted by a Social Media Elicitation task. Developed through Reflexive Thematic Analysis, three interweaving elements to these students’ mental health, distress and wellbeing experiences were identified. These are thematically summarized as first situated across their ‘General Life’; second in their ‘University Life’, and third as emotional undercurrents (feelings of control, security and recognition) across the previous two areas, comprising the students’ ‘Felt Life’. In highlighting these strands, invited is discussion, reconsideration and re-evaluation as to how the labelled issue that is university ‘Student Mental Health and Wellbeing’ might be understood; simultaneously encouraged is review of existing in-response university support (including counselling) approaches and mechanisms in light of the findings.

This presentation acknowledges the support of the following in their capacity as PhD Supervisors for the constituting project: Dr James Newham (Northumbria University); Dr Alyson Dodd (Northumbria University), Professor Peter Francis (No current affiliation).



## **In consideration of the existing researched evidence of fatphobia in the LGBTQIA+ community, what are the experiences of members of this community who self-identify as ‘fat’ within this community and within the psychotherapeutic alliance?**

**Hebe Richardson<sup>1</sup>, Steve Pennington<sup>1</sup> & Markel McDonald<sup>1</sup>**

<sup>1</sup>Trainee/Student Counsellor, Lewisham Counselling and Counsellor Training Associates

Our research aimed to explore the ‘community’ and ‘in-therapy’ experiences’ of individuals within the LGBTQIA+ community who self-identify as ‘fat’; highlighting any specific challenges faced by this ‘sub-group’. Our purpose is to elucidate the fatphobic experiences of such individuals to better inform practitioners working with members of this client-group.

Four semi-structured participant interviews were video recorded then transcribed. Data extraction was informed by the principals of Interpretive Phenomenological Analysis (Smith et al, 2009) but Thematically Analysed. Our training institution’s Ethics-Board approved our research before participant recruitment ensued; offering participants six no-fee counselling sessions should intrapersonal issues arise from their research participation. We followed BACP guidelines for research in counselling/psychotherapy (Mitchels 2018). Our research focused on self-identified ‘fat’ members of the LGBTQIA+ community who had experienced psychotherapy, but inclusivity of person/s within this community sub-group was nation-wide. However, the generalisability of our findings may be limited by the small-scale of our research study (McLeod 2015).

Our findings revealed four overarching themes:

Within their LGBTQIA+ community experiences our participants felt the lack of ‘fat’ representation in queer spaces. Acceptance was experienced as being rooted in maintaining a thin body shape/size, and the degree of judgement/rejection experienced was felt to be in direct correlation to their ‘fatness’. This contributed to our participants hindrance/inability to freely self-express, and in-turn led to feelings of being inhibited due to their body shape/size, which seemed to contribute to participants seeking psychotherapy.

However, our participants also experienced fatphobic judgment/assumptions made by their initial therapists. Participants felt what they wanted to bring/explore within psychotherapy was ignored; such practitioners introjected unprompted/un-desired interventions relating to health/exercise, when participants definitively experienced their fatness/sexuality as inseparable. This led participants to feelings of not being trusted in their own needs and yet further disempowered/silenced. Thus, these initial alliances broke-down. For those participants who experienced positive outcomes from subsequent psychotherapeutic alliances found a shared identity (the therapist being either fat or queer), positive emphasis on weight differences and the experience of not being judged, gave rise to freer self-expression and self-determination.

Our data appears to highlight the complex intersection of fatness and LGBTQIA+ identity for our participants in both the community and within psychotherapy. When this intersectionality is/was not psychotherapeutically understood and accepted, it resulted in a break-down of trust in the therapeutic alliance. Therefore, we suggest therapists need to develop a greater understanding of the intersectionality of identity for fat LGBTQIA+ individuals.

## Mothers, work and stress: An interdisciplinary understanding of identity and managing role strain

**Anna Kennedy**

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For decades scholars have stressed the importance for counsellors to understand the mother identity, a complex identity that can evoke feelings of anxiety, stress, loss and pressure (e.g., Barlow & Cairns, 1997; Simmons et al., 2021). Adding to the complexity of motherhood is maternal employment. Simon (1995) commented on the prevalence of structural characteristics of gender roles in research on distress related to parent and work roles. Hence, her study drew attention to the idea of role meaning as also theoretically significant to gain insight into how mother-work role involvement is experienced, an idea that has yet to be fully explored. Building on Simon's work (1995, 1997), this research aimed to further understand mother and work identities using the concept of meanings within Identity Theory (Stryker and Burke, 2000), a sociological and social psychological approach to understanding identity.

Fifteen mothers with children aged between 5-12 years old and living in Northern Ireland participated in qualitative semi-structured interviews via Zoom and written follow up responses. Recruitment was advertised on social media with purposive and snowball sampling utilised. Data analysis was closely aligned with constructivist grounded theory. Ethical approval was granted by Ulster University Communication and Media (Ethics) Filter Committee.

Six mothers, who spoke of experiencing extreme role strain and stress, are the focus of this presentation. Through insight into positive and negative meanings within the work identity, this research found that the four mothers who exited their careers or chose to work flexibly, perceived mother-work roles as *independent*, therefore in competition with one another. Whereas, an *interdependent* view, meaning one role supports the other, was evident with the two mothers who sought help through counselling and coaching, and remained in their full-time professional roles. The positive meanings of work supported their mother identity. In general, employment has been found to be beneficial to the mental health and parenting satisfaction of mothers (Arendell, 2000). Therefore, if counsellors understand meanings within the mother-work identities and how the role combination is perceived, counsellors can better support working mothers. By helping mothers understand the positive meanings of work, negative meanings, and the associated guilt, stress and pressure, can be drawn out and addressed.

A limitation of this study is the lack of participant diversity. Broad inclusion criteria was set, however this research was conducted during the COVID-19 pandemic which adversely affected recruitment. Future research will aim for greater diversity.

## **Stories of identity and becoming: Exploring narratives of trans and gender diverse middle-aged and older adults in Britain today**

**Mary Murphy-Diprose**

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**Aims and Purpose:** This research focuses on lived experience and meaning-making in middle-aged and older adults identifying as trans or gender diverse (TGD) in Britain. Employing a narrative inquiry methodology, it explores how this marginalised and under-researched group dynamically and fluidly construct their identity in relation to dominant cultural cis-heteronormative narratives.

**Design:** Narrative inquiry prioritises subjective and intersubjective experience, emphasising social and relational connections, within a temporal, social, and geographical context. Central to the creation of narrative is the researcher-participant relationship. I begin with listening to the narratives, transcribing field texts, and sharing interim research texts with participants. The final research report is a collaborative endeavour, which prioritises the essence of the narratively-lived experience of each participant. Ethical approval has been granted by Metanoia Institute and the University of Middlesex.

**Methods:** Participants were purposively sampled from community-based organisations for people identifying as TGD. The narratives re-presented in this project were collected through one-to-one conversations with participants. The process of analysis of these field texts, which began with the conversation and continued to my personal transcription of these conversations, has then been analysed using a range of narrative analytic methods - thematic, structural, and performative.

**Findings:** Data analysis is still ongoing, but in line with Braun and Clarke (2019) the significant broad patterns of meaning or initial themes which have emerged from immersion in the narratives include: acceptance and rejection; dysphoria and euphoria: the process of transition; fear, shame and guilt; crystallisation and iridescence; between the generations; and the role of healthcare. It is anticipated that the final findings, which will be ready for and included in the final research presentation, will give a voice to this marginalised group and their lived experience, providing nuance that is not possible in quantitative research or research that focuses on younger adults identifying as TGD.

**Limitations:** All research participants are white and assigned male at birth - six transwomen and one gender fluid participant. Thus, research findings do not include the influence of different ethnic backgrounds, nor the experiences of transmen.

**Conclusions:** A strength of narrative inquiry is its emphasis on reflexivity and transparency. It demands significant self-awareness of the researcher for it to be effective. In foregrounding stories to understand and make meaning of our lives, this study helps counselling psychologists, counsellors and psychotherapists, working with middle-aged and older clients identifying as TGD, to work in a more meaningful, inclusive, and relational way.

## **Counsellor experiences of humour in the therapeutic relationship when working with survivors of domestic abuse. A narrative inquiry**

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Humour in psychotherapy has generated an eclectic body of literature that has attempted to classify and define its therapeutic value. However, Franzini, (2001) and Sultanoff, (2013) highlight that there are few empirical studies of humour in the therapeutic setting. Saper (1987) writes that most literature is advocacy or theoretical research. Studies have involved a heterogeneous assortment of clients presenting in general practice and many authors have called for a more homogenous approach to understanding humour in the therapeutic relationship.

This study aimed to explore the lived experience of humour from the perspectives of three counsellors working with survivors of domestic abuse; an area where little has been written about the significance of humour, whether client or therapist generated, and provide knowledge on the impact that humour has in the therapeutic relationship.

Ethical approval was granted by the University of Salford ethics board as the subject of an MSc dissertation.

Narrative inquiry is a methodology that facilitates participants to express the uniqueness of their experience in spontaneous narrative with minimal intervention from the researcher. The stories are 'retold' by the researcher creating their own narrative bringing together themes and unique perspectives creating a narrative of the therapists' experiences providing new insight into the role of humour in the therapeutic relationship with survivors of domestic abuse and suggesting implications for practice, training and further research.

The study found that the emergence of humour in the therapeutic relationship with survivors of domestic abuse carried more meaning and significance, for the therapists interviewed, than in general practice, helping clients to express complex emotions and providing a window into exploring them. Humour can signify a return of the client's sense of self, a reclaiming of power over an abuser, a return of hope for the future and a place of safety. The type of humour that abuse survivors found beneficial often contradicts general literature suggesting that further work is needed in this area and further education offered to therapists and others working with survivors of domestic abuse. Whilst narrative inquiry lends itself to small participant samples, the researcher was constrained by the limitations of the dissertation brief and would have liked to have explored a wider range of narratives. There was ethnic diversity amongst the therapists interviewed as well as the clients they described and this suggested clear ethnic differences in the approach to humour which, should be explored in further research.

## Racialised minority clients' experiences of racial microaggressions in counselling

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### Research Aims

Racial microaggressions are subtle incidents in which a White person says or does something to a racially minoritised person that implies that they are inferior or which discounts in some way their identity, experience, or knowledge. Racial microaggressions are a class of 'everyday racism' that may not be recognised as such by those who enact them but which damage the mental health and wellbeing of those who receive them. There is little research on the impacts of racial microaggressions enacted by counsellors on racially minoritised clients, but the available evidence suggests that (1) they are common and (2) they negatively impact the therapeutic relationship and client engagement and counselling outcomes.

### Methods

The study utilises a qualitative survey (with open-ended questions and some demographic items) and aims to collect data from racially minoritized adults aged 18+ who identify as having experienced racial microaggressions in counselling/ psychotherapy. Because of the sensitivity of the topic and to ensure participant anonymity, the survey is conducted online, with participants recruited through the Psychology subject pool of one of the participating universities as well as through snowballing.

### Results

Data collection is ongoing but will be complete by the conference, which will allow findings to be presented. Analysis of an initial sample of 33 suggests that (1) experiencing racial microaggressions in counselling has a catastrophic impact on the effectiveness of counselling, very often prompting wariness, reluctance to disclose and even premature termination of counselling by clients; and (2) that existing taxonomies of racial microaggressions do not adequately categorise the types of racial microaggressions experienced in counselling.

### Implications

This project responds to the lack of research on this topic generally and absence of any UK research. The core project aim is to inform practice for working effectively across racial and ethnic difference in counselling by supporting counsellors to avoid, recognise and repair therapist-enacted racial microaggressions.

## **‘You lose who you are. You’re sitting there thinking who am I now?’ The experience of menopausal students in university counselling training**

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The experience of menopausal students is under-researched despite growing numbers and heightened public awareness. There is extensive guidance for menopausal staff working at universities but none for menopausal students and none addressing the needs of menopausal counselling students. This research begins to address this gap. Given the embodied nature of the menopause experience, this research used the embodied phenomenology of Merleau-Ponty (2012) as a philosophical base and drew on insights from gender and embodiment scholars Ahmed (2006) and Puwar (2004) to explore how menopausal students, as minority bodies, experienced the institutional space of higher education. Using Ahmed (2006) and Puwar (2004) highlighted how menopausal students challenge the university culture and raised specific issues for counselling trainers.

The researchers aimed to develop insights and recommendations for counselling trainers and increase this cohort’s visibility within university counselling training. Following ethical approval from Plymouth Marjon University, semi-structured interviews were conducted with three counselling students and one osteopathy student. The data was analysed using two of van Manen’s (1997) lifeworld existentials, ‘lived body’ and ‘lived space’. The sample produced rich depth, powerfully evoking the daily experiences of this overlooked group. Findings showed how menopausal bodies and menopausal minds are intertwined and affect each other. Students’ menopausal symptoms such as hot and cold flushes and ‘brain fog’ evoked bodily discomfort, emotional distress and eroded their self esteem in relation to their peers and tutors. Their discomfort was exacerbated by the inhospitable environmental conditions and some teaching practices which were experienced as exposing and overwhelming. Students’ physical and emotional discomfort precipitated different forms of physical, intellectual and social withdrawal from the student group.

Menopausal students’ experience in higher education poses important ethical issues for counselling trainers in relation to exclusion and inclusion. This research highlighted potential hidden forms of exclusion that appeared to operate out of awareness. These findings invite counselling trainers to consider how they may actively develop a more supportive learning environment. Given that counselling students are highly likely to work with this population in practice, university counselling courses are advised to ensure that students are trained to understand the lived experience of menopause and counselling trainers are advised to consider how menopause impacts learning and develop teaching strategies to increase their participation. The research was conducted with a small sample in one particular university. It is hoped that it can pave the way for other larger scale projects across more counselling training sites.



**“If you didn't live like that, then this wouldn't happen” “You've brought this on yourself”. A qualitative study exploring the barriers for Travellers in the Southwest of England accessing mental health services and support.**

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Travellers experience the worst health outcomes compared to the majority population and experience health inequality due to the unique barriers they face when accessing services. There is minimal research identifying the barriers Travellers experience when accessing mental health (MH) services, with previous research focusing mainly on primary healthcare. This study's aim was to address the research gap by exploring the experiences of Travellers in the southwest when accessing MH services, such as counselling, and to increase awareness for professionals on how to support and engage the Traveller community.

This qualitative research was granted ethical approval by Plymouth Marjon University and used semi-structured interviews to explore the experiences of four Travellers. Using thematic analysis,

3 key themes were identified: structural and physical barriers, prejudice, services lack of cultural awareness.

The research found that Travellers did not feel respected, heard or understood by services and professionals, leading to feelings of shame and mistrust which impeded them from engaging with MH services including therapy. They perceived that MH services were tailored towards non-Travelers and oriented against the participation of Travellers. This was compounded by experiences of practitioner prejudice and bias, revealing the services' lack of cultural understanding. This led to Travellers feeling isolated and marginalized and unable to access MH services despite experiencing acute mental health needs. This is an ethical issue for counselling practitioners wanting to work with Travellers.

Addressing health inequalities experienced by Travellers when accessing MH services requires understanding the individual, systemic and structural obstacles that hinder their engagement. Embedding cultural awareness training in services and encouraging professionals to reflect on any potential personal biases may enable the development of more inclusive, tailored, flexible services that meet Traveller's MH needs. It is recommended that services find more sensitive ways to foster Travellers' trust, engagement, and collaboration and work to counter the current systemic, discriminatory practices that foster Travellers' feelings of exclusion and distrust. Receiving cultural awareness training delivered by Travellers from the community could be a useful place to start this work and a pathway to greater partnership and collaboration. To build on this research, focus groups with service providers are recommended to understand their perspectives on barriers to engaging Travellers. Alongside this, further research with Travellers using a larger sample size containing a greater diversity of people from the Traveller community is advised, as the current sample size could only report on a limited set of experiences.

## Real-world evidence into how a text-based online therapy for adults can unblock barriers to access.

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### Introduction:

Collaboration between digital mental health (DMH) and traditional counselling services can provide the opportunity to improve the delivery of accessible and timely mental health support. The increasing demand for accessible mental health support in the UK reveals a gap between adults experiencing mental health challenges and those able to access appropriate care. DMH could offer accessible and timely support that could alleviate pressure on traditional mental health services. Effective integration of DMH alongside conventional mental health pathways could support those unable to access care promptly and provide crucial early interventions. This study aimed to investigate who makes use of a digital therapeutic intervention in Qwell, a DMH platform, and its clinical effectiveness. This study investigated: (1) the demographic characteristics, presenting issues, and symptom severity of users engaging with Qwell's structured pathway; (2) the proportion of users demonstrating reliable change in symptom measures; and (3) user satisfaction with the structured pathway.

### Methods:

The use of the service data and planned analysis was approved by the University of Manchester Research Ethics Committee (reference: 2024-20347-35665). Data from users engaging with Qwell's structured pathway, an intervention that includes 6-16 practitioner-directed sessions, between January 2022 and May 2024 was analysed. Key variables included demographics, presenting issues, engagement patterns, clinical outcomes (GAD-7, PHQ-9, and WSAS), and user satisfaction. Changes in clinical outcomes were assessed using NHS Talking Therapy definitions of recovery and reliable change.

### Results:

Among the 1062 users in the structured pathway, a total of 1753 presenting issues were reported - anxiety (30.3%), depression (31.7%), functional (22.1%) and risk-related (15.8%). The majority of users started the pathway with severe symptom severity across anxiety, depression, and functional impairment. Statistically significant reductions were observed across all three clinical outcomes and analyses revealed that between 24-15% experienced clinically significant recovery, and around a third experienced reliable improvement across the measures. The majority of users were highly satisfied with the intervention.

### Conclusion:

This provides evidence that DMH interventions, like Qwell, can be both clinically effective and satisfactory for users, presenting a low-barrier, accessible option for early mental health support. The findings highlight the potential for DMHTs to complement traditional mental health pathways, reduce waiting times, and offer timely support, especially for underserved populations. Continued



research is needed to explore engagement among diverse populations and refine DMH integration and collaboration with existing mental health services, ensuring equitable access and improved outcomes across mental health services.

## Exploring therapists' experiences of interpreter-mediated psychotherapy

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### Aim / purpose

With rising migration, demand for tailored mental health services for diverse populations is increasingly critical. Reliance on foreign language interpreters is growing as a means of supporting migrant populations, yet research on the subject is limited. This study explored the experiences of newly qualified counsellors working with interpreters in community settings. It focused on the perceived impact of interpreters on the therapeutic alliance, therapists' strategies for managing interpreter involvement, and the relevance of current training and guidelines for interpreter-mediated therapy (IMT). The study aims to provide insights to improve guidance and support for therapists working in resource-limited, culturally diverse contexts.

### Methodology

Semi-structured interviews were conducted with six psychotherapists who worked with interpreters in community settings. Transcripts were analysed using Interpretative Phenomenological Analysis to capture therapists' nuanced experiences of IMT.

### Ethical approval

Ethical approval was granted by the University of South Wales Ethics Committee.

### Findings

Challenges reported by therapists included initial anxiety, reduced spontaneity and flow in sessions, and increased self-monitoring. Participants described difficulties in communicating empathy and adapting to interpreters' varied working styles, which they perceived as affecting the therapeutic relationship. Opinions on training were mixed with some advocating structured training and others preferring experiential learning. All participants viewed IMT as a unique and positive learning opportunity, contributing significantly to their professional growth.

### Research limitations

Recruiting participants was challenging due to the target group's specialised nature, requiring broad sampling across therapeutic modalities. Findings suggest that modality-specific research could yield different results. Additionally, session format (in-person, phone, or online) impacted relational dynamics, suggesting a need for further research on how delivery mode affects IMT.

### Conclusions / implications

Findings underscore the need for flexible guidelines that support adaptability in response to varying session dynamics and interpreter styles. Training could include practical exercises that simulate common IMT challenges, allowing therapists to practice adapting in real time. Peer supervision groups could help therapists discuss relational complexities and build shared support networks. Given the increasing need for IMT, comprehensive, adaptable guidelines are essential to prepare therapists to navigate this work effectively.

Considerations given to issues of equality, diversity, and inclusion

This research aims to improve access to counselling for clients with limited English proficiency, who often belong to ethnic minority and/or refugee communities. By addressing IMT challenges, the findings promote inclusive practices that support therapists in providing equitable care for linguistically diverse clients.

## How do counsellors make sense of the online disinhibition effect when counselling clients using video-conferencing? An IPA study

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This qualitative study explores how counsellors make sense of the online disinhibition effect via video-conferencing. Whilst online disinhibition is recognised within the profession, there is a lack of research exploring how this is experienced and understood by counsellors using video-conferencing. As video-conferencing therapy is more widely used since Covid-19, exploring how online disinhibition emerges and is experienced has implications to practice, since counsellors' meaning-making processes inform their responses within the co-created therapeutic encounter. Therefore, this research aims to understand online disinhibition, phenomenologically and objectively, by making sense of counsellors' nuanced meaning-making processes.

Ethical approval was granted by Birmingham Newman University. Six counsellors participated in semi-structured interviews, using a co-constructed schedule, to encourage collaborative exploration. Data was analysed using interpretative phenomenological analysis (Smith, Flowers and Larkin, 2022) to provide exploration of participants' lived experience and meaning-making process of online disinhibition.

Three Group Experiential Themes and six Group Level Sub-Themes were generated. The Group Experiential Theme, 'Phenomenology of Disinhibition' with Group Level Sub-Themes, 'emotional experience of being disinhibited' and 'making sense of being disinhibited' illustrates how participants made sense of this through their own personal responses of being disinhibited. The Group Experiential Theme, 'Adapting to Technology in the Post-Covid World' with Group Level Sub-Themes of 'it's effortful and weird' and 'working with technology' describes how adapting to video-conferencing influenced participants' personal sense of online disinhibition. The Group Experiential Theme, 'Therapeutic Relationship via Video-Conferencing' with Group Level Sub-Themes of 'impact of technology change upon the therapeutic relationship' and 'video-conferencing therapeutic relationship as context for online disinhibition' suggests participants made sense of online disinhibition through the co-created therapeutic relationship which was, itself, informed by technology.

These findings suggest online disinhibition is a complex process of co-creation, within the video-conferencing relationship, as opposed to something that 'happens' to the client.

Personal explorations of social and cultural perspectives of disinhibition were welcomed. A range of ethnicity, age and gender were included. The option for video-conferencing interviewing was inclusive of disability. However, video-conferencing is inherently non-inclusive of digital poverty. It is possible that participants may have been reluctant to share and online disinhibition could have occurred during the video-conferencing interviews influencing results.

More effective practice, especially when hybrid working, could be facilitated by increased awareness of the individualised experience and co-creation of disinhibition within the video-

conferencing relationship. Additionally, training providers could benefit from emphasising the co-creation of online disinhibition and personal meaning-making processes of client and counsellor.

## "Life is what happens when you're busy making other plans." The impact of the COVID pandemic on a Counselling Research Clinic

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### Background

The University of Strathclyde Counselling Research Clinic was established in 2007, offering a generalist practice-based protocol ('PB1') in which the public could access person-centred therapy for up to 40 sessions. Changes to the research protocol ('PB2') were introduced in 2018: a stepped care model with a session 4 review and a 20-session limit. These changes aimed at increasing the clinic's ecological validity. Two years later, the COVID pandemic fundamentally altered how the clinic operated.

### Aim/Research questions

The aim of our study is to assess the impact of those changes on client outcomes, addressing the following research questions:

1. Did the changes introduced in PB2 improve client outcomes?
2. Did client outcomes worsen during the pandemic?
3. Did client outcomes improve following the pandemic?
4. Did the session 4 review improve the quality of the relationship and outcome for PB2 clients?

### Method

This study used outcome data (Personal Questionnaire, Strathclyde Inventory, CORE), relational assessment data (Working Alliance Inventory; WAI), and descriptive statistics (number of sessions) to answer these questions. Several analyses were conducted (paired t-tests, multiple regressions) to assess and compare effects (statistical significance and effect size) between protocols and within the PB2 protocol. Ethical approval was granted by the University Ethics Committee.

### Results

Contrary to our expectations, differences in client outcomes between protocols were not statistically significant, nor between phases during the PB2 protocol (pre-, during, post-Covid). The therapeutic relationship improved between sessions three and five in both protocols. Measuring at session five was a better predictor of therapeutic outcome than session three.

### Limitations

The PB2 dataset is smaller than the PB1 dataset and the data collection process was affected by the sudden move online during Covid. Participants accessing the online service during lockdown may not represent the full range of potential clients.

### Equality, Diversity and Inclusion

Research clinic participants tend to be less ethnically diverse than the general population. Barriers may exist for those who struggle with the associated research activities.

### Conclusion

Based on our results, it is unclear if the changes in PB2 had a positive effect on client outcome due to the confounding impact of Covid. However, during this unprecedented time, client outcomes and the quality of therapeutic relationships were maintained. Furthermore, outcomes were unaffected by the mode of delivery (in-person, online). Future research will explore clients' and therapists' qualitative experiences of the impact of Covid and the protocol changes.

## **‘I don’t know if I could like live being blind’: Supporting patient mental well-being in a Scottish macula clinic.**

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### **Background**

Age-related Macular Degeneration (AMD) is the leading cause of sight loss among people over the age of 55 worldwide with 196 million people affected by the condition worldwide, projected to rise to 288 million people by 2040 (Fleckenstein et al., 2024). There are recommendations across the literature that counselling, emotional support mental health interventions can be helpful to people with vision impairments and that ophthalmology clinics may have a role to play in developing service provision for patients (Demmin & Silverstein, 2020; Garcia et al., 2017; Parravano et al., 2021; Rai et al., 2019;).

### **Aims**

1. To improve mental well-being support for patients receiving anti-VEGF therapy for AMD in an NHS Macula Clinic, through consultation with patients and staff
2. To understand what staff needed in terms of skills or support to enable them to better support patients’ mental well-being.

### **Methods**

Twenty semi-structured interviews took place between March and August 2024 with patients in an NHS Macula Clinic who had been receiving anti-VEGF therapy for at least one year. Patients were aged between 62 and 89 years old. Interview transcripts were analysed using a grounded theory method. A survey was designed from the interview findings and distributed to the wider clinic population. Ophthalmic nurses, who supported patients in their treatment, were interviewed and interview transcripts were analysed using a grounded theory method.

### **Ethical approval**

Ethical approval was granted by the university ethics committee. Caldicott approval was obtained from NHS Tayside.

### **Results**

Surprisingly, there was little evidence of emotional distress during treatment from the patients who were interviewed. They described a high standard of care from staff who were compassionate, empathic and professional. Nurses supporting these patients received no formal training in supporting patients’ mental well-being.

### **Limitations**

The clinic selected the patients to be interviewed, and there may have been unconscious bias in their selection.

### **Conclusions**



Consistent and compassionate care from ophthalmic nurses was an important factor in supporting patient mental well-being during anti-VEGF treatment. There was, however, an unacknowledged emotional toll on the nurses.

Implications for practice.

Training in embedded counselling skills might prove helpful for ophthalmic nurses.

Equality Diversity and Inclusion Considerations

This project sought to include and amplify the voices of visually impaired patients in service improvement.

## Black British Mens' Perceptions of Therapy: An Afrocentric Constructivist Grounded Theory Study

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Researchers have consistently found that Black men suffer from continued racial stress due to living in a hostile environment and are typically reluctant to seek assistance for emotional or physical problems. Statistics and research reveal the economic, social status, and health deficits of Black men in the UK. However, the Black male population is underrepresented in therapy. This highlights the need for significant qualitative understanding in this area for appropriate therapeutic interventions to be established and targeted.

This research focuses on working in collaboration with marginalised and racialised communities in the UK listening to their voices, which offer emancipation and unity around their mental health, through applicable therapy. Specifically, through the voices of Black men. The development of a theory that explores Black British men's perceptions of therapy and analyses the implications of these perceptions of therapy for psychotherapeutic theory, policy, training, and practice.

This qualitative study interviewed 10 Black men and 2 focus groups, utilizing a Constructivist Grounded Theory (CGT) approach. CGT allows researchers to co-construct theory grounded in the data from the realities of participants and embedded an Afrocentric framework, which is a shared cultural and historical experience of people of African descent and based on concepts of spirituality, agency, centeredness and location. The relationship between methodology and framework co-produces an alignment that aids the agenda of liberation through therapy for Black men.

Middlesex University Ethical Approval Board granted this research.

Findings make explicit the social process and actions of Black British men's perceptions of therapy, through the four categories that emerged. Being and Becoming a Black British Man whilst Living with Duality, Pre-perceptions of Therapy, The Right Encouraging Hu/man, and A Reforming Therapy.

In conclusion, Black men would be more likely to engage in therapy, however therapy does not engage them. This research sheds light on factors that may support them to consider and engage in therapy. This research presents the opportunity for psychotherapeutic theory, policy, training, services and practice to consider the foundations of Eurocentric ideologies as problematic and provides insight for incorporating Afrocentric principles to adequately meet the psychological needs of Black men surrounding therapy. This theory provides practitioners with a framework to utilise when working and engaging with Black men therapeutically and donates a sensitivity in their competence of application. This research supports academics particularly in the field of social science and humanities to utilise methodologies and frameworks collaboratively when researching marginalised and racialised groups.

## The role of mentalizing in psychosis risk during adolescence and young adulthood

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Disfunctions in mentalizing - the imaginative ability to reflect on the inner states (i.e. thoughts and feelings) driving one's own and others' behaviours - have consistently been identified among adults suffering with clinical psychosis. In recent years clinical adaptations of mentalization-based treatments (MBT) with a focus on supporting people suffering with psychosis reflect on their own and others' mental states are enriching the psychotherapy landscape for this patient population. Importantly, contemporary research suggests that mentalizing difficulties may already be present, albeit at an attenuated degree, during the premorbid stages of psychosis expression and increase the risk for transition to clinical illness. The current research aimed to explore the role of mentalizing dysfunction on the presence of psychosis-relevant trait and state symptoms in a sample of adolescents and young adults.

Eighty-seven community adolescents and young adults aged 14 to 23 years were recruited via written advertisements in public schools, universities and community centers in Geneva, Switzerland. Self-report measures and semi-structured interviews were used to assess mentalizing abilities and psychosis-relevant symptoms. Multivariate logistic regression analyses were conducted to examine the associations between self-reported mentalizing difficulties and psychosis-relevant symptoms. The study was granted approval by the Swiss Association of Research Ethics Committee.

Statistical analyses showed that mentalizing difficulties were independently associated to both schizotypal trait manifestations, as well as cognitive and perceptive symptoms relevant for psychosis risk. In addition, mentalizing abilities were shown to statistically moderate the relationship between schizotypal personality traits and psychosis-relevant symptoms. The current findings indicate that mentalizing dysfunction is linked to the presence of clinical risk manifestations relevant for psychosis in adolescence and young adulthood and may contribute to increased vulnerability for clinical illness. From an early intervention standpoint, our findings highlight that mentalizing disfunction may be a worthwhile psychotherapeutic target to sustain resilience against the development of clinical psychosis among adolescents who may be at increased risk.

Available treatments for individuals who are suffering with psychosis spectrum disorders, or exhibit prodromal symptoms are commonly limited to pharmacological interventions or short-term psychological therapies. The current findings have the potential to inform the application of longer-term psychodynamic MBT approaches to the treatment of individuals in the psychosis spectrum, thus increasing the range of available treatments for this client group. The current findings will be discussed in the context of recently published research suggesting that mentalization-based treatments may support better symptomatic and social functioning outcomes for young people on the psychosis spectrum.

## **A discourse-informed interpretative phenomenological analysis to explore the impact that counsellor's and psychotherapist's personal history of complex trauma has on their ability to maintain psychological presence with trauma clients**

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Research and literature widely suggests that a significant proportion of psychotherapists are drawn to the profession by their own experiences, often shaped by trauma and challenging life events (Bond 2020; Martin 2011). This study seeks to explore how therapists with complex trauma histories perceive the influence of these experiences on their therapeutic presence. Specifically, it investigates how these practitioners navigate therapeutic presence in trauma-focused therapy, considering their own trauma histories and lived experiences. Additionally, it examines the self-support strategies they employ to prevent retraumatization while staying fully present with clients.

Nine qualified psychotherapists took part in the study, each trained in diverse therapeutic approaches and registered with professional bodies. Semi-structured interviews were conducted to explore their personal and professional experiences of Complex Trauma and how they believe their experiences impacts their therapeutic presence in the therapeutic relationship. Both Interpretative Phenomenological Analysis (IPA) and Critical Discourse Analysis (CDA) were used to analyse the generated data to create a 'discourse-informed' IPA study that can enhance IPA by paying closer attention to the discourse chosen by the therapist. In January 2024, the University of Chester granted this study ethical approval for recruitment to commence.

The findings offer insights and generate recommendations for best practices, supporting trauma-informed approaches that enhance therapeutic resilience and efficacy. Master themes that have been generated to date include the following 1) Woundedness, 2) Post-traumatic growth, 3) Hope 4) Relational depth 5) Fearlessness. Although still in development, these findings will be fully presented at the upcoming conference. Given that the sample focuses on therapists with complex trauma histories, findings may have limited applicability to the broader mental health profession. The study underscores the value of trauma-informed approaches in counsellor training and professional development, particularly for practitioners entering the field with personal trauma backgrounds. Findings suggest that targeted support systems can help therapists manage their own trauma while effectively supporting clients, enhancing both resilience and therapeutic presence.

Attention to equality, diversity and inclusion were integral to the research design, data collection, and analysis. Efforts were made to recruit widely to ensure therapists from different backgrounds were represented. When discussing personal histories of trauma, the interview process was crafted to be inclusive, respectful, and mindful of cultural and identity-specific interpretations of trauma. This sensitivity was especially crucial when discussing trauma potentially influenced by systemic oppression or discrimination.

## Music Industry counsellors and psychotherapists' experiences of working with clients affected by institutional and/or interpersonal sexism or misogyny: an interpretative phenomenological analysis

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This phenomenological study explores the experiences of therapists working in the music industry with clients who have faced issues relating to institutional or interpersonal sexism or misogyny. The study is idiographic and qualitative and central to it is looking at therapists' accounts of how sexism or misogyny come about through clients' presentations alongside their perspectives on the issue and the approaches used to facilitate change for their clients. Ethical approval has been granted for this piece of research by Leeds Beckett University.

The aim was to explore how issues around sexism or misogyny emerge during the therapeutic experience for clients working in the music industry and how this informs the therapeutic approach used. A hermeneutic phenomenological methodology (Smith et al., 2009) was selected to understand the experiences of music industry therapists working with this client group and the meanings they assign. Semi-structured interviews were conducted over MS Teams with 3 female and 1 male therapist from different therapeutic modalities, and the transcripts analysed.

Four superordinate themes emerged in the findings: Clients' presenting problems, compounding issues, factors linked to therapeutic approach and Perspectives, feelings and attitudes of therapist. Findings contribute to recent reports and studies into misogyny and mental health in the music industry (Gross and Musgrave, 2017).

The sample size has certain limitations in terms of trustworthiness of recruitment procedures since participants who agreed to be interviewed may have been those for whom sexism and misogyny were important topics or had relevant client experiences. It risks overstating the significance of these issues amongst music industry therapists due to the homogenous and purposive sample chosen. Therefore, the researcher and participants' bias or assumptions can become a limitation. The research would also benefit from diversifying the sample's demographics with age, disability, gender and location.

Emerging clinical implications are that therapists might consider integrating more feminist and trauma informed strategies to aid clients facing issues relating to sexism or misogyny in the music industry. The study further highlights the importance of a tailored approach to therapy with practitioners who have their own lived experience within the music community to support hope and change.

## On the Spectrum and in the Room: The Role of Identity and Empowerment in Autistic Women's Recovery from Psychological Trauma

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Research suggests that Autistic individuals are more vulnerable to experiencing a range of mental health problems compared with the general population, including an increased risk of experiencing traumatic events and subsequent difficulties. This thesis suggests that Autistic women are susceptible to experiencing various types of trauma due to their intersecting marginalised identities (being both Autistic and female). These difficulties are often compounded by challenges in obtaining an autism diagnosis and significant barriers to accessing appropriate support.

Despite the concerns highlighted above, little is known about the impact of traumatic events on Autistic women, and the guidance available to counsellors and psychotherapists working with this unique population is scarce. This study sought to fill a gap in existing knowledge by interviewing Autistic women with self-reported trauma histories about their experiences of receiving counselling support for these issues, the aim of which was to better understand how therapists can better support this unique population.

This study utilised participatory action research, employing an advisory board formed of Autistic women who assisted in determining how the research would be conducted and in drawing conclusions from the research data. This is significant as Autistic women's voices are currently underrepresented in autism research, with previous research being conducted predominantly with male participants.

Participants' experiences were explored through semi-structured interviews which were then analysed by the primary researcher and Autistic board members. The results from this analysis indicated that the empowerment process and the restoration of coherent identity were significant aspects of Autistic women's recovery from psychological trauma. Recommendations are provided as to how therapists can support the empowerment process for clients, including by attending to the power differentials within the therapeutic relationship and facilitating the client's autonomy within the therapeutic process.

This study included a relatively small sample size, interviewing six participants in total. However, the findings derived from this research can still provide valuable insight to practitioners endeavouring to work with traumatised Autistic women, by enhancing their awareness of the experiences of this group, and increasing their understanding of the ways to support the empowerment process and, ultimately, the recovery from psychological trauma.



## Assessing Patient Coaching in Psychotherapy: A Pilot Study on the Development and Reliability of the Patient Coaching Rating System (PCRS)

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Patient coaching, a key concept in Control-Mastery Theory (CMT), refers to patient-initiated communications that guide therapists in understanding therapy goals, personal challenges, and preferred therapeutic approaches. By fostering therapist responsiveness to these cues, patient coaching supports the disconfirmation of maladaptive beliefs and encourages adaptive growth. Despite its theoretical relevance, empirical research on patient coaching has been limited, with recent studies (Bugas et al., 2023; Gazzillo et al., 2024) relying on labour-intensive methodologies involving expert judges and extensive clinical case analysis. To facilitate broader empirical research, this study introduces the Patient Coaching Rating System (PCRS), a tool designed to systematically measure patient coaching behaviours in psychotherapy. The PCRS operationalises patient coaching into two dimensions: Information Coaching, reflecting the “what and why” of the patient’s therapy goals and related content, and Direction Coaching, capturing “how” the patient wishes to work with the therapist.

A pilot test was conducted to assess the reliability of the PCRS, involving eight judges from the San Francisco Psychotherapy Research Group (SFPRG), who rated 22 segments from a 16-session psychotherapy treatment. The original clinical data involved in the study received ethics approval from the Institutional Review Board of Mount Zion Hospital and Medical Center, as documented in the “Protection of Human Subjects Assurance/Certification Declaration” (HEW-596) form dated 20 February 1980. Each judge assessed the degree of Information Coaching and Direction Coaching within each segment on a 0-4 scale, with higher scores indicating greater coaching behaviour. Analysis of inter-rater reliability, calculated using a two-way random-effects intraclass correlation coefficient (ICC), demonstrated strong reliability for Information Coaching (ICC = 0.86, 95% CI: 0.74-0.94) and moderate reliability for Direction Coaching (ICC = 0.68, 95% CI: 0.43-0.84), suggesting that trained judges can reliably identify information-based coaching efforts, though refinements may improve consistency for Direction Coaching.

In alignment with equity, diversity, and inclusion (EDI) considerations, the PCRS seeks to standardise the identification of patient coaching behaviours across different patient populations, reducing bias linked to varying clinical experience or theoretical orientation. Future research will expand this tool’s applicability by incorporating raters with diverse backgrounds and assessing a broader range of therapy modalities and patient demographics. Overall, this pilot study provides preliminary validation of the PCRS, establishing a foundation for future research aimed at enhancing the tool’s reliability and applicability across diverse therapeutic settings.

## Effectiveness of psychological interventions for sustaining intimate relationships in old age: A systematic review

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### Research Aims

The ageing population in the UK and worldwide creates challenges in supporting the wellbeing and quality of life for older adults. Research suggests that fostering physical and emotional intimacy improves the wellbeing and health of older adults, offering quality of life gains as well as reduced health/social care costs, and enhanced community cohesion. Although there is evidence that many older adults are open to professional support for intimacy, little empirical research seems to exist on effective interventions to support intimacy for this group. This systematic review aims to establish the current state of research on the effectiveness of psychological and therapeutic interventions for maintaining intimacy, including emotional and physical affection, for adults over 65.

### Methods

Following PRISMA guidelines, a systematic search across five databases (APA PsycINFO, Cochrane Central, PubMed, Psynex, Web of Science) was conducted for both studies on psychological and therapeutic interventions for sustaining intimacy in old age (reported here) and experiences of intimacy in adults 65+. Articles were screened by at least two researchers and assessed using strict inclusion and exclusion criteria. Ethical approval was not required for this review of the literature. The review was pre-registered on PROSPERO. Rigorous procedures were applied during search, screening, and data extraction.

### Results

Out of 13,298 records screened, only 5 met the criteria for studying the effectiveness of psychological or therapeutic interventions for intimacy in older adults. Among these, three were randomized controlled trials (RCTs) on group mindfulness/CBT for couples post-prostate cancer, mindfulness-based therapy for older women with epilepsy, and couple-based psychosexual support following prostate cancer surgery. One study was a narrative therapy case study, and another was a qualitative study on psychosocial intervention for men with prostate cancer and their partners. While these interventions showed effectiveness, they only address a narrow subset of the older population, primarily in prostate cancer contexts.

### Implications

The scarcity of studies on therapeutic interventions supporting intimacy in older adults highlights a significant gap in research and practice provision. This review points to the need for more inclusive, targeted studies and tailored interventions to address the diverse intimacy and relational needs within this population, a crucial aspect of EDI in therapeutic and counselling practices.



## Evaluation of creative psychotherapy Arts for the Blues

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### Introduction

Depression is one of the leading causes of health-related burdens, affecting 5% of adults globally. NHS Talking Therapies in England provides treatments for depression. However, the drop-out rate for this service is high (45% in 2024) suggesting that the therapies provided are not always helpful and alternative approaches.

Arts psychotherapies offer a good alternative and there is evidence that they are effective for depression. A recent survey reported that service users want to see arts psychotherapies as an option when they contact services (Millard et al, 2021).

Therefore, based on a systematic review of the evidence of psychological treatments for depression we developed a creative psychotherapy for depression called Arts for the Blues, integrating talking therapies with arts psychotherapies. The intervention was initially evaluated in the mental health charity MIND and this paper will present the findings from this study.

### Methods

A mixed methods approach (Creswell, 2014) was used including gathering qualitative and quantitative data. Service users completed post-intervention interviews which were analysed using thematic analysis (Braun and Clarke, 2013). Additionally, pre- and post- intervention outcome measures were completed including PHQ9 and BDI-II (depression), GAD7 (anxiety), WHO-5 (wellbeing) which were analysed using descriptive statistics. NHS and University Ethical Approvals were obtained for the study.

### Results

Out of 11 service users referred, 7 (4 females and 3 males) completed 12 sessions of the Arts for the Blues group. The service users were recruited from the deprived areas in the North-West. The quantitative results were promising, showing improvement in depression and anxiety on completion of therapy. The qualitative results suggested that service users valued active engagement, learning skills, emotional expression and developing relationships with others through creativity and the arts. They talked about enjoyment, surprise and that the intervention exceeded their expectations. Some practical considerations and challenges were also discussed.

### Limitations

Only a small number of participants took part in the group so the results are preliminary and cannot be generalised. More studies need to be conducted in order to show the effectiveness of Arts for the Blues.

### Conclusions

The findings contribute to the development and gathering of evidence for Arts for the Blues. The initial results show that it is a promising intervention and it is possible that, once fully researched, it could be introduced to the NHS, offering an alternative for those who find engaging in available treatments difficult.

## Graduate therapists' experiences of transformation on their journey to qualification: phases, turning points, struggles, stories

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Aims are to:

- Understand how trainees transform into therapists.
- Explore their stories of turning-point moments, and how they overcame their struggles during training, through a narrative thematic inquiry.
- Critically reflect on what constitutes effective teaching and learning, both personal and professional, in therapy training.

Twenty-three qualified counsellors and psychotherapists from four modalities (humanistic, psychodynamic, integrative, and transpersonal) - recruited through professional networks and an advertisement in *Therapy Today* - self-selected to participate in a topic-focused narrative interview (Mischler, 1986) via Zoom, reflecting on the transformative moments during their quest to qualify. They were a diverse representation of the therapy population in terms of academic ability, age, class, culture, disability, gender, language, neurodivergence, race, religion, and sexuality.

The data were analysed firstly with reflexive thematic analysis (Braun & Clarke, 2022) to create themes within each story and across stories (Riessman, 2008); and secondly with poetic transcription (Glesne, 1997), paying attention to conceptual metaphor (Lakoff & Johnson, 1980) to identify the shape and direction of each person's journey (Lieblich et al., 1998).

A three-phase growth model - aligned with the Hero's Journey (Campbell, 2014) - conceptualises therapists' developmental process: 1) Inkling, 2) Unfolding, and 3) Flourishing. A typology of therapist transformation is revealed within the Unfolding phase. Twenty-three poetic vignettes, interspersed throughout, create verisimilitude and evoke the essence of each participant's experience (Ward, 2011).

Cross-modality themes are:

- Personal transformation is valued more than acquiring professional skills and experience.
- Seeing and being seen is a catalyst for change.
- All transformation comes through relationship - with supervisors, tutors, peers, personal therapist, clients, and with self.
- However, there is a shadow side to relationship: some therapists felt shamed and 'othered' by tutors and supervisors because of their age, gender, academic ability, and neurodivergence. Some were even told: 'You don't look like a therapist.'

This study explores retrospective accounts from qualified therapists. A potential study of current students - interviewed at intervals across their training - could provide in-the-moment insights into their trials and triumphs. A smaller dataset featuring a homogenous group of therapists might delve more deeply into their lived experiences.

The findings may inform therapy educators' approach to programme development and delivery. The need to prioritise the person of the therapist and the therapeutic relationship empirically aligns with the SCoPEd framework (2022). Faculty members need to be more inclusive and aware of power dynamics. Reading 'insider' stories will resonate with current practitioners and will hopefully inspire future generations of therapists.

This doctoral study received ethical approval from Metanoia Institute's ethics committee on 6th February 2023.

## **A hidden practice, a forgotten service. Shining a light on specialist university mental-health mentoring practice: Conceptualisation, challenges and implications.**

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### **Aim/purpose**

To understand how specialist university mental-health-mentors approach their practice with culturally diverse student-mentees, and the relationship between mental-health-mentoring and psychotherapy.

### **Research design**

This mixed QUAL-qual method doctoral study is an interpretivist-hermeneutic phenomenological inquiry within a critical realist ontology.

My research questions elicited the life experiences, professional knowledge and personal wisdom that inform mentor practice; meaningful and significant experiences; and how mentors choose practice interventions.

The ‘capta’ (data) consists of nine semi-structured online phenomenological interviews with mental-health mentors and an additional 13 vignettes of meaningful experiences from a short, structured survey-diary.

Each interview was analysed through the lifeworld existentials and a hermeneutic lens to draw out the essential meanings of everyday, mentor lived experience; through how mentors intentionally bring themselves to mentoring (Heidegger, 2010; van Manen 2014; Finlay 2011, Churchill). Nine phenomenological accounts of experience were produced, incorporating the embodied, (inter)subjectivity and reflexivity of the researcher (Etherington, 2004).

The survey-diary vignettes were added to the thematic analytical process to draw out recurrent and variant themes of essential meanings across mentor accounts. The use of metaphor and the phenomenological concepts of Being-In, Being-For, Being-with are insight cultivators used to produce a thematic metanarrative of essential meanings (Moustakas, 1995).

### **Ethical Approval**

This research was approved by the Metanoia Institute’s Research Ethics Committee in January 2023 and conducted in compliance with Middlesex University’s research ethics guidelines.

### **Findings/results**

Final findings will be completed prior to the conference date.

I will present three key finding themes from this Doctoral study:

- 1) Shining a torch on a creative, pragmatic, and collaborative mental-health-mentoring practice.

- 2) A demarcation of mentoring and its crossover with counselling: a focus on student-mentee functioning, stuckness and progressive movement.
- 3) Colouring the grey: the challenges for mentors as professional practitioners - conflicts, splitting and ethical concerns.

#### Limitations

Essential meanings are in part co-created in dialogue and subject to researcher interpretation, so findings cannot be generalised. Reaching potential participants was subject to gatekeeping, resulting in a predominantly White British representation.

#### Equality, diversity and inclusion

This research expanded upon a counsellor-mentor pilot project, to include mentors with any professional background. The first eight eligible inquirers were interviewed, with the ninth accepted due to a communication lag. This research has implications for university student mental health and disability support.

## **Integrative counsellor experience of antidepressant discussion with clients in a therapeutic space: A Thematic Analysis**

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### **Topic Relevance and Research Aims**

There is a lack of literature looking at antidepressants in relation with integrative therapy (Blair et al., 2021), despite the prevalence of antidepressant usage (NHSBSA, 2023) and depression as a major reason individuals seek therapy (BACP, 2024). This research reveals how discussing antidepressants within a counselling setting is experienced by integrative counsellors, and how underlying opinions, training, and theoretical model influence this.

### **Research Methods**

Five semi-structured interviews were conducted via videocall, and analysed utilising Reflexive Thematic Analysis (Braun and Clarke, 2022). Recruitment utilised purposive sampling, requiring participants to have current BACP membership, practice integratively, and experience of working with antidepressant material.

### **Ethical Approval**

Approval was granted by the University of South Wales Ethics Committee on 31st January, 2024, approval number 230257LR.

### **Significant findings**

- Practitioners gain knowledge re. client antidepressant usage early on, which can shape assumptions
- Perception of antidepressant usefulness is influenced by personal experience
- Practitioner knowledge influences depth of engagement with antidepressant material
- Clients receive information based on practitioner comfort.

Individual experience was highly influential. Practice models, supervision, and training were found to have some influence, with greater exposure to pharmaceutical material in training and supervision leading to greater topic engagement.

### **Limitations**

The degree of post-qualification experience was not specified, resulting in a broad range of experience. This may have resulted in data which does not fully enable an understanding of what practitioners need at each stage of professional development.

Engaging integrative practitioners led to findings that varied with some correlation to practitioner's core therapeutic practices.

### **Conclusions and Implications of the research**

- Training should highlight how personal bias can influence client case formulation
- Guidance should highlight research detailing client perspectives and evidence of combined treatment outcomes



- Training should prime practitioners with basic information regarding antidepressants
- Practitioners need to engage in supervision to consider ethical implications of information sharing.

A lack of current guidance on this topic leads to difference in client care, including potentially harmful approaches to the topic. The implementation of guidance, coupled with a framework through which therapists can encourage clients to examine antidepressants without overstepping therapeutic boundaries could lead to greater competence in this area, empowering clients to make informed choices in holistic depression management.

#### Equality, Diversity, and Inclusion

While EDI statistics were not collected as a part of this study, the findings are likely to be more applicable to a white British population due to prescribing patterns. It reveals further areas for exploration, including implications of class, ethnicity, and generational differences in the perception, usage, and experience of antidepressants in combination with counselling.

## Looking beyond the label: Exploring veterans' personal meanings of PTSD

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Post-traumatic stress disorder (PTSD) essentially pathologises human responses to adverse life events, classifying natural coping mechanisms as symptoms of a disorder and as dysfunctional in nature. The endorsed approach to PTSD diagnosis and treatment is primarily focused on such symptoms and problematised behaviours, lacking sensitivity to the broader, meaningful context in which trauma occurs. For veterans, in particular, this narrow-medicalised view can overlook the meaning and influence of significant aspects of their journey with PTSD. Many veterans carry adverse experiences with them when entering their military careers and accrue these further whilst in military service. Veterans often face stigma, isolation, and career termination when diagnosed with PTSD, complicating their adjustment to civilian life.

This research contributes to the growing field of emancipatory survivor-led mental health studies, focusing on understanding veterans' personal experiences with PTSD beyond symptom management. Without apriori assumptions, it explores what veterans themselves found meaningful throughout their journey with trauma, examining any disconnect between their lived experiences and the mental health system's symptom-centric view. The study also investigates potential iatrogenic harm, where well-intentioned system based interventions and support may inadvertently cause further distress and difficulty.

Conducted with ethical approval from the University of Chester and in collaboration with Combat Stress, the study used a psychosocial narrative approach to interview eight veterans all medically discharged with PTSD. Whilst recognising all qualitative research is interpretative, efforts were made to minimise researcher influence through using a free narrative psychoanalytic analysis, enabling veterans to articulate their stories authentically. Although there is debate about the validity of psychoanalytic methods in research, this approach focused on uncovering unique personal meanings through language patterns, maximising inclusivity and individual diversity through preserving individual participants' voices, and not effacing these through methodological process.

The resultant restoried individual narratives threads give a unique picture of meaning and impact, very different to a collective reductionist symptom-based explanation of PTSD. They reveal that veterans' experiences of PTSD are shaped more by relationships, family, and quality of life than by clinical symptoms alone. They highlight that mental health systems can either support or inadvertently harm individuals, depending on how well they align with the social, cultural, and personal contexts that veterans find meaningful. This study offers new insights into experiences of PTSD, providing valuable knowledge for practitioners and academics, and promoting a discourse that validates veterans' lived experiences.

## Understanding older clients' experience of psychotherapy and their recommendations for beneficial psychotherapy practice

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**Objective and Background:** This study is the second of four in a PhD project: “Understanding older clients’ and psychological practitioners’ experience of talking therapies and their recommendations for beneficial therapy practice.” This responds to the call for mental health professionals to gain skills and competencies through informed training curricula which are tailored to the mental health needs of older adults (Health Education England (WW.HEE.NHS.UK (2024); Royal College of Psychiatrists (2018); BABCP & Age UK (2024)). The position of the project and this study is that clients are experts by ‘lived experience’ and Exeter Community “Lived Experience’ consultation is pivotal in this project. Limited research information on what clients say about their experiences of talking therapies motivates this study. By promoting a privileged view through individual interviews, it is hoped to benefit information to training curricula and therapists’ practice.

**Method:** Sixteen people aged 65 to 89 years old were interviewed in a framework of semi-structured questions on their experiences of engaging in a one-to-one psychological therapy as an older adult. Interviews were audio recorded and Jefferson transcription was applied to the scripts to conserve conversational and emotional content. Analysis was through Interpretative Phenomenological Analysis (IPA) to gain in-depth knowledge of participants’ experiences and perspectives.

**Results:** Three Group Experiential Themes (GETs) were present:

1. Being equal and guided; 2. Gaining a redemptive autobiographical narrative; 3. Managing vulnerability.

Within the personal and group themes participants offered recommendations to psychological therapists for beneficial therapist practice based on lived experiences and reflections within the interview process.

**Conclusions:** To be equal and be guided was central to a beneficial relationship between the older client and therapist. A balance between being listened to collegially, and therapists’ timely interventions bringing new awareness’s was valued. Stereotyping, especially Ageism, by both therapist and client, hampered such change and often triggered temporary compliance to the therapist as an authority figure and consequent disengagement. Clinical terminology was deemed a barrier to understanding individual experience and personal terms were preferred. Gaining a redemptive narrative was facilitated by therapists encouraging curiosity of a psychological model or theory that was explanatory of the clients’ life experiences. This was valued as both reparative reminiscence and having predictive potential in future life events. Participants who were aware of vulnerability to mental health concerns as age increased, valued problem-solving therapy approaches. Cognitive behavioural therapy (CBT) where adapted, such as by Wisdom Enhancement

techniques, to recognise former resilience in difficult life circumstances, encouraged hope and change.

## Understanding how sociodemographic characteristics and advert format can influence men's desire to access and engage with University Mental Health Services

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This study looked at factors influencing male university students' attitudes toward seeking mental health support, addressing a significant gap in research with this group. Men are statistically less likely to seek help compared to their female counterparts (Seidler et al., 2020) and three quarters of all suicides in England and Wales were men (Office of National Statistics, 2023), making this is an area of concern. The study uses the Attitudes Towards Seeking Professional Psychological Help Scale Short-Form (ATSPPHS-SF) to assess attitudes across potential factors such as age, ethnicity, socioeconomic class, and the impact of exposure to different mental health advertisements. The goal is to create therapeutic interventions that will encourage more men access therapy at university. Ethical approval was provided by Leeds Beckett University as it was a masters' project. The study asked for participants who identified as male, so that it addresses the issue of equality, diversity and inclusion of the range of male students. 114 males completed an online survey that asked for participants to self-report their age, ethnicity and socioeconomic class and complete the ATSPPHS-SF. A multiple regression analysis was conducted on the collected data, examining the relationship different demographic factors and attitudes toward mental health support, alongside any effect of experimental exposure to mental health advertisements. Results indicated that age and socioeconomic class were significant predictors of attitudes: older students and those from higher socioeconomic backgrounds were more likely to hold positive attitudes toward seeking mental health support. In contrast, neither ethnicity nor the type of mental health advertisement viewed had a significant effect on attitudes.

The findings suggest that younger male students and those from lower socioeconomic backgrounds are particularly hesitant to seek mental health support, highlighting the need for targeted interventions towards these specific groups. The study advocates for tailored mental health strategies, which could enhance engagement by addressing the unique challenges faced by younger and lower-income male students.

To deepen understanding of these attitudes, future research should incorporate qualitative methods, such as interviews or focus groups, to explore the reasons behind reluctance or openness toward mental health services among male students. Additionally, adopting co-production approaches – where students collaborate in designing mental health interventions – may yield strategies that better resonate with this population. This study underscores the importance of demographic factors in shaping attitudes toward mental health support and emphasizes the role of tailored interventions to improve help-seeking behaviours among male university students.

## The supervisory relationship for experienced counsellors, the importance of the core conditions

**Trish Hobman**

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**Abstract Aim and purpose** - My research explored the meaning and impact of supervision for experienced counsellors. BACP considers supervision to be essential to counsellors sustaining good practice over their professional working lives, and as providing opportunities to regularly reflect in depth on their practice. It is linked directly to working safely, ethically and effectively and the personal resourcefulness required to work as a counsellor (Davies, 2023). However, to-date there has been little research evidence to support this position, particularly in respect of experienced counsellors (Callifronas, 2022; Coleiro, Creaner & Timulak, 2023; Watkins, 2019). Supervision for experienced counsellors is an under-researched area and this research seeks to address an important gap in the knowledge base.

**Design or methodology** - Eight experienced counsellors were recruited with post-qualification experience ranging from 4-25+ years, all were accredited members or members of BACP. The lead researcher is also an accredited member of BACP. Transcripts were analysed using narrative inquiry (Frank, 1995, 2012; Riessman, 2008).

**Ethical approval** - University of Leeds

**Results/findings** - Three narrative typologies were developed: Relational; Support; and Career-long. This research suggests that experienced counsellors attribute meaning and impact in supervision primarily through the relationship they had with their supervisor. A particular type of relationship was articulated, and based on the core conditions: congruence, empathy and unconditional positive regard. If the relationship felt safe, and was based on the core conditions, it appears possible to fulfil the ethical requirements inherent in career-long and mandated supervision. The narrative typologies of Support and Career-long relate to professional and ethical issues. Participants expressed a preference for egalitarian and non-hierarchical relationship in supervision. Safe supervision affords a space which can facilitate a range of important functions: self-care; restorative; therapeutic; personal development; compassion, and at times love; and, finally, can be free of unhelpful power dynamics. Participant narratives, and the literature about supervision, raised questions such as: the efficacy of supervision; power in the supervisory relationship; whether what works for a trainee counsellor is fit for purpose for experienced counsellors; and the professionalisation of counselling.

**Research limitations** - Whilst the size of the sample was relatively small in keeping with a narrative inquiry reflexivity was utilised at all stages of the research. Thus, meeting the criteria by which qualitative research might be judged as having rigour (e.g., Elliot et al., 1999 & Tracey, 2010).

**Conclusions or implications** - Participant narratives, and the literature about supervision, raised questions such as: the efficacy of supervision; power in the supervisory relationship; whether what works for a trainee counsellor is fit for purpose for experienced counsellors.

## Addressing Intersectionality in Minority Groups: Understanding LGBTQ+ Experiences in the Gypsy, Roma, and Traveller Communities for Inclusive Counselling

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This research, conducted as part of an MA in Educational Anthropology at Brunel University London, offers an in-depth exploration of the intersectionality between LGBTQ+ identities and Gypsy, Roma, and Traveller (GRT) ethnicity. The study critically examines the prevailing assumption of homophobia and exclusion within GRT communities, presenting a more nuanced picture of lived experiences that include both acceptance and multiple marginalisation. Drawing on first-hand accounts from individuals who identify as both LGBTQ+ and GRT, the research explores complex notions of belonging and (in)visibility within these communities. It incorporates anthropological perspectives on identity, mental health and community, combined with intersectional analysis of queer theory related to sexuality and gender.

By presenting this research, counsellors and psychotherapists will gain a deeper understanding of how intersectionality functions within GRT communities, improving their ability to engage sensitively and appropriately with GRT and multiple marginalised clients. This research contributes to the evidence base on how collaboration with marginalised communities can enhance inclusivity and culturally informed practice in the counselling profession.

The research findings offer key implications for promoting Equality, Diversity, and Inclusion (EDI) within the counselling, psychotherapy, and coaching professions. By challenging stereotypes about rejection in GRT communities, the study encourages greater cultural competence and reduces biases among professionals. It highlights the need for inclusive, intersectional counselling practices that address the unique challenges faced by individuals from minority groups.

The findings can inform EDI policy development, advocate for targeted mental health support addressing both racial and identity-based discrimination, and emphasise the importance of collaborating with people with lived experiences to develop more responsive services. Overall, the research fosters a more inclusive and empathetic counselling landscape for GRT individuals and contributes to advancing EDI in the profession.

As the researcher, I bring lived experience to this work, having LGBTQ+ identity along with being from the Gypsy, Roma, and Traveller community. My professional background includes educational anthropological, mental health research and leading on interventions for children's social, emotional, wellbeing, as well as Equality, Diversity and Inclusion advocacy internationally. This unique positionality enriches the study, offering an insider's perspective on navigating these intersections. By presenting this research, counsellors and psychotherapists will gain a deeper understanding of how intersectionality functions within GRT communities, improving their ability to engage sensitively and appropriately with GRT clients. This research contributes to the evidence base on how collaboration with marginalised communities can enhance inclusivity and culturally informed practice in the counselling profession.



## On developing a culturally-adapted CBT model: A qualitative investigation on the experiences of Kenyan counsellors using the CBT 5 aspects model with their clients

**Georgina Green**

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This research project hones-in on the Cognitive Behavioural Therapy (CBT) element that is already recognised within Kenyan eclectic counselling models, confronting prevailing post-colonial systems, that result in persisting acculturation and oppression around Afrocentricity.

The aim of this research project is to find out via the lens of Kenyan counsellors, in urban and rural communities, their experiences of using the CBT 5 Aspects model, (Padesky & Mooney, 2012) within their own eclectic practice. This research has intentions to provide findings and outcomes of interest for Kenyan counselling professionals but also for practitioners in the West, as we acknowledge intersectionality and positioning as therapists, embracing cultural humility whilst addressing culturally-adapted models, (Forum of African Psychology, (FAP, 2021; Masambia, 2014). The methodological design takes the ontic view of critical realism and uses a qualitative enquiry using Reflexive Thematic Analysis (Braun and Clarke, 2013) to analyse the data. A focus group method was chosen, comprising of two separate groups - one in Nairobi (urban) and one in Eldoret (rural), within these Kenya Association of Professional Counsellors (KAPC) branches. All 17 participants attended -12 in Nairobi and 5 in Eldoret. A follow-up focus group was conducted, which was participant-instigated and examples this research to be encouraging of Afrocentric ideas and supporting a de-colonising of methodologies movement.

Discussion areas and questions: How can the CBT 5 aspects model be used (in Kenya) with clients, especially men, who are traditionally and culturally socialised and experience the model as coercive/too directive. What considerations around traditional cultural beliefs could enable collaboration using a model such as the 5 aspects model within a diverse cultural setting?

The participants reported positive-use of the CBT 5 Aspects model but reported complexity when eliciting thoughts and feelings from their clients, via English, Kiswahili and mother-tongue dialects. What are the considerations around collaborative communication within a diverse cultural setting and how can we bring in elements of creativity when using a structured CBT framework?

Participants reported that story-telling/‘off-loading’ was culturally practiced at the onset of sessions. The question of how the 5 aspects model is initially introduced, was seen to be critical as this is when you can “win or lose” your client. What are the considerations for practitioners when using a structured framework, within a culture, where there is a resistance to change? Delegate groups that could benefit from contributing: mental health clinicians interested in cross-cultural psychology, universities/academics, Non-governmental Organizations, (NGOs) and charities.

## Ex-Members' Experiences of Therapy Post-Cult: A Qualitative Study

**Nicola Atkins**

**Counsellor**

The field of cultic studies offers a critical, yet under-utilised, resource to therapists wishing to better serve clients who have exited high demand groups and relationships. Cults represent a particularly potent environmental factor (Langone, 2017) about which clinicians need an awareness.

My qualitative, grounded theory study aimed to address a gap in the literature; namely, the therapeutic experiences of ex-members. I aimed to see whether an empirical study would support the premise of cultic specialists that therapy with ex-members requires a unique approach. Grounded theory was chosen as a methodology particularly effective in researching under-studied groups (Addo & Eboh, 2013). This aligned well with the current study's aim to contribute to the growing body of survivor research in healthcare, a sociological perspective whereby policy is influenced by service-users, and the previously marginalised given voice (Sweeney, 2015). The research was qualitative and made use of semi-structured interviews.

My research formed part of my MA in Pluralistic Therapy at IICP College, Dublin, and was passed by their ethics board. Participants had exited cults, both physically and psychologically (Jenkinson, 2008) and had been deemed suitable for participation by a gatekeeper (Dr. Gillie Jenkinson).

I had six participants, all female, ranging in age from 40 to 79. All were second- generation members, four from Bible-based fundamentalist groups, with the others from a political cult and a family cult respectively. They were asked about their expectations and fears around therapy, how they came to engage in therapy, whether the cult experience was addressed, whether cultic dynamics played out and were recognised by the therapist and their overall experience of therapy.

The research identified four key themes with sub-themes:

- (1) Relationship Dynamics: issues of transference and counter-transference; therapy as a reparative experience; inauthentic self presented in therapy; and the importance of collaboration.
- (2) Cult-specific Therapeutic Issues: cult-related trauma; family dynamics; estrangement from true self and others.
- (3) Important Therapeutic Competencies: awareness of cultic dynamics; challenge and the facilitation of critical thinking; awareness of the need for personal development.
- (4) Cultural Resources: education/training; personal cult research; peer support.

Data saturation was by no means reached in this small qualitative study (Fusch & Ness, 2015). memory issues-remembering specifics of their therapy was noted. Representative sample would ideally have included men.

This research supports attestation that post-cult therapy is a specialised endeavour, and that therapists should aim to at least embody non-maleficence in their encounters with ex-members (BACP, 2018).

# Symposium

## What does good therapy look like for people with dementia? Using interviews and co-production to develop core competences for therapists

Yelena Mikhaylova-O'Connell<sup>1</sup>, Esther Whittlesea Reed<sup>2</sup>, Sophie Jeffery,  
Jenny O'Donnell<sup>3</sup> & Divine Charura<sup>4</sup>

<sup>1</sup>University of Liverpool; <sup>2</sup>Expert-by-experience; <sup>3</sup>BACP; <sup>4</sup>York St. John University

Convener: Alys Griffiths, University of Sheffield

Supporting family relationships for people with dementia is crucial to deliver high-quality relationship-centred care, particularly as people with dementia have increased risk of depression and anxiety. Psychotherapeutic interventions can be offered as post-diagnostic support to people with dementia and their families. Currently, there is little evidence for the effectiveness of psychotherapeutic interventions, and we do not know what the experiences of people with dementia are. Within this programme of work, we aimed to explore the experiences of people with dementia and their families who receive psychotherapeutic interventions. We also aimed to understand therapists' perceptions of the barriers and facilitators to providing psychotherapeutic interventions and identify the training needs of therapists working with people affected by dementia. Finally, we drew together these to develop core competences for anyone working therapeutically with people with dementia, across their journey from diagnosis to end of life care.

This symposium will begin by sharing the process of gathering data to gain an understanding of the experiences of people with dementia and their families, and reflections and points of learning from therapists. We will then provide an overview of the co-production techniques used to develop a set of core competences for therapists. We will share the core competence development process, and the framework of competences that were subsequently developed and refined. Key competences will be shared and reflected on, to encourage consideration of the role of these competences within all individuals working therapeutically with people with dementia. The voice of people with dementia is central to our work, and will be heard throughout the symposium.

## **Symposium Paper 1 - What are the experiences of people with dementia and their families who receive psychotherapeutic interventions?**

**Yelena Mikhaylova-O'Connell<sup>1</sup> & Esther Whittlesea Reed<sup>2</sup>**

<sup>1</sup>University of Liverpool; <sup>2</sup>Expert-by-experience

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Psychotherapeutic interventions can impact how individuals respond to their diagnosis of dementia and how they experience living with the condition. Currently, there is little evidence for the effectiveness of psychotherapeutic interventions, and we do not know what the experiences of people with dementia are. This study aimed to explore the experiences of receiving psychotherapeutic interventions, and to identify the barriers and facilitators to accessing therapy for dementia-related issues.

Semi-structured interviews were conducted with people living with dementia and their family members (25 in total). Participants were recruited through NHS Trusts, support groups and professional networks across England. Participants could choose to be interviewed alone, or as a pair, dependent on their preference. We adapted our methods to support the communication needs of each individual, for example, offering questions in advance, breaking the interview into several shorter segments, and offering face to face or virtual discussions. The voices of people living with dementia are underrepresented in research, in particular those with early onset dementia and rare forms of dementia. To ensure we reached a diverse range of experiences, we invited people with lived experiences of living with dementia and caring for someone with dementia to join the study's Lay Advisory Group. The group members' guidance and networks allowed us to reach and include participants with early onset dementia, and rare forms of dementia such as posterior cortical atrophy, frontotemporal dementia and Lewy body dementia.

Using Framework Analysis, four main themes were identified and refined. Aligning expectations, agreeing outcomes, and tailoring of therapy helped people to navigate therapy with dementia. Therapist knowledge of dementia and creation of a meaningful therapeutic relationship supported engagement from the person with dementia's perspective and helped manage expectations around realistic outcomes of the process. Involvement of family members in therapy supported the improvement in communication between people with dementia and their loved ones and allowed family members to feel heard and seen within the context of therapy. Finally, barriers and facilitators to accessing therapy were highlighted, including individuals' readiness for therapy, availability of services and a clear referral pathway, and the impact of dementia on therapy. These factors held a significant role in how participants engaged with the therapeutic process.

## **Symposium Paper 2 - What are therapists' experiences of, and reflections on, delivering psychotherapeutic interventions to families affected by dementia?**

**Jenny O'Donnell<sup>1</sup> & Divine Churura<sup>2</sup>**

<sup>1</sup>BACP; <sup>2</sup>York St. John University

To broaden our knowledge around the barriers and facilitators to delivering therapy to people affected by dementia, we sought the experiences of therapists (including counsellors, psychologists and systemic therapists).

We conducted 20 semi-structured interviews with qualified therapists recruited through NHS Trusts and professional networks across England. The sample included therapists with a range of experiences and at different points in their careers, including those who recently qualified as well as those with many years of practice. Therapists also held a range of ethnic backgrounds and gender identities, and worked in a variety of settings, including the NHS and private practice. We particularly wished to focus on the diverse ways in which participants may have interacted with people with dementia, to learn from best practice, and highlight any areas of particular challenge.

Using Framework Analysis, five main themes were identified and refined. Managing and meeting expectations throughout the course of therapeutic engagement was seen as key to establishing a relationship based on trust, where difficult issues could be addressed, including having honest conversations about the limitations of therapy for dementia-related issues. Enabling the person with dementia to live in line with their values and re-orientating the focus on their strengths through an empathy-based approach was seen as key to alleviating the feelings of pain, loss and grief. Extra consideration was given to involving family members in therapy to ensure that the wishes of the person with dementia about who should be involved were met. Identifying the need for therapeutic support in a family member and taking steps to meet this need, whether within the family therapy setting or separately, was seen as a way to relieving carer burden. Challenges arose where the person with dementia Finally, all participants strongly agreed that dementia-related content should be included in therapist training as part of the curriculum. Therapists' preferred ways of learning about engaging therapeutically with people with dementia included accessing specialised online resources such as webinars and publications, learning in peer groups and through supervision.

## Symposium Paper 3 - Co-development of core competences for working therapeutically with families affected by dementia

**Divine Churura**

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Current competence frameworks for therapists offer little guidance on delivering psychological therapies to people with dementia and their families, and this is not often prioritised within curricula. We aimed to develop core competences to help guide those working with families affected by dementia. We collected and analysed data which allowed us to centre the views of people living with dementia and families within the competence development process. Firstly, we brought together the data from interviews with people with dementia, their family members/friends, and therapists. Secondly, we ran three collaborative workshops in parallel with the interviews to triangulate the data and to explore in depth the questions that matter to families affected by dementia. In total, 35 people participated in the workshops hosted in Leeds and London, including people with rare forms of dementia such as posterior cortical atrophy and Lewy Body dementia. We adopted a World Café approach - a participatory method of data collection - which aims to invoke the atmosphere of a café and encourages discussions between participants. We incorporated a range of inclusive methods aimed to foster creativity, including opportunities building models using LegoSeriousPlay. Creative expression from participants was also captured by them sharing their experiences through drawing, writing and speaking. One participant used song to express her feelings.

Through World Café discussions, we found that a more humanistic approach should be adopted by therapists, including being more sensitive to the dementia diagnosis and the challenges that receiving and accepting this diagnosis might have brought. Being able to address the feelings of loss and grief in people diagnosed with dementia was also seen by the participants as a key to the delivery of person-centred care. We developed an initial set of core competences, which were refined with people with dementia, and reviewed by people who deliver therapy (i.e. psychologists, counsellors). These focused on four areas; (1) knowledge of dementia and how this may impact someone's communication and therapeutic experiences, (2) therapeutic skills and techniques that are particularly pertinent when working with someone affected by dementia, (3) considerations required when developing and maintaining therapeutic relationships with people with dementia, and (4) broad competences for all therapists around scope of practice, and considerations when delivering therapy to people with dementia. The competences are focused on three levels; generic, specialist and leading. Our future work will focus on implementation of these core competences within curricula across the UK.



# Posters

## **The Silent Practice: A mixed-methods exploration of the absence of practising Counsellor's, Psychotherapist's and Counselling Psychologist's contributions to research**

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By its very nature, counselling and psychotherapy is a means by which lives can be enriched. The future of psychotherapy is reliant on research (UKCP, 2022), with research having a tangible potential in changing people's lives (BPS, 2018). Since Eysenck's (1952) critique of there being limited evidence that psychotherapy (in particular psychoanalysis) improved people's lives, action has been taken to address this. The aim of this doctoral research to explore how practising counsellors, psychotherapists and counselling psychologists' (therapists) experience being a researcher and engaging in research alongside their clinical practice. The objective is to identify commonly-held beliefs regarding being both a practitioner and a researcher, to draw from these experiences to support more therapists in the process of engaging in creating and publishing research whilst working in private practice. Ethical approval for the first phase was awarded by Middlesex University's Psychology Research Ethics Committee on 14 November 2023.

Drawing on a qualitative-driven mixed-methods approach, this research project is split into two phases. The first explores the individual narratives in which therapists engage in and with research, drawing together quantitative demographic and contextual information, such as modality and research experience, alongside qualitative data pertaining to personal and contextual beliefs in the value of researching within the role of therapists. The second phase draws on the themes identified in phase one, using free-association narrative interviews to deepen the exploration into the personal and social conscious and unconscious narratives which persist within practising therapists and their engagement in research.



## The Impact Stigma has on Male Experiences of War Trauma

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### Background

Traumatic exposure during military service has profound psychological impacts on veterans. Mental health stigma, internalised masculine norms, and military culture often deter individuals from seeking help. Male veterans face unique challenges due to societal expectations that label vulnerability as weakness. This study explores how stigma, influences help-seeking behaviors among men

### Research Question/Aims

This study aims to understand male experiences of war trauma and to identify the role that military and masculine norms play in barriers to help-seeking. The goal of understanding factors that prevent men from accessing mental health support is also addressed.

Research question: How does stigma influence male experience of war trauma?

### Method

An advanced literature search was conducted across relevant academic databases to systematically generate journal articles addressing mental health challenges in military contexts. A thematic analysis was then performed on the selected studies to identify common themes, providing a broader understanding of the impact of stigma on men and exposure to war trauma.

### Results

Four main themes emerged: fear of career impact, fear of social impact, barriers to help-seeking, and loss of respect. These themes were found to integrate, together forming a broad picture of trauma among men exposed to war, either in military or civilian contexts.

### Recommendations

The study recommends tailored therapeutic approaches for veterans, which may include using familiar language, adapting therapy duration to fit needs, and enhancing psychoeducation on diagnostic terminology. These considerations may reduce stigma and improve help-seeking in men.

### Conclusion

The findings indicate that men who have experienced war trauma often avoid seeking support for their mental health. This is significantly influenced by the concerns about the potential negative impact on their careers and social standing. These fears are deeply rooted in societal norms and internalized stigma that associates vulnerability with weakness. While there are commonalities in how individuals experience war-related trauma, recognizing and addressing individual differences in therapeutic settings is essential.

## The curious and reflective practitioner : Working with social identity in psychological therapy

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This ethically approved research from the University of Hull is a qualitative study that explores the experiences of mental health practitioners (MHPs) and service users (SUs) from diverse communities, in psychological therapy, in the United Kingdom (UK) and Trinidad and Tobago (TT). The study is motivated by the researcher's firsthand experiences as an MHP working in diverse Caribbean communities and the inconsistent views in literature regarding culturally relevant therapy. The research aims to understand the impact of social identity differences for both the practitioner and service users, on the choices that practitioners make in therapy and how it impacts the service user's perception of their experience. Using the grounded theory method to analyse data via interviews and focus groups from a total of 40 practitioners of any background and service users who self-identified as Black, Asian, Caribbean or any combination of those identities, a preliminary theory was developed. The substantive theory suggests that it is impossible for MHPs to know every single detail about a service user's cultural background and how it impacts their therapeutic intervention, but, when working with diverse communities it makes a difference when practitioners engage in an ongoing reflective journey on a personal and professional level, in an effort to acknowledge and understand barriers to intervention such as race, ethnicity and culture, in the historical, social and political contexts in which they practice. This combination of knowledge and experiences increases a practitioner's bank of skills when working with service users, regardless of their own intersections of the socially constructed hierarchies of social identity. The reflective journey does not have to be perfect, neither is it about knowing everything, but it is about being responsible for making the choice to be curious, committed to learning, and having self-compassion when holding ourselves accountable if we make mistakes as MHPs. This journey is bolstered by curriculum that recognizes the impact of social identity on therapy, difficult conversations that come with this, and the personal and professional communities that create safe spaces to explore our biases, assumptions, and reflective thoughts in practice. A reflective guide grounded in the data is being created for practitioners to use individually or with colleagues that acknowledge the wider systemic framework that impact service users and the discipline and practice of psychology. The major limitation of the research is the limited number of white practitioners who participated within the time frame of the study.

## Negotiation of Safety in Inter-cultural Trauma Therapy: A Meta-ethnography of Qualitative Studies

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Establishing psychological safety by increasing control and connectedness is often the first step in addressing traumatic distress in trauma therapy. Qualitative research suggests cultural differences between providers and clients may pose unique challenges to this process.

This meta-ethnography aimed to understand how safety is negotiated within the therapeutic alliance in inter-cultural trauma therapy. The research question was: “How is safety negotiated in the therapeutic alliance for both service providers and clients who are experiencing trauma-related distress in an inter-cultural context?”

No ethical review was required for the study. Five databases were searched (MEDLINE, CINAHL, EMBASE, PsycINFO, and ASSIA) using a pre-planned search strategy in June 2021; this was further updated in June 2022. Sixteen studies were included in the review. Meta-ethnography was used to synthesize the findings of qualitative studies (Noblit & Hare, 1988). It was selected because it provides detailed steps for the systematic and flexible comparison, interpretation, and integration of studies, which can aid the development of novel theoretical frameworks.

The synthesis highlighted that safety is negotiated in a web of relationships that go beyond just the therapeutic dyad. Personal connection, non-verbal communication, tolerating discomfort, and sharing the role of an educator with the client were some of the strategies used by therapists to bridge cultural differences. These strategies created various cultural and role conflicts, which were managed by addressing stigma, clarifying roles (including interpreters’), and creating a work-life balance. Structural factors such as organisational protocols, lack of institutional support, cultural stigma, and the asylum-seeking process hindered the negotiation of safety. Based on this meta-ethnography, the ‘CLADES’ framework was developed to help mental health professionals negotiate safety in inter-cultural trauma therapy.

There were some limitations to this review. Most of the studies in this synthesis were conducted in high-income countries. All the studies from LMICs were from South Africa. This limited the transferability of the findings to varied settings (Finfgeld-Connett, 2010). There was a dearth of in-depth data regarding parent-mediated alliances, limiting the insights that could be synthesized from the studies about these alliances. Exclusively focusing on the results sections of the research reports might have led to the omission of important data about the researchers’ perspectives and the theoretical and empirical contexts of the findings. Lastly, the exclusion of case reports resulted in the omission of topics like traumatic amputation (Dinh et al., 2008).

## The Multilingual Talk in Therapy: How Might the Spoken Language Shape Narratives of Life Experiences

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Ethical approval has been granted by the Metanoia Institute Ethical Committee, and this research is part of my doctorate training in counselling psychology and psychotherapy.

As a bilingual person (Hungarian-English), I am interested in language, how it shapes us, and how it appears in therapy. Some argue that lived experiences and actions can be organised through language and narrative, thus the experiences people bring to the therapy room are also presented and understood through narrative form (Sarbin, 1986). However, there has been little research on how the language used might influence the resulting narrative (Wang & Ross, 2007), so I propose to explore life narrative construction through the lens of language diversity.

The primary aims are:

- To understand how the language spoken may influence the process of storytelling and the resulting narrative.
- To explore how sharing life experiences with someone having similar cultural and linguistic background may impact the storytelling.

I have recruited Hungarian adults who learned English as a second language and have been living in the UK for a considerable amount of time. They took part in Hungarian and English narrative life interviews using the Biographic-Narrative Interpretive Method interview technique (Wengraf, 2001). I will analyse the completed interviews and other field notes, including self-interviews, using narrative methods. I aim to tap into both the structural and thematic content of the narratives while paying particular attention to the context in which they were shared, thus I plan to utilise Riessman's (2008) dialogic/performance approach.

The main limitation of this research is my background as a Hungarian person - it is a niche language, therefore outcomes that relate to linguistic differences between English and Hungarian will likely limit the transferability of some of the findings.

With this research, I aim to contribute to the growing field of psycholinguistics. I am hoping that this research will contribute to the conversation around multilingualism for the benefit of both therapists and clients through increased awareness and improved training in multicultural and diversity issues. Language is used in most therapeutic encounters, therefore I believe it is imperative we build a better understanding of the processes underlying language use in narrating personal life experiences to improve psychotherapy and psychology practice.

## **My Work Here is Done? A collaborative arts-informed narrative inquiry into the stories of senior psychotherapy practitioners as they contemplate retirement**

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Research into the experiences of older practitioners as they contemplate retirement is a neglected area of research and involves a group that, by age, is marginalised through inaccurate perceptions in broader society.

This doctoral level research project adopted a non-traditional, collaborative approach to gathering data and creating meaning from the data.

Research adopting a traditional approach, such as interviewing each participant and transcribing the content, keeps each participant apart. Any meaning or understanding is created by the researcher comparing the discrete data of each participant.

This research project adopted a different approach. The design of the project allowed flexibility as to how and when participants wished to engage. The data were collected from a series of questions and prompts posted on an electronic bulletin board. This allowed the participants to respond individually and to react and communicate with each other in real time. This process of collaboration and sharing enhanced the potential for increased understanding around the lived experiences of the participants. Additionally, the 'live' nature of data capture, including arts-based content, allowed prompts and questions to emerge from the participants themselves. Meanings emerged by reflexive considerations by the participants, feedback from other participants and analysis of these experiences, and the research process, by the researcher.

The findings of the research, which emerged through the collaborative exploration and analysis of the participants' lived experiences, highlighted ambivalence in the push towards, and away from, retirement; the impact of external factors, such as health issues and declining cognitive ability; loss of professional identity and how any legacy of experience and wisdom can be passed on to less-experienced practitioners.

The project was limited by the resources of a self-funded doctoral project, and by the self-selection of the participants. The rationale of the project was to gain deeper understanding of the individual subjective experiencing of each participant, rather than draw broader conclusion, but it identified areas that may benefit from further research, including into the research methods used and the implications of how some of the findings might be experienced within the therapeutic relationships older practitioners are attempting to maintain with their clients.

## Therapists Experience of Identifying Signs of Burnout in Themselves

**Iris Osk Gudsteinsdottir**

**Counsellor, Activate Learning (Guildford College)**

As a recently qualified therapist it concerned me to find out that, according to research, more than half of mental health professionals experience burnout at some point in their careers (Simionato & Simpson, 2018), and that they found it difficult to recognise that they were burning out (Ledingham et al., 2019; Finan et al., 2021).

This prompted me to explore therapists' experience of identifying signs of burnout in themselves, so that I, and fellow therapists, might be better prepared to recognize the signs in ourselves. In addition, burnout was not taught on my course, and I was curious to explore if the difficulty therapists had experienced in identifying signs of burnout could be linked to a lack of knowledge of the syndrome.

The study was conducted as part of a BSc (top-up) course in Counselling, awarded by Middlesex University. It received ethical approval in January 2024 and was supervised by a course tutor. The study method was qualitative and consisted of semi-structured online interviews, which were audio recorded, transcribed, coded, and analysed by the researcher.

There were 4 participants, all professional therapists and members of a professional body in England. They all had experienced signs of burnout, for various lengths of time, before moving towards recovery.

According to Maslach (2003, 2015) burnout includes feelings of exhaustion, cynicism towards others and the job, and feelings of inefficacy. This aligns with the findings of this study, where participants experienced concerning changes in themselves, such as feelings of exhaustion, a lack of presence with clients, a change in attitude towards the job and their clients, and feelings of inadequacy, which included varying degrees of guilt and shame.

The findings showed that, despite noticing these concerning changes in themselves, the participants did not identify these as signs of burnout at the time. Furthermore, none of the participants had any, or much, prior knowledge of the syndrome.

The findings showed that the length of burnout was linked with the participants personal levels of self-criticism and self-compassion. The findings showed that lower levels of self-criticism and shame and higher levels of self-compassion allowed the participants to intervene, seek support, and move towards recovery quicker.

Finally, the findings also showed the importance of outside support, mainly supervision, and that how comfortable the participants felt with their supervisor, greatly influenced their ability to share and address their concerns.



## **Counsellors' Experiences of Vicarious Post-Traumatic Growth: How Does Client Adversity Aid Counsellors' Professional and Personal Development - A Narrative Review**

**Alex Nelson**

**Birmingham Newman University, Counsellor**

**Background:** Vicarious post-traumatic growth is defined as positive developments individual counsellors have following working with people who have been affected by a traumatic event (Kang et al., 2018). This systematic narrative review investigated current qualitative research on the topic of counsellors' experiences of vicarious post-traumatic growth, with a specific focus on counsellors' personal and professional development.

**Method:** A narrative approach to synthesis was used in this review following Green, Johnson and Adam's (2006) methodological approach. This enabled the researcher to present a broad perspective from all the data, giving voice to practitioner-based research on the topic of vicarious post-traumatic growth. Ethical approval for this narrative review was granted by Birmingham Newman University on the 13th of February 2024.

**Findings:** Four main findings were generated from this narrative review of counsellors' work with people who have been affected by a traumatic event. Firstly, counsellors' self-perception grew. Secondly, counsellors' relationships with their current and future clients improved. Thirdly, there was a close connection between vicarious trauma and vicarious post-traumatic growth. The final finding was the impact of vicarious post-traumatic growth on a counsellors' spirituality and beliefs system.

**Limitations:** There is a lack of current qualitative research available on this topic of vicarious post-traumatic growth. Additionally, in line with current research which shows 84% of BACP members are female (Brown, 2017), the participants were mostly female. This indicates a lack of diversity in the counselling sector. The final limitation was that the researcher was from the United Kingdom and saw the data through a euro-centric lens. There is room to review the literature through a range of cultural lenses.

**Conclusion:** This narrative review suggests more collaborative qualitative research is needed on the topic in general, however it is particularly needed into the connection between vicarious post-traumatic growth and spirituality. The findings in this review indicated the positive impact vicarious post-traumatic growth can have on counsellors. However to achieve this, counsellors needed to ensure they are meeting their needs for self-care, asking for support and completing continuous professional development. However, due to a lack of resources and policies available from organisations on vicarious traumatisation, therapists may lack insight into what they are experiencing and how to achieve vicarious post-traumatic growth. This review found that without the appropriate support and infrastructure within organisations, many counsellors might struggle to achieve vicarious post-traumatic growth.



## Voyeuristic Tensions: An Autoethnographic Exploration of Therapists' Emotional Reactions Working with Clients Who Self-Injure

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**Introduction:** This paper explores the emotional challenges therapists encounter when working with clients who self-injure, particularly the reactions that are often difficult to accept and articulate. Drawing on my dual experiences as both researcher and therapist, I present an autoethnographic account that reveals the hidden or taboo emotions that can arise within the therapeutic relationship. By integrating the concept of "Embodied Empathy," I reflect on the inherent limits of understanding, suggesting that "otherness" might be approached with awe rather than a need for mastery. Yet, despite the importance of humility and openness, I grapple with a yearning to transcend my own subjectivity and fully grasp my clients' experiences. This tension highlights the struggle between curiosity, ethical boundaries, and even voyeuristic fantasies, contributing to the broader understanding of therapists' emotional landscapes. In doing so, I underscore the value of self-awareness, integrity, and genuine empathy in cultivating meaningful therapeutic connections.

**Method:** Autoethnography is employed as both a primary method of inquiry and a process of self-discovery, wherein the autoethnographer serves as both communicator and storyteller. Through evocative journaling and sketching, I document my reactions and complex emotions in response to clients who self-injure, engaging with these experiences through a deeply personal lens. Written to capture the often-hidden nuances of experience, including those that may be traumatic. Autoethnography offers a unique perspective that conventional research may struggle to address. This approach reveals the intricate, sometimes conflicting emotions that arise in therapeutic practice, enhancing our understanding of empathy, humility, and self-awareness. This research was granted Ethical Approval by the University of Central Lancashire as part of a PhD study.

**Data Analysis:** Autoethnographic methods facilitate a multi-layered qualitative interpretation of personal data, illuminating the emotional impact of working with clients who engage in self-injury.

**Results:** The study uncovers emotional responses that may blur professional boundaries, with therapists potentially experiencing voyeuristic curiosity that challenges their ethical responsibilities. This work highlights a tension between the desire for closeness with clients and the ethical need to respect their unknowable, irreducible otherness.

**Implications for Practice:** This paper emphasises the importance of autoethnography in enhancing therapists' self-awareness around challenging emotions, including shame and the desire for connection. Reflective practice and supervision are essential for managing complex emotions, navigating power dynamics in relation to otherness, equality, difference, diversity, and building authentic relationships. Training on shame and related feelings supports therapists' professional growth, while accepting disconnection when clients resist connection aids in maintaining empathy, fostering ethical practice, and nurturing meaningful therapeutic alliances.

## What are the Perceptions of Young People with Lived Experiences of High School Bullying, and its Influence Upon Future Societal Violence?

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The purpose of this qualitative study was to examine whether being subjected to high school bullying could lead to future societal violence from those who were victimised. Participants deliberated on how victims of bullying may become violent through their own lived experiences. Participants were (n=6) their ages ranged from age 13-16 years, they were selected from 3 high schools in the United Kingdom. Participants were recruited using posters distributed throughout the schools once agreed by the headteacher (see appendix J). The participation sheet was used to provide the potential participants with information about the research project, allowing them and their guardians to decide whether the study was appropriate for them to take part in. Once this was completed a series of semi-structured interviews took place, in accordance with Interpretive Phenomenological Analysis (IPA) which was the chosen methodology for this study. The semi-structured interviews were subsequently recorded, transcribed, and analysed to look for emerging themes within the data.

The resulting analysis showed that participants who were bullied, considered that violence could be used to prevent future bullying from re-occurring, and that victims may bear grudges and hold anger towards bullies. Furthermore, violence may result from being subjected to name calling and being hit regularly, and that bullying is an individual experience. Additionally, each experience may influence a potential violent response, and participants identified ways in which potential future societal violence may be prevented.

The implications resulting from this study are for cyberbullying/cybercrime to be considered more seriously by practitioners, and that bullying stands alone as a crime away from harassment and assault. High school bullying can cause victims to become embroiled in future toxic relationships as a victim and perpetrator of violence, bullying may further result in the bearing of grudges towards bullies for escaping justice, and low self-esteem for victims. Additionally, school bullying should be considered a social justice issue, with posttraumatic growth considered also. Emasculation may be a precursor to societal violence from victims identifying as male, and former bullies may be targeted through violence. Lack of intervention by schools may lead to violent resolution by victims, with training in mental health and bullying for school faculty essential in supporting victims. Successful reintegration for bullies into the school system may provide a positive future, and race should be considered within the context of bullying. Finally, more bullying intervention and prevention programmes are needed within high schools.

## **‘It Felt Like I Was Being Tailored to the Treatment Rather Than the Treatment Being Tailored to Me’: Patient Experiences of Helpful and Unhelpful Psychotherapy**

**Elizabeth Li**

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**Objective:** This study aimed to examine patients’ experiences of psychotherapy, including helpful and unhelpful elements of the therapeutic process along with patient-driven suggestions for improvement.

**Methods:** A total of 148 adults (M age = 32.24, SD = 9.92) who have been or are currently in psychotherapy responded to an online survey with open-ended questions designed to extract insights into what they found helpful or unhelpful about their experience of psychotherapy, and suggestions for improvement. Employing thematic analysis, we identified patterns and themes within these accounts.

**Results:** Helpful aspects of therapy included coping skill acquisition, a supportive therapeutic relationship, personal growth, and symptom understanding. Unhelpful experiences reflected generic treatment approaches and poor therapist- patient connections. Suggestions for the therapist to improve include more tailored treatment approaches, enhanced therapist-patient rapport, and clearer communication methods.

**Conclusion:** Findings based on patients’ narratives call for a responsive therapeutic approach that adapts to patient needs and evolves over the course of treatment. A focus on the patient’s active, agentic role can enhance the therapist’s ability to adjust treatment plans and respond effectively to patient needs. This aligns with creating personalized case formulations that are attuned to individual circumstances, thereby advancing the adaptability and efficacy of psychotherapy.

The study protocols were approved by the Behavioural Research Ethics Board of the University of British Columbia (Approval No. H20-02776).

## Resolving Epistemic Mistrust and Building Epistemic Trust in Psychotherapy for Depressed Adolescents

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Depressed adolescents with a stance of epistemic mistrust struggle to trust others as a source of knowledge about the world and tend to adopt negative appraisal mechanisms as a default in social communication. Although a “three communication systems” theory of restoring epistemic trust in psychotherapy has been delineated, no empirical study has yet systematically examined the theory.

The present study aims to address this gap by exploring how epistemic mistrust is resolved and how epistemic trust may develop in psychotherapy, based on a post-hoc analysis of psychotherapy data collected as part of the IMPACT study. A purposive sample of six depressed adolescents (five females;  $M$  age = 16.58,  $SD$  = 1.17) who entered treatment with indications of epistemic mistrust was selected based on availability of audiotapes and treatment outcomes (successful vs. unsuccessful cases).

Using theory-building case studies of a total of 66 audiotaped sessions, a synthesized rational-empirical model of the resolution of epistemic mistrust and the growth of epistemic trust in psychotherapy was developed. The findings provide empirical evidence for the three communication systems theory but also suggest important additions to the theory in terms of the processes at work, in both therapist and patient, that reflect the three systems.

This study also highlights the importance of a window of opportunity early in treatment, the interactive nature of the move toward a resolution of epistemic mistrust, and the role of positive extra-therapeutic factors in resolving epistemic mistrust. Suggestions for future research are discussed, as well as potential clinical implications.

Ethical approval was granted by the Cambridge 2 Research Ethics Committee (REC Ref: 09/H0308/137).

## The experience of a Black woman in the UK accessing counselling for postnatal depression

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This research study aimed to explore the experience of a Black woman in the UK accessing counselling for postnatal depression.

An autoethnography was carried out to give more depth to existing research surrounding PND in Black women and accessing counselling.

This study has highlighted the various aspects affected when PND occurs and the barriers that may be faced when accessing counselling. It interprets categories about the lived experience of PND and accessing counselling. Various themes were found that explore motherhood, birth trauma, loss of identity, the counselling journey, and life after PND.

The data was collected through creative methods such as journaling, pictures, quotes, and memories. An IPA approach was utilised as a guide to analyse the data. In addition, secondary research was collected through a literature review to demonstrate the gap in the research.

The study was able to discuss the risk factors for PND by reflecting on my experience and access to counselling. It examined the psychotherapy options available for PND. The research also suggested that Black women in the UK are more likely to experience PND due to discrimination and their voices being left unheard.

## **A phenomenological exploration of Self-Supporting Ministers in the Church of England who have experienced Spiritual Abuse or Spiritual Wounding, and how it affects their Mental Health and Ministry**

**Lucinda Hart**

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Spiritual abuse is a pervasive yet under-researched phenomenon that can have profound effects on mental health and well-being. Although research to date suggests that anyone can be a victim of spiritual abuse, congregations, lay leadership or ministers, little is known about how these differences vary. The Church of England has more recently begun to research the mental-health and well-being of its clergy, yet data is sparse. Therefore, this study aims to investigate the clerical experience of spiritual abuse or spiritual wounding and how it affects them psychologically, as well as their ministry. An additional consideration in this research is to reflect on the point at which unhealthy behaviours become spiritual abuse, rather than work placed bullying. Due to the scope of the project, this is limited to self-supporting ministers (approximately 20% of clergy), and is specifically situated within the Church of England.

Research was approved through the University of Chester's ethics committee and used a qualitative methodology, Interpretative Phenomenological Analysis. This is a method used widely in the fields of psychology and social sciences as it focuses on exploring how individuals make sense of their own specific experiences. This was achieved through in-depth interviews of 10 participants. Heterogeneous sampling was achieved by not differentiating participants by age, gender, or sexuality etcetera. Reasonable adjustments were made for neurodivergent participants in the way data was collected or prompts and memory jogger notes were used.

Preliminary findings suggest a correlation between the clerical and lay experiences of SA, with themes of invalidation, use of power, and identity. While lay experiences of SA might leave individuals struggling with their faith, there are indications that Self-Supporting Ministers instead go through a period of readjustment of their ministerial identity. Initial findings indicate a need for the Church of England to be aware of interpersonal dynamics between clergy and the lay teams they work with in order to better offer support and mediation. While some participants were offered counselling, they were unsure of its effectiveness. Therefore, it is essential for counsellors working with clergy to have an awareness of how these experiences affect clergy; depression, anxiety, sleeplessness, increased stress, similar to general experiences of spiritual abuse, as well as their identity as priests and ministers.

# Lightning Talks

## Using the Delphi Method to Define Relational Safety in Therapeutic Settings - Irish Therapists Perspectives

**Aoife Ryan**

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The ideas of 'relationship', 'relational depth', 'the therapeutic alliance' and relational therapy are often cited in the literature related to the psychotherapeutic and counselling professions in Ireland and internationally. Therapists and researchers generally agree on the significance of relational safety for positive therapeutic outcomes despite finding it challenging to articulate precisely what it is. The presence of safety in psychotherapeutic relationships is thought to support progress, promote repair, assist healing, elicit emergence, and foster adequate exploration of client challenges. This innovative research aimed to provide a distinct definition of relational safety from the viewpoint of Irish psychotherapeutic professionals.

Before commencing the research, ethical approval was granted by the Research and Ethics Committee at the Technological University of Shannon (TUS). While not characteristically used in Irish psychotherapeutic research, the Delphi method, alongside reflexive thematic analysis, was utilised in this project. A panel of experienced and fully accredited relationship mentors and psychotherapists from various backgrounds and differing training programmes was assembled, thus bringing a diversity of expressions to the research study. Using the Delphi method allowed the inclusion of the views and opinions of each participant and amplified their unique voices. The participants in this research were members of three distinct professional bodies. Therapists can choose to join other professional bodies in Ireland; however, they are not included in the study, which is a potential limitation of the project.

This research has delivered the first known documented definition of relational safety in therapeutic relationships from the perspective of an Irish therapist in Irish academic literature. A panel of experienced Irish psychotherapists and relationship mentors has endorsed this definition, further validating its significance and impact and instilling confidence in its use. A significant step has been taken in bridging a gap in the existing literature by defining relational safety. Having a definition will help nurture an environment whereby therapists reflectively undertake greater responsibility for understanding clients' and recognising their varied needs.

**Keywords:** Delphi Method, Psychotherapy, Relational safety, Definition



## The roles of epistemic mistrust and alliance rupture in dissatisfied dropouts from psychotherapy

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Approximately 45% of adolescents drop out of psychotherapy (de Haan et al., 2013). Adolescents who drop out of psychotherapy due to dissatisfaction with treatment ('dissatisfied dropouts') are a priority group for psychotherapy research, as their needs are unlikely to be met (O'Keeffe et al., 2019). Previous studies have shown that 'dissatisfied dropouts' have more unresolved ruptures and poorer clinical outcomes than adolescents who complete psychotherapy, and that dissatisfaction with treatment may discourage future help-seeking (O'Keeffe et al., 2020). Research is needed to understand how psychotherapy can be tailored to the needs of these adolescents. This aligns with the NHS's aim to tailor support to the individual needs of young people accessing services (Dutton, Humphrey, & Qualter, 2023).

Those who display epistemic mistrust in psychotherapy - often as a result of early experiences of maltreatment - tend to find psychotherapy unhelpful and may be at risk of dropping out. To date, no study has investigated how epistemic mistrust relates to alliance ruptures. By better understanding how ruptures can be negotiated in the context of epistemic mistrust, we plan to identify how to improve engagement in psychotherapy, thereby reducing the risk of dissatisfied dropout.

This study aims to: i) develop a coding system of epistemic mistrust; ii) assess the relationship between adolescents' epistemic mistrust and alliance rupture-repair; and iii) understand how therapists can repair ruptures with adolescents with epistemic mistrust. Secondary analysis of psychotherapy recordings from the IMPACT study - a randomised controlled trial of therapies for adolescent depression - will be conducted. Fourteen dissatisfied dropout and fourteen completer cases will be included.

The results will indicate whether the positive resolution of ruptures can help reduce epistemic mistrust, and how therapists can repair ruptures with adolescents who show epistemic mistrust. The findings will support therapists working with adolescents at risk of dissatisfied dropout.

Ethical approval was granted by the Cambridge 2 Research Ethics Committee (REC Ref: 09/H0308/137)

## What impact, if any, does engaging with social-media-platforms have on the self-concept of women aged 30-45 years, and how can this inform psychotherapeutic practice?

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Our aim was to explore how social-media may impact the self-concept of women thirty-to-forty-five-years-of-age. Our purpose was to inform psychotherapeutic practitioners of any such impact on women in this demographic, specifically highlighting issues not contemporarily illuminated in the current limited published research.

Four participants engaging with social-media-platforms took-part in semi-structured, audio-recorded interviews. These interviews were transcribed, then data extracted employing Thematic Analysis informed by the principals of Interpretive Phenomenological Analysis (Smith et al 2009). Our research was approved by our training institution's Ethics Board before participants' recruitment, who were offered six-no-fee counselling sessions if intrapersonal issues arose due to their research participation. BACP guidelines for conducting research in counselling/psychotherapy were always followed (Mitchels, 2018). We recruited participants through social-media channels targeting our demographic of women aged 30-45 years, hailing from any race/colour/creed or spiritual/non-spiritual or religious belief system. The generalisability of our findings may be limited by the relatively small number of research participants (McLeod 2015) and the fact our participants were all based in either South-East London or in the county of Kent.

Several overarching themes emerged from our data:

Although participants appeared to experience some positive outcomes from engaging with social-media, such as access to information, entertainment and career opportunities, they also experienced high levels of negative comparison; self-to-others. In-turn this seemed to lead participants to negatively question their relationships, their ways of parenting and ways of being, which impacted negatively on their self-concept/image. Our participants also appeared concerned by the experienced paradox between social-media-platforms increasing certain connections and a sense of connectedness, yet at the same time affected their positive mental-health and self-image. Participants seemed particularly concerned as to their loss of social-media usage control.

In conclusion, according to our participants' experiences there seems to be an association between women's use of social media and a resulting poorer self-concept. There is also indication that such platform usage can be addictive/semi-addictive and certainly appears to impact on our participants positive mental health. However, greater research in this field needs to ensue to understand if there is indeed a linked causality. Thus, possibly leading to guidelines for more positive social-media usage while reducing any negative impact; helping women in this age-group to better self-regulate and enhanced wellbeing when accessing social-media-platforms.

## A Literature Review Exploring the Impact of Group Therapy on Perinatal Anxiety: Mothering Alongside Others.

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The current literature review aims to identify and evaluate quantitative and qualitative research that has applied group therapy to reduce perinatal anxiety. Pregnancy, postpartum, and parenting signify a period of the lifespan known as ‘matrescence’, the developmental transition to motherhood (Orchard et al., 2023, p.1). This period involves major physical, existential, and psychological changes which may intensify pre-existing anxiety or trigger symptomology (Goodman et al., 2016). Perinatal anxiety is known to be one of the strongest predictors of long-term maternal depression (Loughnan et al., 2018). Previous literature reviews have focused on postpartum depression (O’Connor et al., 2016) which could miss the window of opportunity to protect maternal psychological health. Consequently, a synthesis of the research exploring the impact of group therapy on anxiety during pregnancy to one year postpartum is called for.

The research has received ethical approval from Birmingham Newman University. A systematic methodology and narrative synthesis are being conducted. Preliminary findings from the review suggest that group therapy increases present-moment awareness which reduces perinatal anxiety by decreasing self-critical and unwanted thoughts. In addition, clinically meaningful reductions in perinatal anxiety may be attributed to group therapy normalising difficulties, the therapist and group providing a secure base to explore unpleasant feelings and reduced experiential avoidance. By December, the review will be complete so the full findings can be included in the conference presentation.

Perinatal anxiety is a stressor that has implications for the child, such as negative neurodevelopmental outcomes (Lupien et al., 2009). Possible biological mechanisms include glucocorticoid alterations of the hypothalamic-pituitary-adrenal (HPA) axis, cortisol hormone dysregulation, and epigenetics (Weiss & Xu, 2024; Gluckman et al., 2015). Furthermore, a collection of evidence consistently identifies social isolation as a key factor in perinatal mental illness (Jones et al., 2014). Additionally, the experience of pregnancy and birth can increase feelings of being observed or judged through experiences of ‘surveillance medicine’ which can exacerbate anxiety (Hammer & Burton-Jeangros, 2013 p.1). Therefore, group therapy may offer a unique approach to supporting maternal mental health because it is known to foster connection, self-compassion and reduce social isolation (Wadephul et al., 2016). This review may inform the design of future therapeutic interventions tailored to the perinatal period when intergenerational influences on psychological health may be possible. In turn, this could widen the non-pharmacological treatment options for women experiencing perinatal anxiety, which considers EDI issues as both gender and pregnancy are protected characteristics (Equality Act 2010).

## An interpretative phenomenological analysis of the experiences of interpreters in the counselling room when working with survivors of sex trafficking

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The role of interpreters within the counselling room is an integral part of accessing therapy for clients and therapists that do not share a common language. The use of interpreters allow clients that have been traumatised as a result of sex trafficking to access therapeutic services in order to help them make sense of their traumatic experiences. Supporting this essential communication between clients and therapists requires more than just transferring information between them, it can also help the therapist make sense of nuances and cultural differences when understanding or struggling with terms used.

The purpose of this study is to look at the experiences of interpreters in a counselling setting working with survivors of sex trafficking. Survivors of sex trafficking are often left with complex trauma that requires specialist interventions. Therapists that work with trauma have specialist knowledge, training and supervision that enables them to work with complex trauma. There are opportunities for counsellors/psychotherapists to have specialist training to work with interpreters and guidelines to follow. However, there is no requirement for interpreters to have training or supervision when working in a counselling setting.

This qualitative study, using an interpretative phenomenological analysis, interviewed eight interpreters working in the UK and Ireland about their experiences of working with survivors of sex trafficking. Ethical approval was granted by the University of Salford's Ethics Committee. Therefore, with adherence to the British Association of Counselling and Psychotherapy's (BACP) Ethical Guidelines for Research in the Counselling Professions (BACP, 2018), the recruitment of participants began in 2023. Participants were recruited through interpreter websites and social media. Participants varied in age, ethnicity and languages spoken. Each participant took part in an online semi-structured interview. For the purpose of this review, three of the eight participant's data from the interviews were analysed.

Findings revealed four overarching group experiential themes and six subthemes. The emerging themes were as follows: *'My world, their world, The emotional impact of the horror, My skills are needed, and, We are not machines'*. The analysis revealed intriguing insights into the experiences of interpreters in the counselling room when working with survivors of sex trafficking. Once analysis of all eight participants is completed, it is hoped that findings from this study will provide interpreter and translation services that provide interpreters and organisations that offer psychological therapy to survivors of sex trafficking with guidelines and support when working with complex trauma in counselling settings.

## The experiences of person-centred therapists working with clients at high risk of ending their lives

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This research aims to explore the experiences of person-centred therapists working with clients at high risk of ending their lives, taking specific elements of the modality into account - including:

How we empathically understand such severe experiences safely; How we offer unconditional positive regard to all elements of the client's experience, including the part of them that wants to die as much as the part that may not; Our experience of non-directivity in the context of this kind of work; The extent to which our understanding of the actualising tendency is affected by this client group; and The strengths, and potential limitations, of the person-centred approach with this client group.

The purpose is to improve confidence and understanding in the effectiveness of the person-centred approach, relevant to my work as a therapist and teaching a BA in Person-centred Counselling & Psychotherapy, and to the profession more widely.

This will be a purely qualitative study, triangulating around three intersection sets of data: Extended self-reflection, taking an autoethnographic perspective; Individual semi-structured interviews with qualified person-centred therapists on the topic, taking a phenomenological approach guided by heuristic principles; and Group interviews from the same participants focusing on improving our work with the client group, taking an approach guided by appreciative enquiry.

This research is being carried out as part of a PhD with Bath Spa University and approval will be obtained from them before any data is collected. This will need to be done by March 2025, but the research is currently only at a very early stage.

I feel most confident about the heuristic and autoethnographic elements of the research but would be particularly keen on feedback to help me reflect critically on the group aspects of data collection.

At this early stage my learning has been focused on immersing myself in the existing literature, in which a significant 'gap' exists in relation to person-centred therapy specifically. I hope to continue to learn more about bringing in the lived experience of others to maximise the validity of my enquiries.

As a queer neurodivergent cis male, I appreciate the limits of imposing my own understand and experience on the data. I therefore intend to focus my attention on gathering participants representing a much wider degree of diversity. This should both enrich the data and maximise its application to the wider profession.

## A Collaborative Study Using Focused Ethnography Explores Psychological Wellbeing in Cohousing Communities

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It is widely understood that supportive social relationships play a significant role in mental health, wellbeing, and even physical health. Despite this, more people in developed nations now live alone or with impoverished social environments than ever before. Despite this worrying trend, the vast majority of counselling and psychotherapy research continues to use traditional research methods that emphasise individualist, didactic therapeutic modalities orientated around diagnostic criteria.

In a counselling psychology doctoral thesis that uses a novel focused-ethnography design, we aim to better understand social groups that have deliberately built housing environments that bring people together, referred to as “cohousing.” These communities generally consist of private dwellings around shared common spaces and are designed to maximise the opportunity for social interaction. Using observations, interviews and field notes from living in a cohousing community we ask: how do co-housing communities and their members in the UK experience and address mental health disorder and distress?

Key findings derived through reflexive thematic analysis address 1) the methods by which communities protect their members from common mental health difficulties, 2) the importance of homogeneity and intentionality in community design, 3) the impact of deconstructing “defensible” private spaces, and 4) conflict and resolution. The presenter of this talk hopes to solicit feedback on these themes prior to thesis submission and engage conference delegates in a discussion about how novel research methods in counselling and psychotherapy such as ethnography can promote understanding of the social causes of psychological distress. It is proposed that more research output focused on the protective benefits of intentional community could inform a mental health policy agenda that includes more diverse populations than would traditionally want, access, or find helpful the individualised interventions typically on offer. Ethical approval for this research was granted by the University Research Ethics Committee of the University of Manchester.



## **‘How do integrative counsellors and coaches work with black and brown people?’ An exploration through qualitative survey and thematic analysis**

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Existing literature (for example: Faheem, 2023) advocates for and demonstrates the need for an informed and considered approach for counsellors and coaches (practitioners) working with black and brown people. This research will explore if and how integrative practitioners from any racialised identity work differently with black and brown people. It seeks to specifically understand adherence to a ‘colour blind’ ideology versus a race informed approach in practitioners. It is hoped that research findings will inform future training and CPD options on how integrative coaches and counsellors work with black and brown clients.

I take a critical realist approach to this research which asks: ‘How do integrative counsellors and coaches work with black and brown people?’ I used an online qualitative survey of 9 questions to collect the data. As a brown researcher, I am curious about whether the anonymity provided by a survey helps participants to be more honest about working with black and brown people. I will use reflexive thematic analysis to identify themes and meaning across the survey results and develop conclusions.

Ethical approval will be gained via UEL ethics board in January 2025 prior to commencing this research.

I will share the challenges of a brown person completing this research, of recruiting the target numbers (30) and of getting an honest understanding of the views of counsellors and coaches including those with colour-blind views who may not feel represented or have a connection to the more accepted and studied approaches to working with race. This includes question formation, use and dissemination of a qualitative survey.

There are a range of studies exploring how white trainee counsellors work with race (Smith, 2021), and others demonstrating why and how to work with race (Ellis, 2011), but few looking at practice in the field. This research will be representative and therefore of interest to people on the full spectrum between colour-blind and colour-aware approaches.

Online surveys create opportunities for wider access and higher numbers of participants than semi-structured interviews. This helps include people from a range of racialised identities, locations across the country and approaches to practice. I will direct participants to sources of local support in cases of low digital literacy and lack of digital access. I will also use lay language as much as possible in my research and publication of findings, as I would like this work to be accessible to researchers, practitioners and clients alike.



## Mixed-race therapists' accounts of racial identity experiences in the therapeutic profession

**Olivia Mohtady**

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Mixed-race identity remains a poorly conceptualised and under-researched phenomenon in psychotherapy literature and discourse, despite mixed-race people being one of the largest and fastest-growing racialized groups in the world. Evidence shows mixed-race individuals have suppressed parts of their racialized identities to survive in racist and segregated societal contexts throughout history. This group's apparent invisibility in current research indicates experiences of "passing" to fit monoracial norms continue in social contexts today, with the therapeutic profession being no exception. Research shows racial identity plays a role in therapeutic relationships and dynamics. However, literature on racial identity in therapeutic interactions largely considers monoracial therapists and clients through a binary lens that positions therapists as white and privileged and clients as racialized and oppressed, with occasional exploration of monoracial racialized therapists' experiences. Intersectional identities including mixed-race identity are therefore overlooked, with individuals reduced to the sum of their phenotypic racialized characteristics, such as skin colour or nationality, rather than heritage or culture. As all therapists must, mixed-race therapists need to reflect on how their racial identity may come into the therapy room, to help navigate dilemmas and dynamics. Without research and discussion of these experiences in the profession, there is no context or support for this.

In a counselling psychology doctoral thesis using a qualitative design, I explored the unheard experiences of mixed-race therapists. Using semi-structured interviews with 10 individuals, I asked: How do mixed-race therapists experience their racial identity in the therapeutic profession?

Reflexive thematic analysis yielded two main themes: How does my mixed-race identity fit into my therapeutic practice? and Entering the therapeutic profession compounds feelings of being alone, othered and confused as a mixed-race person. These reflect othering of mixed-race individuals in the profession, often compounded by binary conceptualisations of racial identity in therapeutic training and professional spaces. These exacerbate dilemmas for mixed-race therapists around holding their racial identity in their practice. This demonstrates the importance of intersectional, non-binary approaches to conceptualising race, racialization, and identity in research and training in psychotherapy and counselling professions. Therapists need to feel supported and valued for their intersectional identities and have the opportunity to explore them in professional spaces. As the presenter, I hope to make space for discussion of research methods and approaches to therapeutic training, development, and practice that value and welcome experiential differences in identity. The University Research Ethics Committee of the University of Manchester granted ethical approval for this research.

## Navigating Power Imbalances in Couple Relationships: A Review of Therapeutic Interventions

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The purpose of this review is to investigate how and why couples' therapists address power imbalance between couples during therapy. Power Imbalance is a very common challenge in many relational distresses hindering overall satisfaction while promoting anti-relational behaviours (Fishbane, 2011; Oka et al, 2016) but many therapeutic modalities do not directly address power dynamics (Parker, 2009; Jenks et al., 2023). However, many studies have shown that when there is a fair distribution of power in a relationship, both partners feel more fulfilled and closer (Wilkie, Ferree and Ratcliff, 1998; Knudson - Martin, 2013).

A search was conducted to identify 15 peer-reviewed articles (published between 1995 and 2024) on therapeutic interventions that address power imbalances in couple's therapy, focusing on qualitative studies as well as practical approaches. A narrative analysis investigated how therapists handle this.

Preliminary findings reveal therapists address power imbalance because. 1) Power Imbalances can be major impediments to healthy relationships; 2) Therapists' ethical responsibility to promote safety and agency; 3) Therapists actions can inadvertently perpetuate or worsen power imbalances; 4) It'll enhance individual well-being; 5) It will facilitate relational empowerment. Approaches used by therapists include: 1) raising awareness; 2) empowering the marginalised partner; 3) cultivating relational accountability in the more powerful partner; and 4) promoting egalitarian alternatives to gendered power dynamics.

While much of the reviewed literature focuses on interventions involving Socio-Emotional Relational Therapy Modality (SERT), heterosexual couples, patriarchal & gender induced power imbalance. There was a notable dearth of research focusing on other modalities, same sex couples, disability, racial/ethnic diversities and other sources of power imbalance like health conditions. This review emphasizes the critical role of addressing power dynamics in couple therapy to foster mutual support, trust, and sustainable relationship change. While shedding light on the therapeutic approaches to that can be useful for therapists in practice and highlights the importance of situating interventions within broader sociocultural contexts.

While conducting this review, care was taken to include multicultural perspectives of therapeutic interventions and experience in this study. One paper focused on Christian Couples and Counsellors in Uganda while another included therapists from 15 countries in Asia, Europe, North and South. However, this review acknowledges limited representation of same sex and culturally diverse relationships. The predominance of Western, heteronormative perspectives highlights the need for more inclusive research and therapeutic approaches. Future studies should explore power dynamics across different cultures, relationship structures, intersecting identities like disability, race, and socioeconomic status.

[This research received ethical approval from Birmingham Newman University]

## What counsellors can learn from recent research into the use of simple breathing techniques to help clients manage stress and anxiety

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The aim of this study is to identify what counsellors can learn from recent research into simple breathing techniques to help clients manage stress and anxiety.

The World Health Organisation identifies anxiety disorders as the world's most common mental disorders, and recommends relaxation techniques, including slow breathing, to help manage symptoms (WHO, 2023). Breathing exercises appeal to clinicians and service providers because they are low- or no-cost, easy to use and can be self-administered by clients (Hopper et al., 2019). However, the evidence base for simple breathing techniques is limited (Young et al., 2010), and the concept lacks clarity. It includes a range of practices (Aideyan et al., 2020), with little information to help counsellors discriminate among them. This study therefore aims to bring together recent evidence on simple breathing techniques; to define and differentiate these techniques; and to help counsellors assess their usefulness for clients.

The study is in progress and will be completed in December 2024. The methodology involves a systematic search of papers published from January 2014 to October 2024 carried out via EBSCO Host, plus citation chaining. Papers meeting the inclusion criteria will be subjected to a narrative synthesis. Birmingham Newman University has given ethical approval for the research. Research analysed and reviewed in this paper will be limited to the parameters stated. A final statement on research limitations will be included in the conference presentation.

Preliminary findings suggest that simple breathing techniques have had a beneficial impact on the anxiety or stress scores of subjects from a range of populations, including Malaysian car assembly workers, Turkish mothers of children with special health care needs and Canadian care home staff. However, research in the period under study appears to have been skewed towards diaphragmatic or deep breathing techniques; other simple techniques such as coherent or paced breathing have received less attention. Final findings will be included in the conference presentation, together with appropriate implications for counselling practice.

Conclusions of the research will also be included in the presentation, with the utility of the findings for practising counsellors in mind.

Given that breathing techniques feature in cultural and religious traditions such as Yoga and Buddhism, which may affect their appeal to particular client groups, the research reviewed in this paper will be critiqued from the perspectives of equality, diversity and inclusion as appropriate. This includes EDI as factors to consider when recommending particular breathing techniques to clients.

## Co-creating a qualitative interview topic guide with young people: to explore the long-term impact of a school-based counselling service

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### Aims:

By involving young people in the development of our research which examines the long-term effect of school-based counselling, we aim to:

1. utilise the views of young people from the early stages of research; and
2. ensure this research is meaningful to young people with similar lived experience.

### Methods:

A convenience sample of six young people who had accessed school-based counselling took part. Participants attended a one-hour in-person focus group to give their opinions on questions that researchers will use in interviews with other young people. Sticker voting exercises and group discussions were used.

### Ethical Approval:

This work was approved by the charity's Research Advisory Group. Only anonymised data were used in line with GDPR compliance. Parent/carer consent was obtained and young people consented on the day. Clinical and Educational Psychologist experts were consulted on facilitating a group session with young people on the subject of counselling, to adhere to confidentiality and safeguarding practices.

### Findings:

The views of young people enabled us to develop an interview guide with questions that are relevant and understood by young people with similar lived experience. Young people also added new questions which were important to them, such as 'Did you want to have counselling?'. The final interview guide will be used as part of a larger study investigating long-term effect of school-based counselling.

### Challenges/ feedback:

Recruiting young people with lived experience to participate in research was challenging, even for an organisation operating in schools. Meaningful collaboration requires dedicated time, careful planning and sufficient resources.

### Learning:

We have utilised and learned from the views of young people. We will build on this experience to learn more from young people and enhance this research.

### EDI:

Young Minds' Best practice guidance for young people's participation was utilised. Researchers collaborated with professional colleagues, with experience facilitating consultation groups with young people, to develop inclusive activities so young people could participate in a way they were comfortable with.

**Limitations:**

Only six young people were consulted; thus this exercise is limited in the range of views expressed. We aim to recruit young people from different backgrounds in future.

**Conclusions and implications for practice:**

Through this work with young people, with lived experience of counselling, we have an improved qualitative research design to investigate the long-term effect of school-based counselling. This work is the start of the organisation's wider ambition to increase young people's involvement in the design and delivery of services.

## **Making sense of one's (hi)story: A qualitative study of the potential influence of parental religious trauma on second generation therapists.**

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### **Aims & purpose**

The research question is: 'How might (if at all) experiences of parental religious trauma (RT) influence second generation therapists?'. The objectives are to explore the potential influence (if any) on therapists' mental health, clinical work, religious development and values and beliefs. This research is directly relevant to a wide range of therapeutic professions, both for supporting clients with second-generation RT and also for understanding the potential impact of our parents' experiences on us. These findings could contribute to the emerging body of knowledge on the wide-reaching impact of RT, which can in turn deepen our understanding of trans/intergenerational trauma (i.e. through parental experiences of RT) for the field of RT studies. These findings could be valuable beyond the counselling professions for religious organisations (e.g., educational purposes) or religious/spiritual leaders (e.g., people working in pastoral care roles).

### **Methods**

The research aligns with a social constructionist relativist ontology (taking an anti-positivist approach) and subjectivist epistemology. It is situated within a critical theory research paradigm. Following these theories of knowledge, the author chose a qualitative study design to allow the detailed exploration of therapists' subjective experiences of parental RT through semi-structured interviews. Critical narrative analysis (CNA) is the chosen analytical methodology. CNA allows not only for storytelling, but also for sense-making of participants' existence in the world (in a particular social context). The author is also an 'insider'-researcher, through her own experiences of parental RT.

### **Ethics**

Ethical approval will be applied for through the Metanoia Institute.

### **Learnings**

The author has been on a personal and professional developmental journey which included learning the extent to which parental RT experiences and, as a result, personal experiences of religious adversity, have influenced her epistemological and ontological position in relation to her clinical work as a trainee therapist. These learnings emerged through the creation of e.g., spiritual genograms. The author hopes that this research could facilitate participants' exploration of the impact of their own religious background on their clinical work.

### **Consideration for EDI**

Psychological research has historically focused on people who live in Western, educated, industrialised, rich and democratic societies. This research chooses to invite participants who also

have experiences with Abrahamic and/or non-Abrahamic religions, as the latter are under-represented in research on the role of religion in Counselling Psychology and Psychotherapy. In doing so, this research seeks to be more inclusive.



## What is the impact of negative supervisory experiences on novice counsellors from a Level four training programme in the UK?

**Emma Campolucci**

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Counselling supervision as a function began informally in the early 1900's, with Freud holding meetings in his home with students and peers (Page and Wosket 2015). The requirement to attend regular supervision is now contained within counselling and psychotherapy membership bodies standards and ethical frameworks and is expected for all levels of counsellor, including student members. This study aimed to identify the impact of negative experiences in supervision during a two-year Counselling and Psychotherapy Central Awarding Body (CPCAB) Level four counselling diploma training course. A gap was identified by the author regarding research into this area, as there is a significant amount of research on counselling supervision experiences of students undertaking degree's, master's degree and doctoral counselling courses (with most of the research originating in the United States), but no research undertaken at the earlier levels of training, specifically a level four training programme.

The research undertaken in this study, used Interpretative Phenomenological Analysis (IPA) with seven novice counsellors who had recently (within 1 year) completed a level four CPCAB counselling diploma and had a negative experience of supervision. Purposive sampling was undertaken to ensure participants had experienced a negative event or ongoing situation in supervision. Interview transcripts were evaluated, and personal experiential themes determined, followed by group experiential themes emerging across interviews.

Some themes identified in this study have been discussed in other literature on negative supervision experiences. These included a tendency to withhold information about self or clients; feeling unsafe and identifying a power imbalance in the supervisory relationship. A unique theme from this study focused on personal needs not being met i.e., frequent cancellations of supervision, unethical report writing, navigating supervision requirements as a single parent and how the lack of cultural awareness impacted the novice counsellor and her client work. In summary, the study found four ways the novice counsellors were impacted by their negative supervisory experiences; 1] Emotionally and psychologically 2] Practically 3] Cognitively and through their personal development and 4] Behaviourally. The study identified implications for training on the CPCAB level four diploma programme and the Level six certificate in therapeutic Supervision course design.

## Survey of research teaching on counselling and psychotherapy training programmes in the UK

Clare Symons<sup>1</sup>, Kate Smith<sup>2</sup>, Robert Scruggs<sup>3</sup> & George Salaminios<sup>4</sup>

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Research skills and knowledge represent an important area of counsellor and psychotherapist competence. The ability to access and critically evaluate relevant research evidence contributes to therapist understanding and responsiveness in relation to client needs, and the design of effective and culturally-appropriate services. Commitment to research supports the accountability of the counselling and psychotherapy profession to communities and society as a whole. The objectives of this study are to map out the scope and range of current research teaching practice and to allow those with responsibilities for delivering research teaching to identify ways in which BACP as a membership body might support them in this work.

The study uses a mixed methods anonymous online survey to collect data from tutors/course leaders responsible for delivering research teaching within BACP-accredited counselling and psychotherapy training courses. The survey includes the following: information about the training programme including academic level and theoretical orientation; institutional research context including type of organisation, research expectations of staff; details about how research teaching is delivered and what is taught; how research learning is assessed. Open-ended questions explores: (a) areas of good practice in research teaching within their programme, including in relation to equality, diversity and inclusion; (b) challenges experienced by tutors/trainers in supporting students to develop research skills and knowledge; (c) how BACP might support the development of more effective research teaching; (d) interest in developing collaborative research with colleagues in other institutions.

Ethical approval is being applied for at the University of Aberdeen.

Quantitative data will be analysed using descriptive statistics. Qualitative open-ended written data will be analysed using thematic analysis. Preliminary findings will be ready for presentation at conference. Conclusions and implications for the delivery of research within practitioner training and of BACP's support to courses to boost such training will be linked closely to survey findings and discussed within the presentation at conference.

Study limitations include that the survey is focussed solely on BACP-accredited courses. These courses are required to include training relating to research, meaning that this survey cannot consider barriers, blocks or good practice within other courses integrating research into their training where this is not required. Limited EDI considerations are integrated into the survey, however, future studies will need to explore whether any specific barriers and blocks are experienced by marginalised groups within counsellor training in relation to research teaching.

## The impact of emotional narratives on the mental health of volunteer telephone counsellors: an autoethnographic study

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There is an increasing demand for mental health support services, and the need of more telephone counsellors. This has led to charitable and mental health organisations recruiting and training more volunteer counsellors, many of whom have minimal training, and supporting them 'learning on the job'.

Although there are many rewarding and satisfactory aspects of volunteering, the role of volunteer telephone counsellor can be emotionally draining and stressful, and as a result, their mental health may deteriorate. Though the literature is rich in studies on the mental health of professionals and registrants, there is limited literature that explores the experiences of volunteer telephone counsellors. Accordingly, this autoethnographic study explored my lived experience of being a pre-qualified practitioner in a voluntary role and examines the impact of exposure to client emotional narratives upon volunteer telephone counsellors' mental health, and more specifically whether and how I was affected after listening to young people's and children's emotional narratives.

Autoethnography allowed, in structured way, an exploration of my personal reflections, thoughts and feelings as they were formed during and after listening to the helpline's callers. Using personal journals, over the period of 6 months, to document my experiences, as well as internal conversations, allowed me to gain more insights in to the evolving process of responding within my role.

The main themes emerged from the analysis of the autoethnographic personal journals were i) a sense of belonging, ii) self- doubt and iii) self- care. The themes were primarily influenced by my Greek culture, interlinked with a sense of stigma and lack of awareness of mental health within the Greek communities. The key findings suggested that the role of a minimally trained volunteer, listening to the emotional narratives of the callers, may be culturally situated and understood though a cultural lens on why it ultimately impacted on my mental health.

This research indicates that minimally trained counselling roles can lead to individualized, culturally situated outcomes for workers, and in turn this needs to be understood by practitioners, supervisors, and service providers.

Ethical approval was granted by the Ethical Committee of the University of Aberdeen, as part of my doctoral research.

# Discussions

## Finding voice, finding voices: A conversation about collaboration and co-research from different perspectives

**Alison Rouse<sup>1</sup> & Sophie Olson<sup>2</sup>**

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This session will take the form of a conversation about the process of collaborating in a research project exploring the therapeutic impact of creativity in various art forms (visual, writing, music, performance) for adult survivors of child sexual abuse (CSA) in their 'recovery' journeys. The first presenter, Alison Rouse, initiated the research as part of her Doctoral studies; the second presenter, Sophie Olson, is one of the co-researchers with lived experience of CSA who took part and is also a CSA activist and writer.

The research project involved two studies, approved by the University of the West of England (UWE, Bristol) Research Ethics Committee. The first was a series of individual conversations where a small group of co-researcher survivors (9 people) told their stories with and about their creative practice and specific 'art' pieces, significant to them therapeutically in dealing with the impact of CSA. These conversations were developed into what became co-constructed narrative 'story-ings' for each individual. Several overarching themes were identified across the co-researcher conversations; one of the strongest being the struggle to talk about what had happened - to counter both internal and external silencing and 'find a voice'. Creative expression in various 'art-forms' was seen to offer ways to break through these barriers. For many of the co-researchers finding their individual voices was linked to the experience of finding other voices - the empowerment in feeling part of a community of other survivors; other voices coming together.

The second study involves the creation of short collaborative film, developing organically from the platform of the first study. (This is in progress at the time of submitting this abstract and the aim is for completion in April/May 2025). Here survivor co-researchers are shaping the ideas and content of the film which will tell stories about the therapeutic benefits of creative expression. We have an experienced filmmaker and a musician as additional collaborators, working with the group to respond to the more focussed 'brief' that is agreed and who will take on the work of producing and editing the video in collaboration.

Our conversation in this session will focus on our different perspectives about collaboration in research. We anticipate covering themes such as the research relationship; negotiating power and dialogue between voices (researcher - co-researcher); insider - outsider positionality; identity and anonymity; roles; ethics of care, responsibility and reciprocity; the impact of collaborative working and the afterlife of the research. We hope that this will open up space for a wider conversation with those attending the session.

## Forming the plait - an exploration of collaborative research

Nic Hartshorne<sup>1</sup>, Laura Rutledge<sup>2</sup> & Briony Martin<sup>2</sup>

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We have chosen to position our collaboration around the transition from practitioner to practitioner-researcher identities because it is our lived experience as therapists who are also students on a Professional Doctorate programme. The collaboration was inspired by a paper by Hills et al. (2023) in their duoethnographic study of power and privilege. In the final phase of our project we undertook an informal round of thematic analysis (Braun & Clarke, 2006), generated from the data gathered within our conversations.

In this discussion the presenters aim to explore bridging the gap between practice and research by contributing to a broader narrative between researchers as they tackle their new roles. The presenters embarked on this endeavour to deepen their understanding of collaborative methodology. The narratives reflect the presenter's evolving perspectives, struggles and growth as they navigate the collaborative research journey. By sharing their experiences, the presenters aim to inspire and encourage more pluralistic research and collaboration in academia. A starting point in this discussion would be to ask the audience to reflect on what do they understand by the term collaboration and where does the power sit within collaborative research.

For those that have transitioned from practitioners to researchers, did you do it as a group or as an individual and after listening to our discussion what are your thoughts?

The target audience of our discussion is anyone who is interested in thinking about what collaborative research might look like and therapists transitioning to researchers.

Equality, diversity, and inclusion played a key role in underpinning the project by paying attention to the presenters' differences. Within the discussion we intend to share our own experiences of the process, and how we can come to know ourselves deeper through collaboration. Through the process of reflecting on the impact we have on each other, and how we negotiate similarities and differences has been part of the method we are using to produce a piece of work that embodies the principles of seeing us all as equals, respecting each other's differences and making space for those differences to be included in the thorny issue of a truly collaborative process. The process highlighted how we can make assumptions based on our own ideas of what we perceive as difference and similarity. Further research would benefit from exploring collaborations with a wider variety of intersections and identities.

## A Buddhist Approach as a Counterforce to Neoliberalism in Counselling and Psychotherapy

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Cohen (2017) critiques how Buddhist practices have been stripped of their cultural and ethical dimensions in counselling and psychotherapy, often reshaped to fit commercial interests within a neoliberal framework. In response, the presentation in this discussion will reintroduce spiritual and ethical wisdom within Buddhism, underscoring its teachings on relativity, conditionality, and impermanence (Rahula, 1997). This approach will reposition Buddhism as a profound tradition of ethical, spiritual, and philosophical depth, rather than a mere tool for stress management or productivity enhancement. Furthermore, building on an engagement with Chen's *Asia as Method* (2010), this presentation will propose Buddhism as *Method*, a decolonial analytical framework for critically evaluating current research and practices in the counselling and psychotherapy field. This framework will highlight how current counselling and psychotherapy practices may unintentionally support social injustices within neoliberal contexts (Madsen, 2015).

Finally, the presentation will emphasise spiritual activism as a powerful counterforce to neoliberalism, advocating for personal spiritual growth as a means of advancing social justice and challenging the status quo in counselling and psychotherapy (Anzaldúa, 2015). Through a Buddhist lens, it will introduce a Buddhist way of being as a pathway to spiritual activism, offering an alternative framework that not only counters neoliberal influences but also fosters ethical practices in counselling and psychotherapy.

### Questions for the Audience

1. Do counselling and psychotherapy function as conservative institutions, aligned with the dominant forces of late capitalism and neoliberalism?
2. If so, what impacts does this have on our research and practice—are they beneficial or harmful?
3. What steps can we take to counter neoliberal influences and improve ethical practices?

### Audience Groups

- Those interested in understanding Buddhist perspectives and spiritual wisdom as frameworks for ethical practice.
- Individuals wishing to reflect on how current research and practices might unintentionally reinforce social injustice within neoliberal contexts.
- Participants looking to explore the potential of spiritual development as a counterforce to neoliberalism.

### Considerations for Equality, Diversity, and Inclusion

This discussion aims to provoke critical reflection on the often-unexamined influence of neoliberalism by introducing Buddhism as a distinct and alternative worldview. Embracing this diversity of perspectives encourages a deeper evaluation of current research and practices in

counselling and psychotherapy. By broadening the discourse in this way, this approach seeks to promote greater equality and inclusion across both research and practice.



## How does counselling qualification level impact the value(s) of research in the field?

**Robert Scruggs**

Research Fellow, BACP

Research in counselling/psychotherapy is a very contentious and tumultuous aspect of the field. Between the various theoretical orientations (e.g., CBT, Person-centred, Psychodynamic, etc.), multiple qualification levels, and various idiosyncratic attitudes towards research, empirical study spans a wide continuum of value(s).

Research fulfils several important roles to any profession, including maintaining professional standards, understanding processes, and demonstrating effectiveness. For counselling/psychotherapy, research plays a significant role in discussions of regulation, the commissioning of mental health services, and supporting the maintenance of counselling services, such as in applications for grants funding, among other functions. Additionally, the importance of 'evidence-based practice,' in which therapy is grounded in reputable research demonstrating effectiveness, is increasing. Ideally, the relationship between the practitioner and research should improve consummately with the increasing profile of evidence-based practice.

In the UK, training in counselling in psychotherapy runs the full gamut of post-18 education, from higher national diploma (HND) to professional doctorate. This has recently been reified and ratified in the cross-membership body SCoPEd framework, in which a level 4 (7 in Scotland) qualification is listed as the minimum for a 'column A' therapist (SCoPEd Partnership, 2024). As evident in the QAA qualification framework for higher education degrees, there is a huge range of research competence expected from graduates at levels 4 to 8 (7-12 in Scotland) (QAA, 2024). The result of this is a profession with a high variety of research familiarity, literacy and practical competence.

This discussion aims to present the research components of the QAA framework for higher education qualifications in the context of counselling and psychotherapy. It aims to bring together tutors, students, researchers, and pedagogists to share and explore differences and commonalities in research within counselling, across practitioners, clinics, and education institutions.

The following questions frame this session:

1. How do the various qualifications impact research readiness, and the emerging practitioner's relationship to evidence-based practice?
2. What is the value of the practitioner-research model in modern, British, counselling and psychotherapy?
3. Do research skills develop better therapists; do therapy skills develop better researchers?
4. How can we, as researchers and organisations/institutions, talk about research in a meaningful way to the full breadth of practitioners?

To be considered also are how certain demographics of people have access to different levels of training, in which research might become the tool of the privileged, and the barriers faced by practitioners in accessing research information.

## Continuing professional development, peer learning and interprofessional collaboration: identifying opportunities for research and practice

**Stacey Sewell**

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This discussion aims to promote debate around peer learning for continuing professional development in the counselling and psychotherapy professions, and between counsellors and psychotherapists and other professionals they encounter during their work.

Undertaking continuing professional development (CPD) activities is a core requirement for membership of professional bodies for counselling and psychotherapy in the UK. Members are encouraged to undertake a range of activities to support their learning (BACP, 2024; NCPS, 2024; UKCP, 2023). The term ‘peer learning’ covers a range of established practices (Topping, 2005) that can found in training for health, care and psychological professions at undergraduate and postgraduate levels (Zhang, 2022; Adel, 2021). It likely also forms a (formal or informal) part of counsellors’ and psychotherapists’ professional learning.

Research on peer learning as CPD within counselling and psychotherapy in the UK is limited, and previous work on therapists’ CPD has called for attention to be given to this area (Turner, 2022). Further, there are few studies that consider interprofessional learning for counsellors and psychotherapists.

This discussion aims to present delegates with an overview of literature and practice before inviting them to consider the broad research question:

- What place does peer learning have in the counselling professions in the UK?  
Points for discussion might include questions about research development:
- How do we identify priority research areas relating to peer learning as CPD?
- How might researchers in this area form collaborations to share and enhance learning?  
These will be supported by considering key areas of practice:
- Defining peer learning in counselling and psychotherapy
- Educational practices to support peer learning
- Assessment, evaluation and recognition of peer learning
- Accessibility/peer learning to support EDI
- Quality assurance of peer learning
- Measuring impacts and outcomes
- Enhancing research activity in this field could:
  - assist practitioners in understanding and planning for their own professional development
  - enable professional bodies to discover more about how counsellors and psychotherapists learn once qualified, understand who they are learning from, and inform thinking about progression through competence or professional development frameworks
  - support employers to consider staff development needs for individual practitioners and multidisciplinary teams
  - inform best practice for providers designing and delivering CPD activities

Stakeholders from across these groups, along with researchers in related fields, can bring valuable perspectives to this discussion.

## Student/Lecturer Collaboration in Developing Course Material for Marginalised Client Groups

**Lesley Dougan<sup>1</sup> & Ann-Marie Wilson<sup>2</sup>**

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This discussion paper examines the influence of student-led research on teaching pre-therapy and contact work and the collaborative project that emerged from a shared goal: enhancing therapeutic interventions for marginalised client groups, especially individuals with learning disabilities. (Bouras and holt, 2004, dept. of health and social care 2021, Ee, kroese and Rose 2021, Mason 2007, Rose, O, Brien, Rose 2007, Strauser, Lustig and Donnell, 2004, Vereenoghe et al., 2018).

Pre-therapy, an evolution of person-centred therapy (Prouty, 1994), addresses challenges in establishing psychological contact with clients who may have fluctuating connectivity, a fundamental aspect of effective therapeutic practice.

At Liverpool John Moores University, first-year MA Counselling and Psychotherapy Practice students learn about pre-therapy and contact work from senior lecturer Lesley Dougan, who brings over two decades of experience working with clients with learning disabilities and neurodevelopmental conditions.

MA Counselling student Ann-Marie Wilson, with 25 years of experience in health and social care, conducted her dissertation on the perceptions of student counsellors regarding pre-therapy and contact reflections. She observed that some peers struggled with these concepts and felt uncomfortable engaging in role-play, particularly due to a lack of experience with clients who have learning disabilities or concerns about patronising clients. This situation raised concerns that counselling students might shy away from working with marginalised groups who already face barriers in the current mental health system.

After reviewing Ann-Marie's dissertation findings, Lesley met with Ann-Marie and fellow student Maddie Hall to explore strategies for enhancing the teaching of contact reflections, resulting in the development of a video. Their collaboration with LJMU's Technology Enhanced Learning (TEL) team focused on developing innovative teaching tools using Feedback Fruits.

This paper is primarily aimed at educators teaching counselling and psychotherapy programmes but will be of interest to qualified counsellors and trainees too.

Lesley and Ann-Marie will discuss:

- Their collaborative experience of creating an interactive learning tool.
- How students' lived experiences inform and reshape course content.
- Challenges in teaching complex concepts to counselling students.
- Do current counselling courses adequately address the diverse needs of clients requiring therapeutic support?

- Approaches to include training on working with clients who struggle with psychological contact and are often marginalised by existing services.

Through this presentation, they aim to foster a dialogue about improving therapeutic education and better serving marginalised populations, both students and clients.

## Researching and developing the use of artificial intelligence in the counselling related professions: The need for interdisciplinary collaboration and responsible innovation

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As the counselling professions are increasingly making use of technology to support their work, it is important that any technologies that are being used are appropriately fit for purpose. Many technologically-mediated ways of working have been accepted by the profession in recent years, but the use of artificial intelligence, despite numerous commentaries, remains relatively unexplored. Given the various skills involved in responsibly creating these types of resources, such a process will inevitably involve collaboration between multiple professional groups. The UK Research and Innovation (UKRI), who oversee the research councils in the UK, describe this type of approach as ‘responsible innovation’, “a process that takes the wider impacts of research and innovation into account”.

The discussion will consider responsible innovation in the counselling related professions and reflect upon a series of technological developments within the arena of online counselling and support for young people. It will describe the development of a Global AI Ethics committee for the digital mental health provider Kooth and consider its role in supporting the development of a series of tools to complement the work of its human workforce. These include the creation of tools to assist moderation of personal journal posts by young people and the development of a tailored ‘My Kooth’ resource. The discussion will consider the advantages and challenges associated with this type of work by hearing perspectives from a panel which include data scientists, safeguarding experts and researchers. Audience members will be invited to engage with the topic in small groups and to reflect back thoughts and pose questions to the panel.

## Exploring the Use and Implementation of Routine Outcome Measures (ROMs) in Counselling and Psychotherapy: A Reflexive and Open Dialogue

Lei Sorvisto<sup>1</sup>, Divine Charura<sup>2</sup>, Lynne Gabriel<sup>2,3</sup> & Charlie Duncan<sup>4</sup>

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Routine outcome measures (ROMs) are often used to monitor therapeutic outcomes and could provide feedback and evidence for the efficacy of therapy. Our current review of contemporary literature has illuminated an interesting debate which, on the one hand, supports and provides evidence for the use of ROMs, yet on the other hand, argues against their use. Analysis of literature research evidence will be important in shaping and influencing the direction in which ROMs may or may not be engaged in therapeutic practice. It is crucial to have at the heart of this debate the voice of clients' experiences of engaging ROMs in therapy as well as of all therapists, thus being inclusive of diverse views and perspectives.

One of our fundamental research questions is: Who are ROMs truly serving? Are they benefiting the clients, improving the therapist's practice, or simply satisfying the demands of the system? Join PhD student Lei Sorvisto and supervisors Prof Divine Charura, Prof Lynne Gabriel and Charlie Duncan in this engaging BACP and YSJU funded research and important debate.

This session invites delegates to explore critical questions, such as:

1. Experiences of ROMs: For and Against

Whilst it could be argued that ROMs capture important aspects and data about the therapeutic process and outcomes, it could also be questioned who they are serving and what their impact is on the therapeutic processes and experiences. Are ROMs serving the client, therapist, or the system? What practice and ethical considerations need to be made?

2. Adapting ROMs for Diverse Therapeutic Journeys

As therapy is now offered to a diverse range of clients/patients, and given that therapeutic progress is not always linear, ROMs need to be flexible enough to support various modalities and human diversities. How can we create more inclusive, decolonised ROM systems that reflect diverse practices without distorting or reinforcing biases?

This discussion will appeal to all those interested in a space for exchanging ideas, sharing experiences, and critically reflecting on the role of ROMs in practice. As a research team, we are committed to inclusive dialogue that welcomes diverse perspectives, especially from marginalised groups. This space encourages delegates to reflect critically on their assumptions about ROMs and consider how power, privilege, and systemic inequality shape the conversation.



## **Clients Perspectives on Therapy - Away from Papers and towards co produced creative research.**

**Richard Knight**

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Within this workshop Richard, a Disabled Counsellor and PhD researcher, looks at his clients perspectives on working with him as a client, as part of research and how this is co produced in collaboration with Out of Character, a theatre group comprising of a cast with lived experience of mental health issues / EDI, and creation of a film disseminating research in a impactful, striking and accessible way to the profession in hope to facilitate change and ensuring their voices are heard. This workshop will be collaborative and include audience discussion/participation.

## Tailoring Mental Health Support for Neurodivergent Individuals: Bridging Gaps and Strengthening Therapeutic Relationships

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### 1. Background

Neurodevelopmental conditions, including autism, attention deficit hyperactivity disorder (ADHD), dyspraxia, dyslexia, and Tourette's syndrome, are lifelong conditions that portray different brain development compared to neurotypical individuals (Pagán et al., 2023; Slocombe, 2021). Individuals with these conditions, referred to as neurodivergents (NDs), often experience overlapping developmental differences and challenges in processing speed, executive function, communication, motor coordination, and sensory integration (e.g., Leader et al., 2022; Nukari et al., 2020; Walker et al., 2020). These difficulties can affect key areas of daily life, diminishing quality of life (e.g., Coleman & Melia, 2023; Forde & Smyth, 2022).

In addition to these challenges, NDs are at a higher risk of co-occurring mental health challenges, as well as increased suicide rates (Fuller-Thomson et al., 2022; Valach, 2020). Despite these increased vulnerabilities, mental health services often seem to fail to provide tailored support, which can exacerbate the difficulties faced by the ND population. Thereby, increasing inequity regarding access to resources and opportunities, leading to NDs being placed at an inherent disadvantage in navigating various aspects of life (e.g., Lowe et al., 2019; Yerys et al., 2022). Although some approaches, such as Cognitive Behaviour Therapy and Dialectical Behaviour Therapy, have been recommended for neurodivergent individuals, there is limited evidence of their effectiveness, and the focus is on behavioural changes rather than on collaborative exploration to adapt/enhance the therapeutic relationship (Horwood et al., 2021; Gökçek & Bilican, 2022).

Moreover, many therapists report a lack of confidence in adapting their approach for NDs, which can hinder access to mental health support (Camm-Crosbie et al., 2019; O'Dea & Connell, 2016). This issue is further compounded by gaps in training on neurodevelopmental conditions concerning co-occurring mental health challenges, leaving many NDs underserved in mainstream therapy (Lipinski et al., 2019; Wilmot et al., 2022).

### 2. Discussion points

As a neurodivergent researcher involving people with lived experience in co-production, I wonder:

- How can therapists/clinicians tailor therapy and enhance the therapeutic relationship with neurodivergent clients beyond practical adjustments?
- How can we present this information to neurodivergent/neurotypical clinicians without specialised knowledge of neurodivergence?

3. Audience

Mental health professionals who wish to share their experiences working with the neurodivergent community or learn more about how to support them.

4. Consideration EDI

The presentation will feature a co-produced research study. At the start, participants will be encouraged to implement necessary adjustments (e.g., glasses, earplugs, fidgeting). A session summary will be sent to delegates.

## Therapists as CPD Facilitators: harnessing Psychoeducation to empower voices of lived experience in diverse workplaces & communities

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Psychoeducation (Lyon et al, 2011) serves as a powerful tool to cultivating emotional intelligence, fostering individual autonomy & group cohesion alongside reducing stigma (Borah, 2019). By facilitating open conversations about mental health, psychoeducation not only normalises the challenges people face but also encourages participation from those with lived experience in developing resilience and co-constructing knowledge & meaning (Bois, 2009). This collaborative approach advocates for interdisciplinary engagement between therapy and pedagogy (Green & Johnson, 2015) and invites practitioners towards developing as skillful facilitators. This group discussion session will invite attendees to reflect on the following:

1. What makes a good facilitator and do therapists perceive being a skillful practitioner automatically equipping them as a skillful facilitator?
2. How do therapists experience the potential challenges & opportunities occurring when considering the 'use of self' in a facilitator role?
3. How can facilitators sensitively invite and incorporate the lived experience of participants in their various and context specific group sessions?
4. What kind of support and training therapists need towards becoming confident and stimulating facilitators?
5. How do therapists-as-facilitators perceive the effectiveness of their delivery style in terms of engaging diverse audiences across intersectional identities and cultures?

This session will illustrate how collaborative work between psychoeducation practitioners and stakeholders such as HR professionals, employees, leaders, service users or ordinary people in our neighborhoods, can lead to meaningful impact in organisational and community cultures (Jordan et al, 2023). It is suitable for various wellbeing professionals i.e. qualified and trainee therapists, coaches and counselling educators, including those who are already facilitating psychoeducation groups or interested in developing these skills as part of their practice. Attention will be given to creating safe and inclusive spaces where psychoeducation can contribute to both raising awareness towards mental health and contributing to a wide range of social justice matters in culturally diverse workplaces and communities (Mallinckrodt et al, 2014). The facilitated discussion aims at inspiring a collective effort to integrate psychoeducation into therapeutic practices, counsellor continuing personal and professional development, employee wellbeing and community engagement via empowering both facilitators and participants to share their narratives. Attendees will be encouraged to envision new collaborative pathways that enhance both research and practice in the field of mental health.

## Reviewing BACP's Ethical Framework for the Counselling Professions: the role of research and collaboration

Charlie Duncan<sup>1</sup>, Marita Morahan<sup>2</sup> & Andrea Anastassiou<sup>3</sup>

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Additional Authors: Susan Dale, BACP Ethics Lead

Background and context: BACP's Ethical Framework for the Counselling Professions was last updated in 2018. Not only is it considered best practice to regularly review ethical practice guidelines, there has also been a huge change in the delivery of counselling following the COVID-19 pandemic, with as many as 85% of BACP members now offering online counselling to clients (BACP, 2024). Therefore, BACP's Ethical Framework needs to develop and adapt to the changing ways that members work and the ethical challenges they face, as well as encompass current issues and legislation.

In 2023, BACP announced that they would be reviewing their Ethical Framework with a view to publishing it in 2025/2026. As part of this review, BACP has committed to undertaking a robust consultation with members, as well as using many other sources of data including complaints and ethical helpdesk query data. This panel discussion will provide a brief overview of the review and consultation process, indicating how research can be used to develop professional guidelines. The discussion will also highlight areas where BACP has experienced difficulties in the consultation process including engaging with marginalised communities; addressing the dual role as a framework for good practice and the standard for professional conduct complaints; and reflecting upon the multiple professional relationships engaged in by counselling professionals.

Questions and issues to consider in the session:

How can BACP better engage with more diverse and marginalised voices?

How can the Ethical Framework meet its goals?

Should the multiple relationships engaged in by members of the counselling professions have the same ethical considerations as the client/counsellor relationship?

Audience: This discussion panel will be of interest to those who wish to understand more about how the Ethical Framework is developed, and specifically how members can contribute to the review process. It will also be of interest to those with experience of engaging with marginalised groups, who may be able to offer some helpful pointers on how BACP can improve in this area.

Considerations given to issues of equality, diversity and inclusion: Specific areas of focus in the consultation have been around how the revised Ethical Framework can be more inclusive and accessible, including how it can better embed considerations of equality, diversity and inclusion by engaging with, and including, voices of those with lived experience of working with, or belonging to, marginalised groups.

## Relationship is the key: Decolonization of a pioneering counselling training program in Post-Genocide Cambodia

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Additional authors: There are no additional authors. However, I wish to credit the extensive multidisciplinary (international) network of support which enabled the training program to come to fruition. I particularly wish to credit NITH Chakriya, Toch Seyha, Stephen Willimott

Counselling education in the Cambodian context.

My PhD research explores the possible impact of counselling training with former students, who are trailblazing pioneers in the counselling profession within the post-Genocide nation, Cambodia. The study explores both past and present lived experience of both researcher (founder and director), and participants, throughout the challenging process of a ground-breaking venture. 'Living with and in', shared narrative (Bocher and Ellis, 2016).

The preliminary findings of this pluralistic research have highlighted the need for collaborative pluralism and culture-centred counselling education (Lang and Gardiner, 2014; Paris and Alim, 2017; Green, 2023; Winter and Charura, 2023). A learning process which responds to local needs, embraces responsive pedagogy and 'decolonizes minds' (hooks, 2003, p.40).

The key focus of this project explores the possible obligation to decolonise the counselling training curriculum and to identify the impact of power and privilege within the intersectional learning space. Working in collaboration with a small focus group of former students as researchers, encapsulates what the participants perceive are the barriers and opportunities to consider in the future.

Interwoven throughout, are social justice issues of intersectional power and the toxicity of perpetual racism through colonialism (Rementeria, 2024; Casillas-Martinez et al, 2023).

Key words: Collaboration, intersectionality, pluralistic research, decolonisation, counselling education, cultural sensitivity.

Discussion Points- questions for delegates.

- What factors would you consider important in developing a culturally sensitive (re-centred) counselling training program?
- What barriers/opportunities would you expect in developing such a program?

A take-away thought for reflection:

'Ubuntu refutes the notion that a person can ever be self-made, because we are all interconnected. We should not be fooled by the myth of the self-made individual, as no one exists in true isolation' (Mungi Ngomane, 2019, p. 25).

Audience/delegates who may find this discussion beneficial/ may wish to contribute:

- Relevant for all attendees who wish to consider counselling praxis.

- Particularly individuals who would embrace the opportunity to learn from peers in humanizing dialogue and challenge the omnipresent power in higher education.



## Making Sense of the Field: Defining Therapeutic Coaching and its Research Possibilities

**Andrew Reeves<sup>1</sup> & Anna Kennedy<sup>2</sup>**

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The link between counselling and coaching has been discussed for several years (e.g., Griffiths & Campbell, 2008; Grant and Green, 2018), with dual practice becoming more popular. Many practitioners are offering what they describe as ‘therapeutic coaching’, with others using terms such as an integrated counselling and coaching approach (Flynn et al., 2018). However, there is little or no consensus amongst professionals, or in the limited related literature, as to what constitutes therapeutic coaching. In addition, the term is used and defined by those who are not therapeutically trained, which is evidenced in one of the few published peer-reviewed articles on therapeutic coaching (Jackson & Parsons, 2016).

This is problematic in reviewing the relative efficacy of therapeutic coaching when compared against therapy or other forms of therapy or coaching, and in the development of future training, supervision and regulatory mechanisms. Closing this knowledge gap presents an opportunity to strengthen the BACP’s ability to help stakeholders, such as politicians and decision makers, to understand the dual approach which could lead to stimulating paid employment opportunities for members. Therefore, this research aimed to begin to develop a working definition of therapeutic coaching aspiring to capture a common/shared understanding of what is meant by the term and to encourage a starting point for debate. This research provides an opportunity to shape the future of the global counselling and coaching professions community, thus aligning with BACP’s strategic goals.

The purpose of this session will be to provide an overview of a recent qualitative study undertaken with 35 dual-qualified practitioners on their experiencing of therapeutic coaching, analysed using a thematic analysis.

Main questions for discussion will be:

- What are the benefits and challenges of therapeutic coaching?
- How might the integration of therapeutic coaching support the development of professional standards, policy and an emerging research agenda?
- What are the opportunities for collaboration with those who access therapeutic coaching to co-produce future directions in its development?

This session will be of interest to dual-trained practitioners and inquisitive therapists interested to learn more about coaching and dual practice. Attendees will be able to contribute to key research - at an early stage - and help develop a future research agenda around therapeutic coaching as well as providing key insights into practice. Finally, and importantly, therapeutic coaching can provide a therapeutic space for those who might otherwise feel marginalised from therapy and who might be under-represented in therapeutic services.

## Collaborating in the face of global impact: The international climate responsive counselling initiative

Clare Symons<sup>1</sup>, Naoise Kelly<sup>2</sup> & Lynne Gabriel<sup>3</sup>

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Climate change is recognised globally to be affecting all aspects of people's lives. Mental health issues are expected to increase with continued global warming across the world. Increasing numbers of people across age groups are concerned about the impact of climate change on all aspects of their lives and on the lives of their children. Vulnerable communities such as those with pre-existing health conditions, young people, Indigenous peoples, and others who tend to be underserved in their society, are more affected (World Health Organisation, 2022). Emotional and mental health responses to climate change are complex, can be painful and distressing (Pihkala, 2020) but also rational and not necessarily implying mental illness (Verplanken, 2020).

Although not confined to counselling (Brulle & Norgaard, 2019) a sense of helplessness can often be evoked in professionals which can manifest in a collective lack of engagement with the issues (Azuri, 2022). Research into how counselling and psychotherapy might support the mental health needs of people globally is emergent, with currently a very small number of notable studies (for example Hickman et al, 2020; Bellehumeur et al, 2023), but more is urgently needed.

The International Association for Counselling (IAC) in collaboration with the British Association for Counselling and Psychotherapy (BACP) and the Canadian Counselling and Psychotherapy Association (CCPA) are collaborating on a global project relating to climate-responsive counselling. The project will include a survey of national associations worldwide to explore issues and challenges raised by members as well as good practice and resources developed and made available. The project will also look to co-ordinate and launch a digital hub to share information regarding culturally appropriate counselling approaches to promote mental health and wellbeing globally in the face of ongoing and escalating challenges of climate change.

Potential areas for discussion in the session:

How might organisations and individuals overcome a sense of helplessness in the face of climate change and work together to address research and counselling needs worldwide?

What are the barriers to doing more work in this area and how might more research be fostered and built?

What are the research priorities for climate change and counselling?

How might we foster greater collaboration - including across disciplines - to ensure research can support work to address the mental health impacts of climate change?

This discussion session is of relevance to practitioners and researchers at all levels with an interest in how climate issues present in the counselling room and impact on clients, counsellors and researchers alike.

## Disrupting Silence: A Collaborative Autoethnography of Race, Power, and Therapy

Rhea Gandhi<sup>1</sup>, Kartika Ladwal<sup>2</sup> & Mingxi Li<sup>2</sup>

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The discussion will be framed in response to a collaborative autoethnography (CAE) in the form of a performance piece by the 4 presenters. Inspired by Kilomba's (2008) work who turned her research into performance art, we draw from our collective lived experiences as women of colour and psychotherapists to bring alive concepts of power, violence, race and coloniality in and outside the therapy room. We use performance as a creative-relational technique to represent the nuances, convergence and divergence of our realities. This performance will be framed as a provocation to invite the reflections and affective responses from those in the room, to dialogue with and through our stories. This space aims to disrupt the epistemic violence that has silenced our internal worlds as WOC as not being enough evidence to validate our experiences as 'real' - subtly unearthing which realities have been more visible in counselling education, the therapy room and beyond. We speak from our embodied experience to bring our intersectional realities to life so you can witness them in motion - inviting the discussants to grapple with these questions with us. This piece is not meant to be 'published' but heard, felt and experienced, unsettling traditional notions of research that have historically excluded bodies like ours.

Using this methodology, each presenter contributes to the collective work about in their distinct voice, simultaneously, the combination of multiple voices exploring a social phenomenon creates a unique synergy and harmony that autoethnographers cannot attain in isolation (Chang et al, 2012)

We invite all interested delegates to this discussion - one that feels very relevant to our field in today's political climate. Simultaneously, we request that an ethos of sensitivity and care be brought into this space, as we want to create an environment of creative tension but this can only happen in safety. We also recognise that conversations around race, coloniality and oppression can evoke strong emotional responses and we request the attendees to hold this in mind.

## Working for 'free' or 'paying to work' in mental health provision: counselling and psychotherapy training and placement organisation and experiences across the UK

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While mental health (MH) service provision has been identified as crucial for economic recovery post-Covid-19 and amidst a rising MH epidemic, limited attention has been paid to the conditions of work and training for counsellors and psychotherapists. Counseling's proud tradition of voluntarism, altruistic caring and compassion (Bondi, Fewell & Kirkwood, 2003), experienced via the unpaid placements, is now also increasingly extended into post-qualification training and accreditation. In times of growing austerity, public and third sector providers rely increasingly on such 'free' labour. As the profession develops, expands, and gets standardised and (re-)regulated, questions arise around the economic viability of 'free' labour or even 'paying to work' as a requirement for obtaining professional qualification.

The current discussion starts by presenting some preliminary findings of a BACP-funded research project on the personal experiences of trainee counsellors of placement, education and career transitions. We discuss the challenges of placement and work especially within public and third sector providers, which carry out the majority of MH provision for those most in need, but - as experienced by our interlocutors - often do so by extracting free labour from volunteers, off-setting costs, outsourcing risk, and substituting paid secure labour positions with a growing and increasingly precarious un(der)paid labour force (Baines, Cunningham, & Shields, 2017).

In the discussion, we will pose the following questions:

What makes a good placement?

What is the currently required and/or reasonably expected amount of 'volunteering' (practice hours) that a trainee/early career counsellor should complete, before expecting to be paid for their services?

What is the current model of sponsoring placements and (how) could they be organised to suit better the growing and growingly diverse workforce in the sector?

What is the role of professional bodies like BACP in this conversation?

**Audience:** We invite trainee counsellors and experienced practitioners, placement and training organisers, and representatives of accrediting bodies, interested in informing and shaping future training practice and influencing debates on counselling labour rights and remuneration.

**Equality, Diversity, Inclusion:** This conversation strikes at the heart of our sector that seeks to address the complex needs of a broader population, including by providing equal opportunities for training to therapists from diverse backgrounds.

## Spiritually transformative experiences in therapy

Christine Kupfer<sup>1</sup> & Lorraine Tolmie<sup>2</sup>

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### Background & context for discussion topic

Spiritual, religious, paranormal, or non-ordinary phenomena are reported by a significant proportion of the population (Wright et al., 2024). While these experiences can be positive and life affirming, some individuals report significant distress. Clients requiring support can be reluctant to seek help for fear of being misunderstood or diagnosed with a mental health disorder (Woollacott et al., 2021). Therapists have reported uncertainty about how to work with clients on these issues (Roxburgh, 2016). Our research shows that unusual experiences can also occur unexpectedly within therapy sessions, and that therapists require spiritual competency to support clients effectively.

This session will share the presenters' recent and ongoing collaborative research on spiritually transformative experiences (STEs) in therapy and counselling. This includes (a) a scoping review (b) findings of a qualitative study investigating therapist experiences working with STEs, and (c) an ongoing qualitative study about the experiences of clients who have had STEs. Delegates will be invited to share their perspectives and experiences on the topic.

### Discussion Points

Potential areas for discussion include:

- How could you use your existing knowledge and skills to support a client navigating a spiritually transformative experience?
- What do you consider to be important practical implications related to implementing the research findings?
- What are key areas for collaboration between clients and therapists when addressing these experiences?
- What questions do you need to be answered to feel confident and prepared to support a client through an intense spiritual experience?

### Audience

Practitioners and researchers who are interested in this body of research, and who would like to engage in discussions about working with spiritual, religious, or paranormal experiences in counselling and psychotherapy.

### Equality diversity and inclusion

EDI has been considered in the design of both studies shared in the presentation. Working with clients who report spiritual, religious or non-ordinary experiences requires cultural sensitivity and an openness to diversity in beliefs, practices, and worldview. This research supports inclusiveness towards these clients.

## When Counselors Compare: Counselor Self Efficacy Development through the Lens of Social Comparison Theory

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Social comparison, or the drive to evaluate oneself against another, carries important implications for learning, behavior, and intrapsychic experiences (Festinger, 1954). Comparison can prompt strong affective responses such as feelings of pride, shame, or frustration and in turn affect an individual's wellbeing, their occupational performance, and their overall life satisfaction (Van De Ven, 2017). Although social comparison behaviors have been widely studied in both occupational and academic contexts within the social psychology and the higher education fields, little is known about how social comparison presents in counseling or counselor education programs despite evidence that suggests counselors in training are especially prone to comparison. Counselors in training often find themselves in novel situations during their clinical training, are motivated to perform to the levels necessary to graduate, and are involved in peer learning activities throughout their programs of studies (Gibbons & Buunk, 1999), all precursors for comparison behaviors. Given the affective and behavioral implications of comparison, it is important to understand how counselors compare in order to best support their successful development of requisite counseling skills and dispositions (CACREP, 2016).

### Questions and issues to consider

- Is comparison harmful or beneficial - should educators and counselor supervisors encourage or prevent it?
- How does comparison show up in your own practices or programs?
- How do comparison behaviors vary across cultures and identities?
- How do related concepts like competitiveness or imposterism connect with what we know about comparison?

Instructors or supervisors would benefit from learning the results of the presenters' quantitative Structural Equation Modeling study on counseling student comparison orientation, their self-efficacy in counseling, and their program satisfaction. Attendees will learn the applicability of social comparison theory to counselor development and related constructs such as counseling self-efficacy, stress, and program satisfaction. This discussion of comparison and its effects offers various opportunities for supervisors and instructors of counselors-in-training, including new perspectives on how to increase awareness of comparison orientation and behaviors, navigate related barriers to counselor self-efficacy development, support students from marginalized backgrounds, and promote program satisfaction.

Comparison behaviors can present differently across gender, race, and culture, indicating that instructors and supervisors of counselors in training need to utilize an intersectional, culturally responsive perspective when addressing the effect of comparison within the classroom or

supervision contexts. Presenters will speak to how broaching culture, ethnicity, race, and identity can be used to better understand how comparison may affect their student or supervisee.



# Methods Workshops

## Developing good practice in Reflexive Thematic Analysis

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**Workshop aims:** The aim of this workshop is to support counselling and psychotherapy researchers to develop good practice in Reflexive Thematic Analysis by becoming what Braun and Clarke (2022) term 'knowing' researchers, that is researchers who make informed decisions about research design and analytic approach. The hope is that the workshop will foster both methodological reflexivity and increased confidence in using Reflexive Thematic Analysis. **Audience:** This workshop is aimed at counselling researchers who are using or want to use Reflexive Thematic Analysis (developed by Braun & Clarke, 2021) to analyse textual data (typically interview and focus group transcripts and qualitative survey responses).

### Learning outcomes

The session will help you:

- Understand what Reflexive Thematic Analysis is, how it differs from other kinds of Thematic Analysis and where it sits in terms of other qualitative approaches;
- Consider what constitutes 'good' Reflexive Thematic Analysis and how to avoid common errors in research design and analysis;
- Develop as a 'knowing' researcher, and foster your methodological reflexivity and confidence in using Reflexive Thematic Analysis.

The session will involve didactic content interspersed with discussions and exercises, with potential activities including:

- Mapping: locating analytic methods by epistemology and Q 'size'
- Discussion: What is a common epistemology error and why does it matter?
- Quiz: What is a suitable RTA research question?
- 5-minute roleplays: What makes for a good interview?
- Group brainstorm: Types of coding - and how to choose your approach
- Discussion: What is a theme in Reflexive Thematic Analysis?
- Poll: What does a good theme write-up look like?
- 5-minute pair-share: Owning my subjectivity
- Quiz: Judging the quality of qualitative analysis

### EDI considerations:

All engagement in activities is entirely optional. Participants who might benefit from particular accommodations are welcome to contact me in advance of the conference to discuss.

Workshop activities will ask participants to move about the workshop space, to participate in whole-group discussions as well as discussions with one other, to respond to quizzes/polls presented as written material (on PPT slides displayed on screens in the workshop space).

The topic 'Owning my subjectivity' is potentially sensitive. This activity will ask participants to talk to one other briefly (2 minutes) about their intersectional identity, including any

marginalisation and privilege, how this potentially impacts their analysis of their data and what - if anything - they might do to acknowledge or manage their positionality.

## Reformative Concept Analysis: Why and How?

**Gabriel Wynn**

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### Topic:

Concept analysis methodologies are well-developed in nursing and social science scholarship. They have the potential to enrich counselling and psychotherapy research, but are not typically used or taught by counselling researchers. Reformative Concept Analysis (RCA) (Wynn, 2024) is a novel qualitative research method for exploring, critiquing and reforming concept meaning and use in psychological therapy discourse. RCA can be used to clarify vague or ambiguous concepts, or to explore potentially problematic aspects in some concepts' meaning or use. RCA can also be used as 'pre-search' to delimit definitional boundaries for a key term of enquiry in further qualitative or quantitative research.

### Content:

1. Why use RCA? The role of concepts in communicating meaning in psychological therapy practice and research is explained. Common problems with concept use are illustrated using the example of 'imposter syndrome.' RCA's utility in helping practitioner-researchers 'reform' concept meaning by triangulating academic meanings with concept understandings from lived experience is explained. The range of research questions that RCA can address are set out.
2. How to use RCA? The eight stages of RCA including data collection, interpretation, triangulation and presentation of findings are explained. Ontological, epistemological and rigour considerations are also touched on.

### Equality, diversity and inclusion considerations:

RCA is a critical research method designed to enable investigations that may challenge power-interests and epistemic injustice in psychological therapy research and practice concept use.

### Learning Outcomes:

The workshop will help participants

- Consider the importance of critiquing concepts in 'everyday language' of psychological therapy research and practice
- Understand the data collection and analytic stages unique to RCA
- Understand the types of research questions that can be addressed with RCA

### Structure to meet learning outcomes:

Seminar-style teaching blends didactic presentation with interactive discussion to support unique learning needs within the participant group. Suitable for participants who are:

- Practitioner-researchers and student researchers interested in critical qualitative research approaches and want to learn the basics of RCA
- Research tutors who may wish to introduce RCA as a qualitative approach available to their counselling students

## Bodies of evidence: the place of bodily experience in counselling, psychotherapy and research

**Jamie Fearn**

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This research explores the bodily experience of those recovering from spiritual trauma (ST) through creativity and one-to-one standardized open-ended interviews, using Embodied Heuristic Inquiry (Ellingson, 2017; Moustakas, 1990; Sultan, 2019). This approach centres participants as co-researchers with a focus on collaboration and how power can be equalised in a sensitive subject and an area where power abuse has often been the cause of the trauma experienced. It also considers the embodied nature of gender, ethnicity, sexuality, age, neurodivergence, mental and physical health, religion or spirituality and socioeconomic, class or social status in relation to the research process.

Traditional evidence-based research methodologies focus on quantitative data that can be applied widely and lead to 'paradigmatic knowing' (McLeod, 2011). In a society that privileges objective neutrality and the separation of body and mind, this study places subjective human body-mind experience at the centre. This presents an opportunity for cross disciplinary learning drawing on research and literature from counselling; psychotherapy; clinical and community psychology more broadly; traumatology; religion and spirituality; pastoral care; cultic studies; clinical social work; social science; person-centred practice; positive psychology; complementary therapies; and consciousness studies. It also presents a number of interesting challenges related to collaboration with co-researchers because of the potential for re-traumatisation through, for example, member checking.

The session will help you:

- understand the qualitative methodological tradition of Heuristic Inquiry and its philosophical underpinnings as applied to this research
- reflect on how an embodied approach can support research and challenge cultural ideas around the place of our bodily experience in counselling and psychotherapy and research
- consider bodily experiences, creativity and self-care when conducting research on sensitive subjects

The content of the workshop will include some background of the research and how it was organised, including the methodological design to support an understanding of the approach used. It will also include experiential practices that will support reflexivity and the consideration of bodily experience, creativity and self-care. There will also be opportunities for discussion on some of the challenging aspects of this research process that relate to the ethics and our cultural ideas. Counsellors, psychotherapists, coaches and researchers with an interest in working with or researching religious, spiritual or cult trauma will find this particularly relevant, as well as human beings with an interest in creativity, philosophy and spirituality

## Introducing Post Qualitative Inquiry (PQI)

**Gwen Coyle<sup>1</sup> & Peter Blundell<sup>2</sup>**

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Participants in this workshop will gain an introduction to the Post Qualitative Inquiry (PQI) approach, including its fundamental concepts, illustrated with examples from our own research. The workshop will encompass diverse perspectives—human, non-human, and more-than-human—encouraging attendees to explore both the opportunities and challenges of employing this innovative approach. Equality, diversity and inclusion are embedded in the approach and the workshop.

Experiential exercises will prompt participants to consider research from alternative viewpoints, enhancing their understanding of PQI's potential. Attendees will also have the opportunity to share their own experiences in a variety of formats, fostering a collaborative learning environment.

The workshop will conclude with a focused discussion on the benefits of PQI in researching counselling and psychotherapy practices. It is aimed at those seeking a fresh perspective on research and curious about non-traditional methodologies. PQI notably challenges conventional notions of equality, diversity, and inclusion, broadening the scope of research in meaningful ways and this will be explored in the session.

Key Questions we will explore in this session:

- What is data?
- Where do we find our findings?
- Who participates in research?
- What don't we see in research?
- What if therapy research was not client centred?

Workshop Structure

- Welcome and Introduction: Outlining the workshop's objectives, including the desired (con)sequences and the (un)structured nature of the session.
- Explanation of PQI: An overview of PQI, followed by a Q&A session to clarify concepts.
- Experiences: Participants will be asked to view the world through different lenses by engaging with key ideas and concepts related to PQI.
- Experience Sharing: An invitation for attendees to share their insights and experiences through various means, promoting a rich exchange of ideas.
- Future Research Contributions: A discussion on how PQI can contribute to advancing future research in the field.
- Conclusion: Summarising key points and expressing gratitude for participation.

This workshop promises to be an engaging and enlightening experience for all delegates interested in redefining research paradigms within counselling and psychotherapy.

## Creating poems of practice: Ways to share what we do

**Christina Buxton**

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This workshop aims to introduce practitioners to poetic form to represent client, and research participant, experiences. Existing evidence suggests that researcher practitioners find wider dissemination of their work a challenge. Complex methodological approaches, conventions in traditional scholarly activity, and practitioner confidence in these areas have been shown to act as a barrier to accessibility in this regard. More creative poetic approaches offer less restrictive and thereby more inclusive methods of engaging with the dissemination of practitioner activities, allowing a broader dissemination of practitioner work than is currently available in counselling and psychotherapy.

This workshop is for researchers and practitioners in the field of counselling and psychotherapy who have a desire to make their work more accessible to others.

This workshop will:

- Introduce you to the different ways in which poetic form can be created and offer the opportunity to create poetic form;
- Allow you to explore the different outputs that these forms produce and to examine the differences in them;
- Offer you uncomplicated ways of portraying your own research and/or practice in a format appropriate for wider circulation;
- Show the benefits of using poetic form to allow a wider audience to access your work in a way that other methods cannot.

The workshops will demonstrate how poetic form offers unique ways to engage readers that other qualitative outputs cannot. It will evidence, how, through the creation of poetry, the experience of research participants and clients can be transformed into a dynamic, relationally based form that pulls the reader into it in an emotionally embodied intrapersonal journey. Although there are many ways to create poetry from testimony, for the newly introduced, and perhaps less creative or confident, poems created, or found, in existing content offer a more concrete and practical way to start. The workshop will introduce the ways in which poetic techniques draw out the essence of testimony. Giving examples of work previously created in a variety of ways, it will then introduce specific ways of creating poetic form including 'I' poems, interpretative poems, and more structured poetic approaches. Delegates will have the opportunity to experiment with the differing methods, creating poems using existing open data testimonies from mental health service users drawn from sources in the public domain. These poems will be compared to examine preferences and differences and identify suitable uses for delegates own potential needs.

## Working it out together: Towards accessibility and inclusivity in research design

Charlotte Scott<sup>1</sup> & Sally Lumsdaine<sup>2</sup>

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### Topic

This workshop will offer an insight into the process of adapting an existing participatory research method - Participatory Theme Elicitation (Best et al. 2022) for use with individuals who have learning/ intellectual disabilities as part of a co-created research project.

### Learning Outcomes

Participants will have the opportunity to:

Consider ways of adapting research methods to meet the needs of researchers with learning/intellectual disabilities;

Engage with a participatory research method which has been adapted to work with researchers with learning/ intellectual disabilities;

Consider the impact of roles and power dynamics in collaborative research;

Examine the relationship between accessibility and methodological rigor in relation to counselling/psychotherapy research.

### Summary of planned content relating to learning outcomes

#### Introduction and Scene Setting

Contextualisation of the research, situating it within the broader framework of ongoing initiatives within Tayside Centre for Counselling and as part of a PhD project.

#### Overview of the work (Learning Outcome 1) (Learning outcome 3)

Outline of the process of choosing a research method to meet the needs of our project as well as why and how this was adapted to meet the needs of all our researchers.

Reflections on the collaborative processes of planning and carrying out the study and writing up the findings.

#### Experiential element (Learning outcome 2)

Participants will have the opportunity to engage with our adapted training resources and take part in a process of open card sorting aligned to the method.

#### Discussion (Learning outcome 3) (Learning outcome 4)

Discussion prompts designed to examine the benefits and challenges of working in this way, and particularly in relation to power dynamics in collaborative research and the relationship between accessibility and methodological rigor.



## Audience

This workshop will be of interest to anyone who wants to work collaboratively with participants and is considering ways of adapting their research methodology to meet the needs of those who have lived experiences related to their area of study.

## Considerations given to issues of EDI

Workshop will begin with an opportunity for people to share what might help them feel comfortable in the space;

Materials will be available in easy-to-read formats;

A range of experiences (audio/ visual/ practical) will be offered and participants will have the opportunity to move in the space.