UNIVERSITY & COLLEGE
Counselling
November 2026
For counsellors and psychotherapists in further and higher education

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Editor
Kate Ashley
ucc.editorial@bacp.co.uk

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University of Cambridge

Head of University Counselling Services (HUCS) special interest group
Allie Scott
Abertay University

Staff Counselling special interest group
Carol McCloskey
Arts University Bournemouth

Further Education special interest group
Renate Andrews
UHI Orkney

Divisional enquiries
Email: bacp@bacp.co.uk

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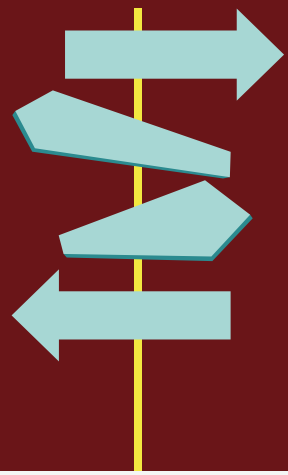
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STUDENTS IN BETWEEN: UNDERSTANDING AND SUPPORTING THIRD CULTURE KIDS AT UNIVERSITY

Kathy Swords writes about the specific student population who have spent significant time away from home before returning to study in their passport country, and how an internationally mobile childhood shapes wellbeing



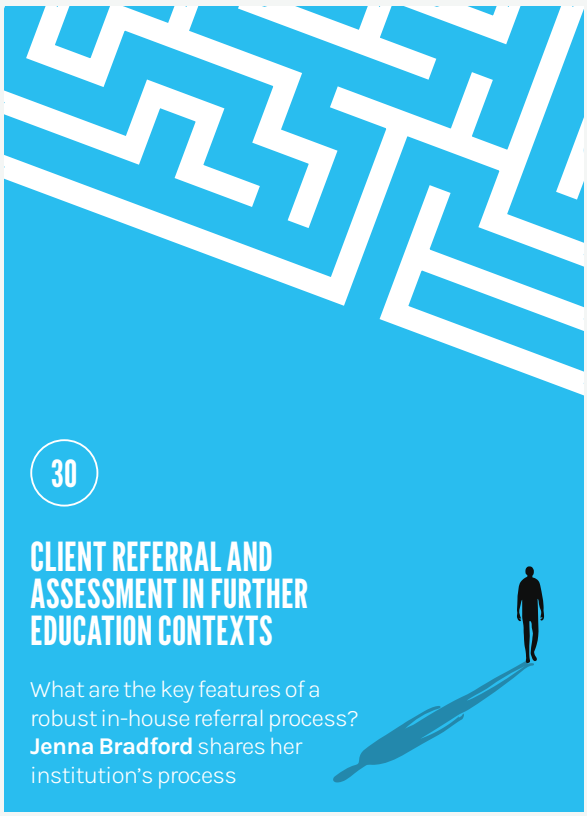
> **Clearly defined written protocols and shift patterns provide a frame to help us know what to do and when to do it**

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Between different worlds



I was surprised by how relatable I found our cover article on third culture kids (TCKs). My parents grew up in England and South Africa respectively, and I was raised in Eswatini, England and then Zimbabwe until my final year of primary school, when we returned to England for good. I continued to move around the UK as a young adult before a period of longer stability; I've now lived in Bristol for longer than I've lived anywhere else in my life.

Having these experiences is something I'm grateful for and I do think it's made me more independent, resilient and adept at making friends in new places. And also: I have often felt jealous of peers who have deep and longstanding friendships from school and the kinds of relationships that I just haven't had access to – it's hard to keep in touch once you move continents. It's also meant that half of my family has always lived on the other side of the world. One of the downsides to moving so much is that stability and close connection are harder to build and maintain.

I am aware that I hold some different beliefs, norms and mindsets compared with the typical Brit, and I do wonder how much my background has influenced this. These include ideas around risk, health and freedom. I wouldn't describe myself as a risk-taker by any means, but sometimes when I speak to friends and colleagues here, I realise my views might be less common. For example, my participation in couch-surfing, ridesharing and housesitting communities has sparked several people to ask if I'm not worried about strangers being in my home while I'm away. I'm not, but more than that, I struggle to conceptualise what the threat could be that they're anticipating.

I don't consider myself a third culture kid; living in former British colonies meant there were lots of cultural similarities, and I remained with my immediate family rather than apart from them. But when **Kathy Swords** writes about belonging and how her students respond to the question, 'Where is home?' I understood exactly. I really loved and resonated with her description of continuity through movement rather than permanence.

For college and university counsellors, this perspective is invaluable. TCK students may need a different approach and a deeper understanding of what challenges they face. I hope you find Kathy's piece as educational and enjoyable as I did.

Closer to home, two of our features set out ideas to improve processes around assessment, referral and safeguarding in both FE and HE. We also have a profile of a counselling trainee from Buckinghamshire who describes deciding to study as one of the best decisions of her life.

A big thank you and goodbye to our columnist **Sarah Worley-James**, who writes her final piece looking towards a post-burnout future and a life that is more than simply surviving. If you'd like to write for our regular Perspectives section, get in touch at ucc.editorial@bacp.co.uk.

As always, do let me know if there are topics you'd love to read about (or write yourself!) in a future edition of the journal.

I look forward to hearing your thoughts. ■

KATE
ucc.editorial@bacp.co.uk

News & Resources

A summary of current issues and opportunities in our sector

Thousands more teens missing college hidden from official NEET statistics



England's Children's Commissioner, Dame Rachel de Souza, has said that around 42,000 teenagers in England were officially classed as studying at college, despite not showing up at least half of the time.

The Department for Education (DfE) said it planned to help colleges track attendance and ultimately to gather that data centrally. FE institutions are not currently required to collect or track these data.

The report is based on attendance data from 262 college groups and found that over half of 16- and 17-year-olds miss more than 10% of college sessions. Dame Rachel argues that these young people should be included in official NEET (not in education, employment or training) figures, which are currently estimated at 57,000.

Read Dame Rachel's report: ***https://tinyurl.com/57ftkjac.***

Youth missing education due to mental health issues

The latest Youth Voice Census, which we sponsored, found that almost 30% of young people who missed education said it was due to mental illness or anxiety.

The Census surveyed 11,500 young people aged between 11 and 30 and was carried out by Youth Employment UK.

The survey also found that:

- The proportion of young people reporting high levels of anxiety remains at 22%.
- Around two-thirds say they feel lonely at least some of the time, including around one in five who feel lonely often.
- High life satisfaction has fallen to 33% in 2026, down from 36% in 2025 and 38% in 2024.

BACP's Chief Regulation and Standards Officer Lisa Morrison said: 'The Youth Voice Census shows that high anxiety remains a persistent issue for a significant minority of young people, and for others there are falling levels of happiness and life satisfaction.'

Read the full article: ***https://tinyurl.com/3m6t96ny.***

The new BACP *Ethical Framework* is now in effect

The *Ethical Framework for the Counselling Professions 2026* became mandatory from midday on Tuesday 3 November 2026. All members should now be working in accordance with the new framework.

The framework is structured around three key sections: A. Working ethically within relationships, B. Ethical principles, and C. Core responsibilities, which should be used together to support ethical decision-making and safe, effective practice.

Alongside the framework, we've produced a range of resources to support you in using the *Ethical Framework 2026* and working ethically within your professional practice. These resources are available in three new categories:

- Ethics Essentials
- Ethics in Practice
- Legal Resources.

They now replace the former Good Practice in Action (GPiA) resources, which will no longer be available from Tuesday 3 November 2026.

We're also developing further resources to support you in implementing the new framework, including a range of short and more detailed resources such as e-learning modules, text-based resources and videos. These are being informed by the feedback from you within our second consultation.

We want to make sure you're supported and have what you need to embed the new framework into your practice and ways of working.

To access the new framework, supporting resources and further guidance, please visit the Ethical Framework *webpage:* ***https://tinyurl.com/3bvkkhuz.***

Children and young people should not have to reach crisis point

Analysis by the Royal College of Paediatrics and Child Health found that more than 75,000 six- to 17-year-olds attended A&E for a mental health concern in England in 2025.

New figures show a 36% increase in mental health-related A&E attendances among children and young people, compared with 2019.

Martin Bell, our Head of Policy and Public Affairs, said: 'These figures are deeply concerning and underline the urgent need to intervene earlier. Children and young people should not have to reach crisis point before they can access the mental health support they need.

'A&E is a vital part of our health service, but it should not become the default destination for children who are struggling because they have been unable to access appropriate support elsewhere.'

Read our full response:
https://tinyurl.com/2u7yeu4t.



EVENTS

Universities and Colleges network meeting

3 December 2026, online,
1:00 to 1:45pm

A meet-up for counsellors and psychotherapists currently working in higher or further education. This event aims to create a supportive and collaborative space where professionals like you can connect, share experiences, and discuss the unique challenges and opportunities within our field.

Sign up at:
https://tinyurl.com/3avspuk9.

HUCS network meeting

15 December 2026, online,
12:30 to 1:30pm

Heads of University Counselling Services (HUCS) is a professional network of leaders of counselling and mental health services across UK higher and further education institutions. HUCS meetings offer a collaborative space for sharing expertise, navigating sector-wide challenges, and strengthening the voice of psychological and emotional wellbeing provision within post-compulsory education.

Sign up at:
https://tinyurl.com/mr3wj9s3.

The BACP Safeguarding Network

8 January 2027, online,
12:00 to 1:30pm

Join BACP's Designated Safeguarding Officer, Jo Holmes, and fellow members from across the UK for a network meeting every two months. The network will explore emerging safeguarding trends, discuss updates to legislation, policy and guidance and share best practice from a range of therapeutic settings.

Sign up at:
https://tinyurl.com/yesfwn22.

STUDENTS IN BETWEEN



Moving between countries and cultures to study can create complex developmental needs, as well as hidden challenges and strengths that are under-recognised. **Kathy Swords** writes about working with this student population



UNDERSTANDING AND SUPPORTING THIRD CULTURE KIDS AT UNIVERSITY

Within university counselling and wellbeing services, students' experiences are often considered through broad categories such as home students and international students. Yet some students occupy a more complex space in between. These are third culture kids (TCKs), whose developmental histories are shaped by international mobility, continual cultural adaptation and repeated cycles of loss. Within higher education, they represent a student population whose strengths, challenges and needs may not always be recognised.

After more than 30 years working overseas as a teacher and later as a counsellor in international schools and transnational communities, I became increasingly aware of a recurring pattern among young people returning to their passport country for university. Many had thrived within international school communities and appeared confident and successful yet found the transition 'home' to university unexpectedly challenging. Some changed courses or left university prematurely, while others completed their studies but reflected that they had experienced their time at university as something to endure rather than an opportunity for personal development. What stood out across their narratives was a pattern that I have come to describe, in my own work, as the 'triple invisibility effect.'

First, many TCKs did not recognise the hidden challenges associated with an internationally mobile upbringing. Second, they overlooked the strengths they had developed through these experiences, leaving these resources underused during periods of change. Third, my clients often felt that their TCK experiences were not readily understood within university settings. Without a shared language or framework for recognising internationally mobile backgrounds, the developmental impact of these experiences, along with their associated strengths and support needs, could remain less visible within higher education. Drawing on current research and professional experience, this article shines a light on the challenges TCKs experience within higher education, a group whose internationally mobile backgrounds may not always be acknowledged within existing student support frameworks. It aims to increase awareness among counsellors and wellbeing professionals of how growing up across cultures can influence students' experiences of university, while encouraging reflection on how their own institutions recognise, include and support this population.

Introducing Emma: a composite TCK student

Although Emma is not an actual client, she is representative of a TCK who might access university counselling services. Emma arrived at a UK university with an impressive international background, having lived in five countries and attended six international schools. She was academically successful and actively involved in the wider curriculum. To those around her, she appeared resilient, independent and well prepared for university life. Yet beneath this confidence was a more complex experience.

While many students arrived at university with easier access to family and friends, Emma's support network was not easily accessible. Although she was geographically closer to extended family, she had not had the opportunity to develop the same depth of relationship that might come from growing up nearby. As a result, these relationships did not necessarily provide the same familiarity, shared understanding or insight into how best to support the challenges associated with her mobile upbringing.

Emma was skilled at meeting new people and forming social connections, but when flatmates and course mates returned home during weekends and holidays, she was reminded that the places and communities she had once belonged to were no longer accessible to her in the same way. This heightened her sense of disconnection and loss, contributing over time to periods of loneliness, low mood and anxiety. Frequent transitions associated with growing up overseas also meant that she found it harder to develop the deeper sense of belonging that often grows from long-established relationships. Together this affected both her academic performance and her engagement with university life. Thoughts of changing course and considering leaving university were constant. While these experiences reflected the immediate challenges of transitioning to university, it is important to recognise that they also represented the cumulative impact of repeated transitions and losses throughout childhood.

International mobility can foster valuable strengths, including intercultural awareness and independence. However, these strengths may mask the emotional impact of disrupted relationships. TCKs may seek counselling not because they lack resilience, but because the longer-term impact of their experiences is emerging. Supporting students like Emma requires understanding how an internationally mobile childhood shapes wellbeing, rather than viewing concerns solely as difficulties adjusting to university. The following section introduces the TCK experience, exploring both the challenges of growing up across cultures and the strengths that can emerge alongside them.

Introducing third culture kids: growing up across cultures

There is a growing body of literature exploring the experiences of TCKs, a term used to describe children who spend significant developmental years outside their parents' culture of origin. The concept emerged from Useem et al's description of a 'third culture' as a shared cultural space that develops between different cultural contexts.[1] Building on this idea, Walters and Auton-Cuff describe TCKs as developing within a culture that is neither solely their 'home' culture nor their 'host' culture, but rather a space between.[2] Initially associated with children from missionary, diplomatic, military and foreign service families, the concept has evolved alongside increasing global mobility to include children of transnational professionals, international educators and other globally mobile families. TCKs represent a diverse population spanning nationalities, ethnicities, languages and socioeconomic backgrounds.

University can therefore become the first environment where some TCKs experience greater freedom to explore. While this autonomy can be liberating, it may also feel overwhelming as they navigate new boundaries without familiar reference points



Pollock and Van Reken[3] situate TCKs within their broader Cross-Cultural Kid framework, describing individuals who engage with multiple cultures while experiencing limited ownership of any single one. As a result, many develop a sense of belonging through connections with others who share similar cross-cultural experiences rather than through attachment to a particular place or culture. Their expanded definition identifies additional characteristics, including significant mobility during the first 18 years of life, relocation associated with a parent's work or advanced training, affiliation with a sponsoring organisation and expected repatriation.

Although precise global figures remain difficult to establish, TCKs represent a significant and growing population whose experiences are becoming increasingly relevant in today's mobile world. In my therapeutic work, I have found that while some students find the term TCK validating and appreciate the sense of recognition and connection it can provide, others prefer not to adopt a personal identity label. They describe their experiences through alternative frameworks, which I refer to as Across Culture Experience (ACE) or Between Culture Experience (BCE). Therefore, TCK may be best understood as a framework for exploring shared experiences rather than a fixed identity category that applies to everyone with a globally mobile upbringing.

Identity and belonging: who am I and where is home?

Identity and belonging are closely intertwined themes when working with TCKs. Culture plays a central role in shaping a sense of self, yet growing up across multiple countries, communities and cultural contexts can make this developmental process more complex. Exposure to different languages, values and perspectives often fosters adaptability, cultural sensitivity and a broad worldview, while also creating uncertainty about how different aspects of identity fit together. Rather than developing within a single cultural framework, TCKs often construct their identities from multiple cultural influences.

In my work with TCKs, questions such as 'Where are you from?' or 'Where is home?' often reveal deeper questions about identity, acceptance and belonging. Many describe feeling a sense of belonging everywhere and nowhere; connected to different places and communities while not fully identifying with any single one. Over time, some come to recognise that what defines them is not belonging to one place, but the shared experience of growing up between cultures. Home may be associated with places, yet it is often found through relationships, communities or an internal sense of continuity carried across life transitions.

For some TCKs, repeated mobility becomes more than a series of life events; it becomes woven into their sense of self. Transition, adaptation and change can feel familiar, while remaining in one place for an extended period may feel unexpectedly unfamiliar or unsettling. This is not because TCKs cannot settle, but because their sense of continuity has often been built through movement rather than permanence. University therefore presents a unique developmental challenge. Alongside the demands of emerging adulthood, students are expected to feel immediately at home and establish roots within a stable environment, despite previous experiences that may have normalised change and transition.

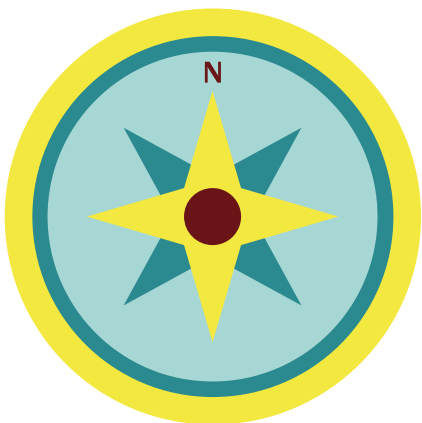
Exploring a student's understanding of identity and belonging can provide valuable insight into how they have made sense of their internationally mobile upbringing. Offering a space to develop a coherent personal narrative that acknowledges both the richness and complexity of living across cultures is important. Rather than helping TCKs locate a single place where they belong, recognising that belonging may emerge from an integrated sense of self that can be carried across places, relationships and future transitions is key.

The many faces of loss and grief

One of the most overlooked experiences I encounter when working with TCKs is cumulative grief, which can often present as depression. Although international mobility is frequently viewed as an enriching opportunity, the emotional impact of repeated separations is rarely acknowledged or given space for processing. TCK grief encompasses tangible and less visible losses. Historically, the distance present due to living overseas may have prevented young people from participating in rituals surrounding meaningful goodbyes, or being present during significant life events, potentially contributing to feelings of disconnection and guilt. Equally significant are the repeated cycles of ambiguous loss when leaving countries, homes, schools, friendships, communities, pets, routines and previous versions of themselves left behind with each transition.

When TCKs move to university, their losses often go unrecognised by others, making it difficult to acknowledge and validate their own grief. They may also have to process these losses without the familiar support systems that previously understood their experiences. Exploring a student's mobility history

The model provides a framework to honour the richness of their internationally mobile experiences while developing an internal sense of continuity that is not dependent on movement or place, supporting a more stable sense of self across changing circumstance



can provide important context, as difficulties with adjustment, loneliness or belonging may reflect a deeper history of cumulative grief rather than simply the challenges of higher education.

University transition through a TCK lens

For most young people, entering university represents a significant developmental milestone. For TCKs, this transition can involve additional adjustments. Many arrive appearing confident, adaptable and socially capable, which can lead others to assume they require less support. However, beneath this outward competence, some are navigating the cumulative impact of repeated transitions, questions around identity, belonging, unresolved losses and the challenge of repatriation while separated from familiar support networks, including family and friends who may remain overseas.

Repatriation and reverse culture shock

What I have learnt from my clients is that returning to a country perceived as 'home' can be one of the most challenging transitions. For many TCKs, their passport country may be familiar in theory but unfamiliar in practice. Even when language is not an issue, differences in accent, humour, social norms and lack of cultural references can leave them feeling out of place where others assume they naturally belong.

A significant theme emerging from my work with TCKs is the lack of preparation for repatriation. Many arrived in their passport country expecting to be going home, without recognising that returning may involve its own process of cultural adjustment. The assumption that they will naturally fit in can leave them unprepared for feelings of difference. Many TCKs describe a sense of mobility fatigue. Although they have become highly skilled at managing change, the cumulative demands of repeated transitions can eventually take their toll.

The excitement of a new beginning may be accompanied by exhaustion from continually having to adjust, understand new systems and rebuild social networks. Having grown accustomed to frequent change, the perceived permanence associated with repatriation can sometimes feel challenging for some TCKs. Once the initial excitement fades, some begin to question their course, relationships and future. This desire for movement might resemble dissatisfaction with their university, but it may also reflect a deeper search for identity, belonging or a sense of familiarity through movement rather than place. In my experience, the period between November and March can be particularly

significant, as the initial honeymoon phase has passed and the longer process of adjustment begins.

Maintaining former and establishing new relationships

One of the most common challenges TCKs describe is the ongoing need to maintain established relationships while simultaneously creating new ones. When repatriating for university, the family, friends and communities who best understand TCKs' internationally mobile experiences are often dispersed across the globe, making meaningful relationships harder to sustain across distance and time zones. At the same time, students are expected to establish new social networks in an unfamiliar environment. Although other TCKs may be present at university, they are often spread across large campuses, making opportunities to connect dependent on chance.

Repeated mobility can shape how TCKs approach relationships. Many become highly skilled at forming connections quickly, having learned to establish trust within limited time periods. They may seek closeness rapidly, oversharing personal experiences early to create a sense of connection. This can often result in being viewed as overly intense. In contrast, others may be more cautious about emotional investment after experiencing repeated separations and cumulative losses and appear standoffish. The anticipation that relationships will eventually end can contribute to self-protective patterns that can resemble avoidant attachment, where emotional closeness feels risky because it increases the likelihood of future loss. Differences in cultural norms, humour, language, communication styles and social expectations may complicate relationships.

Some TCKs may also have had fewer opportunities to develop confidence in navigating conflict and relationship repair, as friendships frequently ended through relocation rather than through working through disagreement. TCKs may appear outgoing and well connected, while feeling inadequate and experiencing profound loneliness beneath the surface. Helping students recognise relational patterns and process cumulative losses can strengthen attachment security and develop authentic connections alongside existing relationships.

Delayed developmental exploration

TCKs are often perceived as mature as their ability to adapt, communicate across cultures and navigate

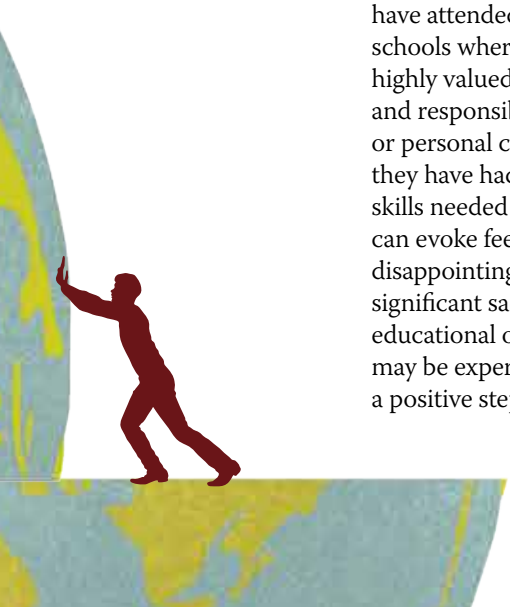


unfamiliar environments can create an impression of confidence and independence. However, this outward competence may sometimes mask developmental experiences that have unfolded differently. Young people growing up in more stable cultural contexts often have opportunities to explore identity, develop autonomy and test boundaries within familiar communities. TCKs may have had fewer opportunities to do so due to repeated transitions, changing expectations and the need to continually adapt. Managing expectations

> **The assumption that they will naturally fit in can leave them unprepared for feelings of difference**

linked to their family or sponsoring organisation may have meant that questioning, uncertainty or experimentation felt less available during earlier stages of development. University can therefore become the first environment where some TCKs experience greater freedom to explore. While this autonomy can be liberating, it may also feel overwhelming as they navigate new boundaries without familiar reference points.

In my work with TCKs, I have heard accounts of students struggling with this transition through risky behaviours and substance use to manage feelings of disconnection or overspending in attempts to establish social belonging. Often, the desire to fit in overrides previous expectations and affects academic engagement and progression. Many TCKs have attended academically demanding international schools where independence and achievement were highly valued. As university brings greater freedom and responsibility, some may encounter academic or personal challenges for the first time and find they have had few opportunities to develop the skills needed to navigate setbacks. New challenges can evoke feelings of inadequacy, shame or fear of disappointing family members, particularly where significant sacrifices have been made to provide educational opportunities. Therefore, seeking support may be experienced as a sign of failure rather than a positive step towards overcoming difficulties.



The hidden resources of a globally mobile childhood

Remembering that TCKs enter university with a unique combination of strengths and vulnerabilities shaped by their globally mobile childhoods is crucial. I have often realised that exploring the personal resources they have developed from their upbringing is helpful for my clients. Many demonstrate strong cross-cultural competence, openness to different perspectives, independence and an ability to build connections across diverse environments. Frequent transitions often require them to observe carefully, interpret unfamiliar social expectations and adapt to new contexts.

Some also develop multilingual abilities or cultural fluency, enhancing their capacity to communicate across cultural boundaries. Their adaptability, cultural awareness and ability to navigate complexity can enrich university communities, yet these strengths often remain invisible and do not automatically translate into confidence. Therapy can help TCKs to identify the capabilities gained through their experiences while also exploring the effort, uncertainty and emotional cost that may have accompanied them.

The EMeRGE Model©: an integrative framework for supporting third culture kids

Years of therapeutic work with TCKs highlighted the need for an approach that could reflect the complexity, fluidity and evolving nature of their experiences. While many TCKs sought support for concerns common to university students, the underlying processes were often shaped by internationally mobile childhoods that had influenced identity, relationships and belonging in distinctive ways. A recurring observation was that, for some TCKs, movement itself had become associated with familiarity and continuity. Having developed through repeated transitions, I noticed that change could feel more psychologically familiar than permanence, making periods of stability unexpectedly challenging.

Therapy was therefore more than simply adjusting to a new environment; it involved helping clients understand how their experiences had shaped the way they viewed themselves, related to others and integrated those experiences into a coherent life narrative that fostered greater self-understanding, continuity and belonging. These observations led to the development of the EMeRGE Model©, a fluid therapeutic coaching framework designed to help

individuals make sense of their experiences, deepen self-awareness and move towards purposeful growth.

Positioned along the counselling/coaching continuum, this integrative model combines therapeutic depth with the future-focused principles of coaching, supporting clients beyond managing immediate difficulties to make meaning of their past, anchor themselves in the present and develop the confidence and psychological flexibility to navigate change. Although initially developed with TCKs in mind, the EMeRGE Model© has wider relevance for anyone experiencing significant life transitions, developmental change or periods of psychological and social adaptation. For TCKs, the model provides a framework to honour the richness of their internationally mobile experiences while developing an internal sense of continuity that is not dependent on movement or place, supporting a more stable sense of self across changing circumstances.

From awareness to action: building TCK-responsive universities

Supporting TCKs requires relatively modest but intentional adaptations to existing university services. While support structures may distinguish between home and international students, TCKs frequently sit between these categories. Universities can strengthen inclusion by recognising globally mobile students within existing diversity and wellbeing initiatives. Although many TCKs do not require a separate student classification, acknowledging that an internationally mobile upbringing can influence identity, relationships, belonging and overall wellbeing communicates that these experiences are understood and valued.

Additional CPD for counsellors and student support staff can provide more nuanced and culturally responsive support through improved understanding of the cumulative impact of international mobility. Rather than focusing solely on presenting symptoms, I have found it helpful to routinely explore childhood mobility, opening up conversations about international schooling, family transitions, cultural identity and experiences of loss. This broader perspective allows anxiety, low mood, relationship difficulties and adjustment challenges to be understood within the context of repeated transitions rather than as isolated concerns. Effective support depends on collaboration between counselling services, wellbeing teams, accommodation staff, academic tutors and international student services to ensure that globally mobile students can access appropriate support.

Practical initiatives such as induction sessions, psychoeducational resources, transition groups and designated staff contacts can help foster connection and belonging. Opportunities for students to share experiences of international mobility through facilitated discussion groups, student societies and mentoring programmes may be valuable, especially during weekends and university holidays when TCKs may become isolated with the absence of an accessible place they identify as home.

It is important to recognise that many TCKs ultimately view their international upbringing as a positive aspect of their lives. However, one of the most poignant concerns expressed by TCKs is the fear of returning to their passport country and not feeling fully accepted, leaving them questioning where they truly belong. Support for TCKs is built on four critical cornerstones: recognition, understanding, connection and belonging. Recognition involves identifying TCKs within university communities and ensuring their experiences are reflected in student support structures. Understanding requires deeper awareness of their unique lived experiences, including both the challenges and the strengths developed through global mobility. Through this understanding, universities can create opportunities for meaningful connection that supports TCKs in developing a stronger sense of belonging.

This article serves as an introduction to the complexities of globally mobile lives and is not intended to capture the full depth and diversity of TCK experiences. Rather, it aims to encourage further exploration of the ways in which global mobility shapes both vulnerability and strength. With this, universities can create more responsive opportunities for connection, recognition and belonging. ■



KATHY SWORDS

is a BACP accredited counsellor, supervisor, EMCC senior practitioner coach and consultant specialising in the psychological impact of global mobility. With more than 30 years' international experience, she works with individuals and organisations to better understand, navigate and support the experiences of globally mobile communities. www.expateez.com

To contact Kathy, please email the Editor at ***ucc.editorial@bacp.co.uk***

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Why does research matter?

In May, I attended the 32nd Annual BACP International Research Conference, which brought together researchers, practitioners and educators. As Chair of the BACP University and College Counselling division, I found myself reflecting less on the individual research findings and more on the broader questions that emerged throughout the conference. Many of the presentations resonated strongly with the realities of working in higher education and prompted me to consider how research can continue to inform and strengthen our practice.

Professor Rachel Tribe's keynote, 'Why does research matter?'[1] reminded us that research is not just reserved for academics but is fundamental to good professional practice. It challenges assumptions, encourages critical thinking and ensures that our approaches continue to evolve in response to evidence rather than habit.

One presentation that particularly stayed with me was 'Developments in pluralistic counselling and psychotherapy', led by Mick Cooper and his colleagues.[2] Their work reinforced the importance of collaboration within the therapeutic relationship and demonstrated that there is no single approach that meets every client's needs. Effective therapy requires openness, flexibility and genuine collaboration, recognising that clients differ in their goals, preferences and ways of making sense of their experiences.

This felt particularly relevant within higher education. Students arrive with increasingly diverse backgrounds, expectations and presenting concerns. Rather than asking which therapeutic model is best, perhaps the more useful question is how we remain sufficiently responsive to meet students where they are while maintaining the integrity of our professional practice. Many colleagues may also find the Cooper-Norcross Inventory of Preferences (C-NIP) a useful resource for supporting these conversations in practice.[3]

Another conference highlight was Dr Mark Dangerfield's keynote describing the ECID Project in Barcelona.[4] The project demonstrated how multidisciplinary, community-based interventions can successfully engage adolescents who might otherwise remain outside traditional mental health services. It was an inspiring example of flexibility, persistence and collaborative working, with the added benefit of remarkably high staff retention over the past 12 years. Although higher education services differ significantly from community mental health settings, the underlying principles seemed highly transferable. Effective student support increasingly depends on strong relationships, and we are most effective when we work collaboratively.

Collectively, the presentations reminded me that despite advances in technology, increasing specialisation and growing organisational pressures, the heart of our profession remains unchanged. The central message was remarkably consistent: meaningful psychological change happens through relationships.

In the division, we are delighted to welcome Kirsty Hutchinson, who is taking the baton from Dr Afra Turner to lead the research SIG. I would encourage colleagues across the division to engage with research in whatever way feels achievable. That may be through reading new studies, evaluating your own service, contributing to practice-based research or joining the SIG.

Research is not about having all the answers; it is about asking better questions. As practitioners, we should remain intellectually curious, willing to reflect critically on our work and be open to learning from both research and one another. As a division, we have much to contribute to these conversations, and by sharing our learning, evaluating our practice and engaging with research, we strengthen not only our own services but the profession as a whole. ■



CATRIONA KEANE

BACP-UC division Chair, Head of Student Health and Wellbeing, Counsellor and Psychotherapist, Child Art Psychotherapist, University of Cambridge.

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To contact Catriona, please email the Editor at ***ucc.editorial@bacp.co.uk***

Thriving, not simply surviving

Sarah Worley-James says goodbye and sets out her next steps in her final column



Regular readers of my column will know that I am recovering from a significant period of neurodivergent burnout, caused by workplace stress. As I recover, and continue to learn more about my neurodivergence, I have reflected on years of struggles within the different workplaces I have experienced throughout my career. I've decided to make a major change in my work life to benefit my health and all aspects of my wellbeing: I am leaving the university to focus solely on developing my private practice.

This is exciting. I will be able to work fewer hours and be fully in control of my environment. Significantly, I won't have to cope with an office environment – the lights, noise, smells and sensory overwhelm – or the stress of myriad social interactions and office politics. Conversely, it is scary to be fully self-employed, knowing that in periods of severe burnout I cannot work for weeks at a time. I need to ensure I am managing my energy carefully (are you listening, ADHD side?).

Since COVID-19 made working from home acceptable, I have endeavoured to do so as much as possible, knowing how much I benefitted from the quiet environment even before recognising my neurodivergence.

Being both autistic and having ADHD (AuDHD) means I can be pulled in different, often conflicting directions. This push-pull is a significant factor that can lead to burnout, and I am slowly learning to understand the nuances of this neurotype. My ADHD side will jump to say yes to something new and interesting, and it can be difficult to pause to listen to my autistic side and consider if I actually have the time, space and energy – and crucially, if I can ensure time afterwards to recover. Equally, I need to ensure that working solely for myself will provide enough

variety and new challenges to satisfy my ADHD side, so I don't become frustrated by too much routine.

While I am still recovering, with my energy stores still low and easily depleted, it is much easier to remember to rest. My body is quick to tell me when I've been overstimulated, signalling through a bone-tired feeling and a familiar low-level migraine, which can become debilitating if I don't pay attention and rest.

However, I am very conscious that as my energy returns and feels sustained, my ADHD part will struggle to hold back from new challenges. To get ahead of this, I am trying to establish new routines that support both sides of my brain, alongside recognising that it is OK – and better for me – to work far fewer hours than I have for the past few decades.

For example, when spending an hour doing a jigsaw (a low-energy activity but stimulating for my brain) or going for a walk, I also listen to a podcast. This might be work-related, such as my current favourites *ADHD Chatter*[1] or *All in the Mind*,[2] or simply an enjoyable way to learn about one of my special interests in a relaxed way (*You're Dead to Me*[3] or *The Rest is History*[4]).

Another technique I use is to firmly tell myself not to reply immediately to interesting possibilities. I force myself to pause, sleep on it and think about whether I can really fit it into my life without sacrificing rest. For instance, back in April when I was tentatively beginning to see clients again, I was told about a neurodivergent conference I might want to present at. I was immediately excited, but because my energy was so low, I was able to listen to my body. I chose to schedule the conversation with the conference organiser for mid-June (the latest of several dates she offered me) to give myself time to recover and be in a better place to make a decision.

This is by no means easy, as that ADHD part gets so excited by a shiny new thing and I know I will struggle to say no as I continue to get well. Because of this, I have recruited my husband to help me pause and check my capacity. He's getting well-practised at this! I also find it helpful to tell myself that nothing is urgent. This can help me press pause, especially if I can feel I am about to go into 'mission mode' with my hyperfocus kicking in.

It will take time to settle into this new direction. It requires me to operate at a very different pace from the one at which I have lived my life until this point. However, I realise this pace will support a life that nurtures me. I look forward to living without that familiar cycle of being overloaded by too many roles in environments that were detrimental to my physical and mental health, then falling into weeks of burnout.

For me, this means spreading my clients and supervisees across the day, leaving plenty of long gaps to rest, go for a walk, do a jigsaw, read a book or have coffee with a friend, so I am refreshed and ready for the next person. I will still look for stimulating opportunities, such as presenting at conferences and doing more writing. And I will continue to use the support of my husband and friends to ensure I give myself the space and time to manage my energy. I want to thrive, rather than simply survive. ■

To contact Sarah, please email the Editor at ***ucc.editorial@bacp.co.uk.***



SARAH WORLEY-JAMES
is a neurodivergent BACP-accredited counsellor and supervisor, with 30 years' experience in the public, private and third sectors. She is author of *Online Counselling – an essential guide* (PCCS Books), former chair of ACTO and Counselling Service Manager at Cardiff University.

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SAFE PASSAGE

IMPROVING BOUNDARIES AND COMMUNICATION ON DUTY IN UCL COUNSELLING SERVICES





Safeguarding students is of paramount importance. **Richard Harrison** describes the improvements that UCL has made to its Duty system to manage and respond to this risk

UCL Counselling Services sits within Student Support and Wellbeing Services and has a remit to provide psychological support for all students at University College London. In the 2025–2026 academic year, there were 55,080 students enrolled at the university, 2,843 of whom registered with the Counselling Service.[1]

We introduced our Duty system in 2019 as a framework to support counselling staff with the daily processing and triage of student registrations with our service. The primary function is to give safe passage to students who reach out to our service: to identify whether they are likely to be safe on our waiting list, and to establish contact within 24 hours of registration with those who appear to be at risk in order to assess this, to safety plan and to co-ordinate with internal and external services and emergency contacts where appropriate. Since 2019, 19,834 student registrations have been triaged via Duty, 3,756 of whom described suicidal thoughts on their registration forms.[1] Duty has become an integral aspect of the counsellor's job role at the service.

I've been part of the Duty team since its inception, and I've been Duty Manager for nearly two years now. In my experience, the mention of Duty work has historically tended to elicit strong reactions – both positive and negative – from counselling staff in our service, and I've looked at the work from both sides myself. After moving gradually over time from a position in which I saw Duty work as quite a stressful and unwanted add-on to the 'real' clinical work, I now know it to be a valuable tool to make human connection with students at their most vulnerable moments. Results can often be seen over the space of a phone call, and although it can be demanding and emotionally taxing work at times, there is no question for me: the work saves lives.

We have worked very hard to regularly review the Duty system to improve service delivery and staff experience. The key points of development over the last seven years have been:

- The introduction of the Duty Manager role
- Formalisation of extensive written protocols
- Introduction of dedicated channels of communication
- Formalisation of the Duty rota and shift system
- Introduction of Mental Health Co-ordinator support to action next-day follow-up tasks.

All these developments relate in one way or another to improving boundaries and communication, and most of the challenges we have faced can be traced back to these two themes.

Part 1: Boundaries

1.1: How we use protocol and structure to contain the work on Duty

Duty work is not counselling work. When engaged in the work, we judge when to draw on our counselling skills and when to hold back. Clearly defined written protocols and shift patterns provide a frame to help us know what to do and when to do it. Our ability to work consciously within the frame is a strength and something to help us feel contained in the work.

The Duty manual: everything we need to know in one place

As a complex, nuanced area of work, Duty has generated thousands of words of guidelines, criteria and templates which are revised regularly. We can't always hold all the information in our heads, so it's crucial that it's easily accessible to us. Protocols and materials are all available to clinicians in a comprehensive manual as well as via a dedicated searchable MS Teams channel with live alerts about updates.

The Duty rota: a model of supportive co-working

We've moved over time from a loose model of shift pattern to something much more clearly defined. Where previously a Duty clinician might work on-and-off on tasks throughout the day – sometimes on their own, sometimes in conjunction with a partner – clinicians now work in fixed pairs within a regular weekly two-hour shift, taking equal responsibility for tasks within the shift. The previous model gave

latitude for a single person to routinely cover a shift on their own: doing the work in pairs gives clinicians the opportunity to share a workload which can be very demanding, and to support each other with decision-making and sense checking.

Dedicated management support

Duty inevitably generates questions for management about how to proceed with some cases. In the early days of the Duty system, clinicians would attempt to reach out to any manager when needed; a timely response could not always be guaranteed, and different pieces of complex information were held between numerous managers in a way which could make joined-up thinking difficult. The role of the Duty Manager was introduced to ensure a single point of contact for queries, and for whole system monitoring. As well as being available ad-hoc during the day, an in-the-moment response can be provided by the Duty Manager during a protected hour in each shift. The Duty Manager handles the majority of queries, allowing the leadership team to focus on other priorities, but can take the small band of queries that need leadership oversight directly to the leadership team. The Duty Manager can also take more complex cases to be reviewed at the weekly UCL Student Support and Wellbeing Services Safeguarding team meeting.

Mental Health Co-ordinator support

So that the Duty team can focus all their resources on same-day responses during their shifts they are supported by the Mental Health Co-ordination (MHC) team under supervision of the Duty Manager. The MHC pick up any students who couldn't be contacted on the day of their registration, as well as assisting with any other actions which could not be completed by the Duty team on that day, such as contact with the student's GP or family.

1.2: Opening up and closing down

Duty work requires us to take a much more directive approach than we might in our counselling work, and we have also learned to manage depth in a way that can sometimes be counterintuitive for clinicians. An awareness of time boundaries has been a useful transferable skill which we have encouraged.

Owning the Duty phone call: managing depth, direction and pace

A Duty phone call to a student is not a counselling session: the purpose of the call is to establish whether the student is likely to be safe on the waiting list and whether they are suitable to be seen in the service. We have learned to manage the student's expectations from the outset: the terms of the call should be clear for the student, and clinicians are encouraged to take an assertive approach, being careful not to be drawn into detailed discussion of aspects which do not relate to risk. When students bring detail about other aspects, it's important to relate to students with empathy while gently reminding them of the purpose of the call, bringing the focus back to risk factors. Unlike a counselling session, this is not a space where it will necessarily be helpful to hold long pauses or to ask open questions unless directly related to risk: the student will have the opportunity to go into more detail about their concerns at their next appointment. Once we have the information that we need, we can move the call to a close and help the student to feel contained by clearly informing them about next steps.

> **Results can often be seen over the space of a phone call, and although it can be demanding and emotionally taxing work at times, there is no question for me: the work saves lives**

Shift end times and the emotional experience of being on Duty

One of the team observed that being on Duty is a bit like being a lifeguard at the edge of the water, and I've always found this analogy particularly resonant. Both roles can be experienced as somewhat binary in quality: relatively long stretches of time pass by slowly without concern as we scan the landscape, but the moment we see somebody who might be getting into difficulty, the tempo quickens suddenly,

and we move into action. The challenge here is to maintain focus, concentration and calm in either scenario: by moving to shorter two-hour shifts and marking clearly defined handover points, we reduce the risk of clinician fatigue.

As counsellors, we are used to ending sessions on time, but experience managing the team has shown me that it is not always intuitive for counsellors to approach Duty shifts with this focus. In support of staff wellbeing, clinicians are therefore actively encouraged to ask themselves the following questions toward the end of their shift:

- What is the next task, and is there enough time remaining to fit it in?
- If there is not enough time, must this task be completed now or can it safely wait for a colleague to pick up on the next shift?

Part 2: Communication: language, narrative and ambiguity

2.1: Challenging ambiguous communication

A key part of the Duty role is processing and assessing information. In order to make informed decisions when it comes to risk, it's essential that we move from ambiguity to specifics.

How student and staff ambiguity affects the chain of communication

To help us assess risk, we've learned to address ambiguity at the first point of contact with the student. This enables the clinician and others who are supporting the student to make informed decisions about next steps. Clinicians are encouraged to explore nuances in statements, such as: 'I am having dark thoughts', 'my partner hurt me', 'I wish I wasn't here', 'I made an attempt' and so on by asking precisely what the student means. When we have obtained clarity, we take care when we pass on information about risk (e.g. to the Duty Manager, to a GP, etc) to do so without ambiguity: we've learned that if we are ambiguous ourselves, it can cost valuable time going back and forth with the student or staff member to clarify key points.

> **In my experience, the mention of Duty work has historically tended to elicit strong reactions – both positive and negative – from counselling staff in our service, and I've looked at the work from both sides myself**

Thoroughly exploring student opposition to university contact with nominated emergency contacts

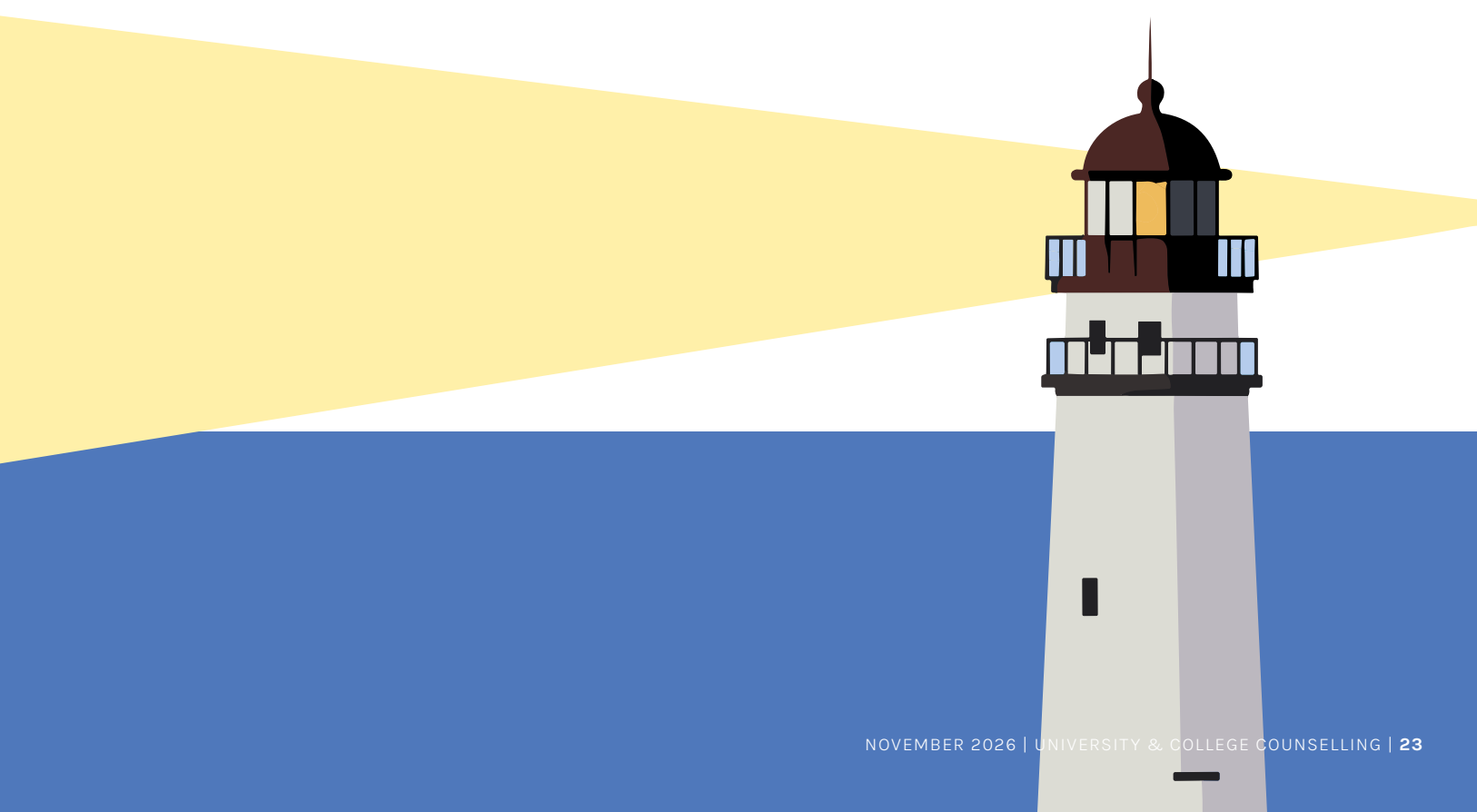
All students at UCL must provide at least one Trusted Contact that the university can contact if there is a serious concern about their welfare.[2] In my experience, one of the most delicate and challenging areas of Duty work is when a student opposes their nominated Trusted Contact being informed of significant safety risk concerns: this complex area deserves a paper of its own. We've developed a full set of protocols in relation to this situation, but above all it is an area in which clear communication by both student and staff is crucial. One of the most prominent – and ambiguous – points raised by students when they oppose this kind of contact is that they fear it will make things worse. In these instances, an appropriate alternative Trusted Contact is sought, but an alternative may not always be forthcoming and the statement should still be thoroughly explored. Does it mean, for example, that it could put the student at risk of physical harm from another person? That it could result in estrangement from family? That it could result in homelessness? Or does it mean that it would worry their Trusted Contact? That their Trusted Contact would check in with them more often? The answer to these questions will be crucial for those involved with determining next steps. Contacting a Trusted Contact against a student's wishes can understandably be distressing for the student, and we ensure that this decision is always made in consultation with the Duty Manager. The Duty Manager is also available to make calls to the Trusted Contact if this has to be done against the student's wishes.

2.2: Communicating concerns to external services

Assertiveness

Staff at external services may be dealing with hundreds of enquiries each day; in order for them to prioritise our student, we've learned that they must have no ambiguity about our concerns. An assertive approach from the first point of contact can make all the difference in ensuring appropriate and timely engagement from others. We have a shared responsibility to work together to safeguard students: in these situations we communicate a sense of urgency and foreground concerns.

Consider the differing impact of the following opening statements on a GP surgery phone call:



- Hello, would it be possible to speak with one of the GPs please?
- Hello, my name is (…) and I am calling from the Counselling Team at (…). Our team has been in contact this afternoon with a student who is a patient at your practice, and we have extremely serious safeguarding concerns about them. Please could you put me through to the Duty GP so that I can discuss our concerns as part of our shared duty of care.

2.3: How the paper trail tells a story

As counsellors, we deal every day with stories in our clinical work; on Duty, too, each case is a new story and we are responsible for recording this clearly and accurately.

Providing an exact timeline: can a coherent and accurate narrative about the case be easily drawn from the file?

We all work to Service Level Agreements, and when we note the exact time and day of our Duty contact, the team demonstrates that it has met these requirements. With a shift system, multiple staff members can be involved in one Duty case, so when the notes are read back, it needs to be clear what actions have been taken and which remain outstanding. It should not be the next person's task to trawl the file to piece together a narrative by themselves, and we support our team in this respect via a secure Duty SharePoint site where a brief handover summary is shared for each student.

> **Unlike a counselling session, this is not a space where it will necessarily be helpful to hold long pauses or to ask open questions unless directly related to risk: the student will have the opportunity to go into more detail about their concerns at their next appointment**

Showing thinking: evidencing rationale and decision-making

Our decision-making process on Duty is recorded clearly on the student file, including a rationale for any actions that we have taken. The key here is to leave a clear record that there was intentionality in our actions. Just a few brief sentences can communicate the essence of the decision and the action that followed. Consider how the two following statements read on their own, and how much clearer they are as a narrative when read together to clarify both action *and* rationale:

- I triaged this student through for an assessment in two weeks without calling them
- I noted no significant academic or safety risk on their registration form.

Evidence-based assessment

While clinical judgment remains central to Duty work, it is strengthened by the use of validated screening measures. In addition to other information submitted on the registration form, standardised measures such as the Patient Health Questionnaire-9 (PHQ-9) and Generalised Anxiety Disorder-7 (GAD-7) contribute to our understanding of a student's level of risk and inform triage decisions.[3]

Optics: the difference between what we do and what we are seen to do

Files may need to be reviewed at any point. Particularly in this area of the work, clinicians doing Duty have to be mindful of what their Duty notes will look like to someone reviewing the file. It's possible to do the most thorough, thoughtful piece of work, but if we haven't recorded each action clearly, what will it look like to the person who reviews the file? If a good piece of work hasn't been properly documented it can – in review by others – look slapdash at best, negligent at worst. By recording decisions properly, we demonstrate to the reader the thought and care that went into the triage process and make the rationale for our actions clear.

Conclusion

Far from being a peripheral aspect of the counsellor's work here at UCL, I have come to see Duty as something that is central and complementary to our other work. Rather than holding it at arm's length, I've increasingly wanted to look closer into the process to see how it can be improved and enriched. I hope my exploration here of the twin themes of boundaries and communication on Duty gives a valuable point of reference for other university counselling services: by making focused developments in these areas, we have both improved our clinicians' experience of doing the work and better served our students and others who care for them.

Responding to risk can be a complex process, which often requires us to work together with colleagues in other departments at the university, as well as NHS teams, emergency services, and families. Our developments in communication have particularly improved our efficiency and effectiveness in this area, and I anticipate that the frameworks I've outlined can be adopted by other university support services to improve aspects not just of their triaging process, but also of any other processes where multiple stakeholders are involved.

I hope that this article can be part of an ongoing conversation about the challenges encountered by university counselling services in the area of triage, and about the solutions we have found. ■

To contact Richard, please email the Editor at ***ucc.editorial@bacp.co.uk.***



RICHARD HARRISON

is Senior Managerial Counsellor and Duty Manager at Counselling Services, University College London, where he has worked full-time since 2014. He graduated with an MA in Counselling from Goldsmiths College, London in 2009, and is particularly interested in the intersection between counselling and safeguarding in the university sector.

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Am I enough? Trusting my ability and modality

Our student columnist **Robin Singh** explores how to work non-directively with athletes and their goals





'To make something special, you just have to believe it is special': I kept coming back to this quote from *Kung Fu Panda*[1] after working with my first client as a sport and exercise psychologist in training (SEPiT). All I had to do was believe in myself and in person-centred therapy. Ironically, belief was the first thing to wobble when I put on my sport psychologist's coat.

I was more than halfway through my placement hours as a trainee counsellor when I finally got the opportunity to work with an athlete. I was excited because working with athletes as a sport psychologist was all I had wanted to do for the last five years. I now had some good experience working as a trainee counsellor, and I expected that I simply needed to work with the athlete in the same way I had been working with my other clients.

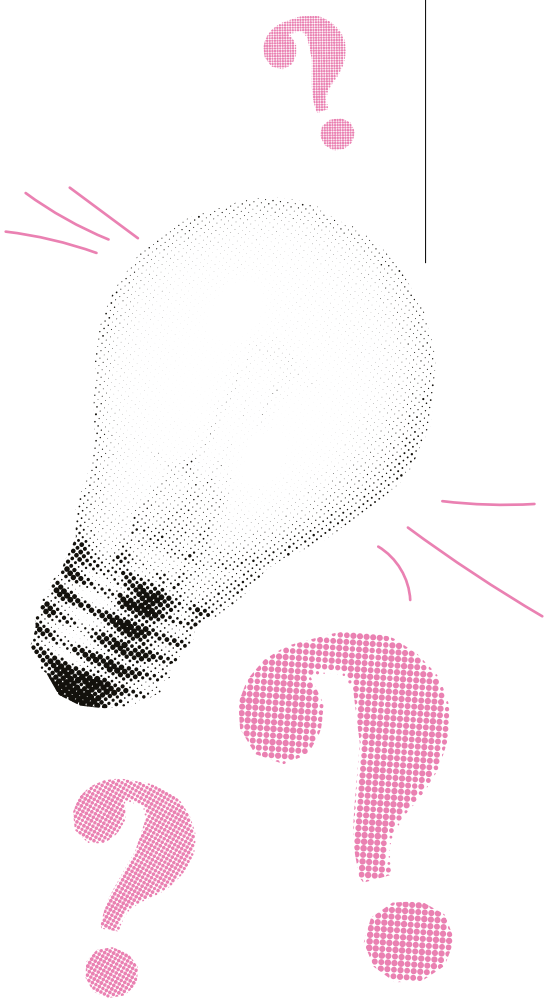
That excitement quickly turned into self-doubt. I started questioning whether person-centred therapy would actually be enough for an athlete. Could I trust myself to work in a non-directive way in sport psychology? Surely the client would expect me to teach them techniques and psychological skills. I would need to ask a lot of questions, complete an intake, conduct a needs analysis and probably set some goals. I could not just sit there and do nothing. I have experienced similar doubts when I started my counselling placement but working within a performance-focused environment really made me think twice. Non-directivity feels hard, especially as a trainee. I feel like I am not doing anything. Perhaps in those moments I am not fully trusting the client as the expert in their own experience.

With all of this going on in my mind, I caved and began preparing techniques just in case. In hindsight, I think I was afraid of not having something meaningful to offer; of coming across as someone who doesn't know what they are doing. During my training as a SEPiT, I had started to associate being useful with teaching techniques, helping to set goals and finding solutions. Interestingly, my outlook on goal setting has also started to shift. There is nothing particularly un-person-centred about a practitioner helping an athlete identify a goal. But if I, as a practitioner, enter the room believing that I must set a goal with my client because that is what sport psychology is supposed to look like, whose goal is it then? Is it coming from the client, or only helping me as the practitioner to feel useful?

To find some answers to help ease this dilemma, I delved into Google Scholar. Tod and Wadsworth describe much applied sport psychology as being traditionally directive, with practitioners assessing needs and delivering interventions.[2] This helped me to understand some of the tension I was experiencing. I was trying to practise non-directively within a field where practitioners are often expected to be visibly doing something. Then I came across Leishman and McCarthy's case study, which explored the experience of a SEPiT moving away from the perceived need to constantly 'do something' and towards trusting the therapeutic relationship.[3] I felt reassured that trusting the relationship was not somehow incompatible with supporting an athlete.

After all this preparation and questioning, I began to realise that I did not like what I was planning to bring into the room. It did not feel congruent or like my true self. So I reminded myself that as a person-centred practitioner, my role was to offer congruence, empathic understanding and unconditional positive regard.[4,5] I needed to trust my ability to practise in a person-centred way, while trusting the client's autonomy to find their own

> **Non-directivity feels hard, especially as a trainee. I feel like I am not doing anything**



direction. During the session, I was quite surprised by how familiar the process felt. There was no planned psychological-skills exercise, no homework and no attempt to force the session towards a goal. There was listening, reflection and trusting the process.

I wonder what made me lose faith in my ability to practise. Was I questioning whether person-centred therapy was usable with an athlete? Or was it due to my assumption that I would have to guide them and bring something to the session? Why did 'bringing something' immediately mean, for me, offering a technique, doing an assessment, teaching a skill or having a set structure? Why did the relationship itself not feel like enough?

Perhaps the issue is not whether a person-centred practitioner brings anything to the athlete, but what we count as 'something'. I was still bringing congruence, empathy, unconditional positive regard, attention and a genuine intent to understand the person from within their own frame of reference. And most importantly, I was bringing trust in the athlete's autonomy into the room.

Being useful in that session felt less about having the right technique, answer or solution, and more about meeting the person behind the athlete. Maybe there was never a special ingredient I needed to find. Perhaps I just needed to believe in what I was already bringing into the room and trust the person sitting across from me. ■

To contact Robin, please email the Editor at ***ucc.editorial@bacp.co.uk.***



ROBIN SINGH

is an international student from India, studying an MSc in counselling and psychotherapy at Keele University. He is also a sport and exercise psychologist in training, under the Chartered Association of Sport and Exercise Sciences (CASES). His research and applied interests are in integrating a person-centred approach within sport psychology.

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Pace over pressure



ALLIE SCOTT

Head of Student Services Abertay University, BACP-accredited, Chair of HUCS, Co-Chair of the Mental Wellbeing in Higher Education Expert Group for Advance HE.

While writing this column, we are just about to commence the new academic year, but by the time you read this, I am conscious that it will no longer feel particularly new. The plans, priorities and good intentions at the start of term will have met the reality of another busy year, and the familiar pressures of academic life will be well underway. The fresh-start energy will inevitably have given way to the reality of competing demands.

It got me thinking about how we manage pressure. Pressure changes how we work. When things feel urgent, we can become reactive, rush decisions, fill every gap and lose sight of what actually matters. We may not always be able to reduce the pressure, but we can sometimes choose the pace at which we respond to it.

'Counselling asks us to tolerate uncertainty, to resist the urge to immediately fix something and to give people the space to think. Leadership can sometimes feel like the opposite'

I have noticed this particularly in the contrast between the counselling work I have done and the leadership role I hold. Counselling asks us to tolerate uncertainty, to resist the urge to fix things immediately and to give people the space to think. Leadership can sometimes feel like the opposite. There is always another email to answer, another decision to make, another issue that feels urgent. I have had to remind myself that not every problem needs an immediate solution, and that taking time to think is not the same as delaying.

I have found that one of the things that helps is being more deliberate about what genuinely needs my attention now, rather than allowing the loudest or most recent demand to set the pace of my day. Sometimes that means resisting the instinct to respond immediately; sometimes it means protecting time to think; and sometimes it simply means recognising that I cannot do everything at once.

I suspect this is something many of us who are Heads of Service recognise in our roles. We are working in a sector where the pressures on our students, staff and services are significant, and we cannot simply remove those pressures. However, we can influence how we respond to them. If everything is urgent, everything becomes urgent. If we allow ourselves and our teams space to pause, prioritise and think, we give others permission to do the same.

Perhaps some of the skills we encourage in our work with others are skills we need to remember to apply to ourselves: tolerating uncertainty, resisting the urge to immediately fix and creating enough space to think before we respond.

Pace is something we can sometimes influence by pausing, prioritising, asking 'Does this need to happen now?' and giving ourselves permission not to respond immediately. Not everything that feels urgent is necessarily important, and sometimes slowing down gives us the space to respond more thoughtfully.

Perhaps this is particularly relevant as we approach the end of the calendar year. There can be a temptation to try to finish everything, clear every task and tie up every loose end before we allow ourselves to stop. But work rarely arrives in such a neat package, and there will always be another email, deadline or thing that could be done. For me, the challenge isn't to somehow do everything before I stop, but to notice the pace at which I'm moving and ask whether it is sustainable; for myself, my team and the people I am here to support.

Pace over pressure. Sometimes, doing things well means allowing ourselves to slow down enough to think. ■

To contact Allie, please email the Editor at ***ucc.editorial@bacp.co.uk.***

CLIENT REFERRAL AND ASSESSMENT IN FURTHER EDUCATION CONTEXTS



Colleges often create their own in-house referral processes. **Jenna Bradford** shares how her service operates and what can help build a supportive and effective start to counselling

Self or professional referral processes are in place for adults wishing to refer themselves for counselling or wider mental health support, often subsequently accompanied by completion of mental health triage scales[1] and clinical interviews prior to a client beginning counselling. In colleges, and other education contexts, the referral and initial assessment/clinical interview process are less well documented. This article explains my own college's counselling referral process, with the hope that elements of this might be practically useful when setting up or making adaptations to a college counselling service. The primary purpose of clinical interviews and accompanying assessments is to gather information about a client to create a case conceptualisation and identify a treatment plan, and/or to determine goals of counselling.[2]

In college counselling services, there is no single universally accepted practice for the referral process or subsequent assessment or clinical interview. As a result, colleges often create their own in-house processes. Our college context aims for the process to be aided rather than restricted by the educational context as far as possible.[3] Referral might be via a client referral form, in addition to an assessment/interview at the beginning of a block of sessions. However, as is the case in my service, assessment serves less of a purpose, especially where there is a low wait time of a few weeks between referral and the start of the block of sessions. The client's situation/circumstances are less likely to change during this time and if the referral form is completed in detail this might provide sufficient insight into the client's situation, presenting issues and goals.

Even where a service does not incorporate an assessment within an initial counselling session, good practice would involve open questioning at the beginning of a client's initial session to explore their goal/s of counselling and presenting issues, acknowledging that this may have changed since referral and may not match the information on the referral form. In addition, the safety of the client and any presenting risk/s can be explored through open questioning, extending to discussion about precipitating and protective factors in addition to safety planning when necessary. It might be useful to allow time for completion of standardised measures at the initial session, such as CORE-10, YP-CORE, PHQ-9 or GAD-7, as those responses may prompt useful discussion; often clients in further education embrace a clear place to begin. In addition, the measures can be used to note quantitative outcomes if repeated during or at the end of counselling.

In further education counselling services, decisions need to be made about the nature of the referral and assessment processes employed so that these processes can be documented in policies. The aims of the counselling service, the counselling offering and/or therapeutic approaches and any restrictive or limiting factors by which the counselling service operates all require consideration. Within college contexts, the counselling service is often operated by a lone working counsellor, or a very small team of counsellors (often dependent on the number of learners on roll, which can determine service funding). Human resourcing can therefore be a limiting factor for the counselling service, which is why many further and higher education contexts offer solely short-term counselling;[4] in my context, sessions are limited to six, though this can be extended in exceptional circumstances if there is sufficient clinical rationale.

The aim of our counselling service includes ensuring that clients have a safe, helpful experience of counselling. It is often a client's first introduction to counselling, which could encourage or discourage them from seeking further counselling in the future, so we try to ensure that the process of referral, starting therapy and beyond, is as supportive as possible. Our service prioritises low waiting times for clients

to begin therapy and takes into consideration client timetables when scheduling their sessions to ensure these are convenient. An integrative counselling experience is offered, broadly underlined by a person-centred perspective. These aims, limitations and ways of working determine a maximum of six counselling sessions, with provision to extend in exceptional circumstances; this ensures that clients are not waiting excessively to begin therapy.

> **It is often a client's first introduction to counselling, which could encourage or discourage them from seeking further counselling in the future, so we try to ensure that the process of referral, starting therapy and beyond, is as supportive as possible**

Pre-referral process

Prior to referral, to ensure clients are correctly informed about the nature of the service, we employ two approaches. Combined, these ensure the client has autonomy in the process and can take an informed approach about whether counselling would be right for them. Our two approaches, a counselling drop-in and an informative booklet, are explored below. These approaches have been highly beneficial in ensuring that prospective clients are well informed about the nature of counselling and have realistic expectations. This process also helps to ensure that clients have a greater readiness, adherence to and commitment to therapy, which may inadvertently reduce non-attendance (DNAs).

The counselling drop-in service: learners can attend regular lunchtime drop-ins to find out about what is offered by a counsellor within the college counselling service and/or collect a leaflet about counselling provision. Drop-ins allow learners to discover what counselling offers at college, they demystify counselling, address any misconceptions or pre-conceived ideas about therapy, and enable learners to self-assess whether counselling is the right pathway for them at that time, from the range of support services available to them. Though drop-ins are highly encouraged and publicised by wider pastoral and safeguarding/wellbeing staff and the counselling service itself, we acknowledge that not all clients may be able to attend and so they are not mandatory to access counselling.

A Counselling at College booklet is provided by counsellors and pastoral/wellbeing staff for the learner, usually prior to the referral. The booklet provides necessary information and is organised into the following sections. *'What is counselling like at our college?'* includes information about the number of sessions offered, the nature of counselling e.g. that it is nondirective and non-judgmental, and that clients could share feelings such as anger, shame, jealousy and guilt in their sessions. The *'Am I ready for counselling section?'* is highlighted in particular, as it includes information about how the initial session works, to put the client at ease. It also includes what helps when embarking on a counselling journey, including commitment to the process, regular attendance and openness. It also shares therapy readiness factors,[5] which may prevent counselling being as effective for a client as it could be in the number of sessions available, such as: indecisiveness about how much they want change in their life; clients' own level of self-responsibility; clients' ability to be autonomous; their willingness to play a part in their own healing; and capacity to recognise and/or engage in reflection and exploration. The booklet also directs the learner to consider what is best for *them*, and whether *they* would like to embark on the counselling process, as students can often be directed by others, such as parents or tutors. It provides information about bereavement and the nature of grief, as counselling may not be appropriate immediately after loss; time often needs to be provided for a client to grieve in their own way. Finally, the booklet provides signposting to other sources of support. This information helps to set expectations, communicate the nature of service, and for the client to self-assess their own readiness for therapy prior to committing to a referral.

The referral process: referral form

In any context, it is important to ensure the gatekeepers of the counselling service (such as pastoral or wellbeing staff members in a college) are communicated to learners in a variety of ways and ensure that gatekeepers themselves are appropriately informed about the nature of counselling at college,

as well as the limits of the counselling service. After receiving the pre-referral process information, the client meets with a pastoral, wellbeing or safeguarding member of staff, or counsellor at drop-in, who ensures that such information has been shared. If a learner has not been able to attend drop-in, at this point the gatekeeper may share pertinent points from the booklet with the learner.

The next stage of the process involves completion of the referral form by the learner, usually with a gatekeeper's support, though the learner can complete this independently using a link emailed to their secure college account. Useful information to gather on a referral form includes the student identifier (e.g. student number), the presenting issue or area of focus for counselling and the learner's current and/or historic involvement with mental health services and any mental health diagnoses as they might contraindicate counselling.[6] It is also helpful to ensure that the client is not also engaged with counselling externally. In other short-term counselling services I have worked in, referral forms have collected information about the client's recognised helpful and unhelpful coping strategies and their GP details, though in a college context next of kin (NOK) details are generally available alongside or instead of GP details.

When screening for current or historic mental health, this can be useful for explicit checking of exclusion criteria for the college counselling service. Examples might include (though are not limited to): severe mental health conditions (including schizophrenia and psychosis); complex comorbidity requiring secondary care; long-term mental health conditions linked to childhood trauma (PTSD); addictions; active suicidality or significant safeguarding concerns, and ongoing stressors (e.g. legal investigations), many of which might contraindicate counselling.[6]

Each counselling service should decide upon a list of exemption criteria to ensure that learners are not engaging in counselling which may be unsafe or unhelpful for them, or where another form of mental health support (not available within the context's counselling service) might be more appropriate (such as cognitive behavioural therapy or psychologist support).[6] For example, if a client refers for disordered eating within our service, we complete an onward referral to statutory services, as we do not have the required training, expertise and competence to safely work with that presenting need. In our counselling service, clients are signposted or supported to alternative mental health support at that time, if that is deemed to be more appropriate. This is completed with the consent of the client to ensure they understand the reasoning and next steps. It is important to note that within our service such clients could still attend drop-ins and speak with a counsellor on an ad-hoc basis, as we want to prevent a client from ever feeling a sense of rejection from our counselling service.



One of the most pertinent pieces of information requiring capture on the referral form is the learner's presenting issue and what they intend to focus on in their block of counselling sessions. This may enable the counselling service to allocate a counsellor with expertise or specialism in that area, should there happen to be more than one counsellor at the service.

Risk and safeguarding

Risk should also be assessed in the referral process. In our service, we explicitly check learner safety and risk at the point of referral and in their initial session. If risk is determined to be present, or the client's safety compromised, support from their safeguarding worker is provided and they are assisted to refer to other services such as the local crisis team, or their GP, to ensure they have access to more immediate support. Risk in itself may not preclude a client from receiving counselling in addition to safeguarding support.

Depending on the level of access the counsellor has to college student information systems, the counselling service may need to collect NOK information or emergency contact information, though this may be accessible via the college student information system. Nevertheless, our service has found it useful to collect the contact number of the client and gain consent for them to be contacted by voicemail or text at the point of referral. This prevents NOK being contacted inadvertently and seeks to retain client confidentiality. Data collected on the referral form should always be necessary and serve a purpose in offering the best service to the client, as well as avoiding duplication of learner data across different college systems wherever possible. College counselling services should be mindful that referral data are processed and stored in line with GDPR and the education context's data protection policy.

> **The client has autonomy in the process and takes an informed approach about whether counselling would be right for them**

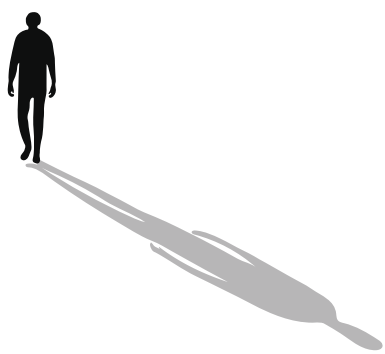
The initial counselling session

Some counselling services guide counsellors to use an initial assessment in its entirety for assessment, or to schedule an assessment or clinical interview prior to the block of sessions commencing. In our service, assessment happens within the initial counselling session. Given that clients are limited to six sessions, we use the initial session to discuss the contract, complete one set of measures (CORE-10, or an alternative form of this such as LD-CORE), assess risk, establish a goal and proceed to use the rest of the session to explore the client's presenting issues. In this way, a gentle style of clinical interview is incorporated into the beginning of the initial session, which takes approximately 15 minutes. It can also be helpful in the initial session to explain a little about the nature of the modality of counselling on offer, to put the client at ease, so that the client understands that certain interventions that they may find uncomfortable or new (such as silence) might be used.

Conclusion

Within our college, it has proved particularly useful to develop the information provided to learners about counselling and develop the referral pathways, so that learners are informed about the nature of counselling prior to referring. This has reduced the number of inappropriate referrals for counselling and initial session DNAs. Providing information ahead of sessions about the nature of counselling and being explicit at the start of the initial session about what to expect in a session can help the client build trust in the process.

As referral and assessment in college contexts can differ between settings, it would be beneficial to hear how other further education contexts manage their counselling referral process and their assessment or initial sessions with clients to add to an area which currently has minimal discussion and sharing of best practice. ■



To contact Jenna, please email the Editor at ***ucc.editorial@bacp.co.uk.***



DR JENNA BRADFORD

is a BACP-registered and accredited counsellor, currently working as a part-time counsellor in a large college setting in the North West. She also lectures for adults undertaking a counselling diploma programme.

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Supporting the staff who remain: navigating through difficult financial times

By the time you read this, we will be midway through the new academic year. For many institutions, this will mean returning to changed teams, perhaps because of redundancies or financial cuts. To quote Nick Hillman, CEO of The Higher Education Policy Institute, 'The overall financial position of the sector's approximately 150 universities remains dire… redundancies and reforms have still been needed to keep the wolves from the door at many universities.'[1]

Sorry for the less than upbeat start to this article – but this is the reality that we are working under at the present time. It is important to understand what this means for our own services and how we support the staff who continue to work within this uncertainty.

When organisations undergo a redundancy process, the attention and support often focus on those who are leaving. Yet there can be a huge emotional impact on remaining staff and how they now navigate their work with a changed team and workload.

> 'It is not surprising that staff have conflicting emotions about remaining'

Management style

I am sure we have all experienced different management styles during organisational change. Some focus on resilience and quickly moving forward, which may leave less space for the emotional impact on staff. Others may give the opportunity to share experiences and have a more open dialogue about the disruption, which can help to rebuild trust. As staff counsellors, we may be navigating both experiences within the same organisation and finding our way through, without condoning or criticising these approaches with our clients.

Survivor guilt

Staff who remain may find themselves navigating survivor guilt. *Psychology Today* defines survivor guilt as, 'the experience of psychological distress due to surviving or escaping a situation relatively unharmed or unaffected, as compared to others.'[2] This may be quite subtle and surface-level when talking about missing familiar team members and voicing concern about how they are doing. There may be questions around 'Why me?' and 'What does this mean about my future here?' This can be unsettling and impact identity, security and trust within the organisation.



CAROL MCCLOSKEY

Chair of University and Colleges Staff Counselling SIG, Staff Counsellor at Arts University Bournemouth, MBACP accredited.

The impact of embitterment

Alongside guilt, there can be embitterment, which is a more corrosive emotion. It is more likely to take hold if staff feel decisions were poorly communicated or where limited resources and increased pressure continue to affect people's jobs.

Dr Noreen Tehrani describes embitterment as 'a persistent emotional state arising from experiences of unfairness, betrayal or moral compromise that individuals feel powerless to change.' The description comes from an interesting article about the cost of embitterment to organisations and how to work with this; I encourage you to read this in full.[3]

It is not surprising that staff have conflicting emotions about remaining. They may feel trapped between being grateful that they still have a job and angry about the circumstances surrounding this. Or guilty for staying yet resenting the increased workload or pressure that follows the departure of colleagues. These coexisting feelings are natural responses to such upheaval.

So, what can we do as staff counsellors?

Providing the space to explore these emotions, without judgment or fear of consequences, is a core part of our work. We can help to normalise these emotional responses and give voice to them, helping people work through their own processing around guilt, anger, injustice, disappointment and disconnection. Many people may need space and time to reflect on what this means for their future choices, whether they are staying or leaving. How can they rebuild their sense of trust and value for their work?

It's not easy work, and I know it can be hard for us to put our own thoughts aside and remain on the fence when we are working for the same organisation as our clients, but that is where supervision gives us the opportunity to jump off the fence safely and reflect on our own responses. ■

To contact Carol, please email the Editor at ***ucc.editorial@bacp.co.uk.***

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Training to become a counsellor can be transformational. **U&CC** speaks to **Carley Shakespeare** about her journey

Q & A



Q Tell us about yourself and the course you are studying.

CS: If you were to ask me to describe myself, I would probably give the usual responses: an almost middle-aged woman, a mother of three teenagers, a part-time member of staff at Buckinghamshire New University and an MSc Counselling and Psychotherapy student. They are easy answers because they are the labels I wear and, perhaps, what people expect to hear. But they only scratch the surface of who I am.

I have been a student for seven years, starting my BSc in Counselling Psychology in 2019, and beginning my MSc in 2025. I could describe it as a long journey, but somehow that feels like it overlooks everything it has given me. It has not been simply five years of studying; it was five years of growing, developing and becoming a different person from the one who first walked through the university doors.

When I was flicking through the prospectus trying to decide which degree to apply for, the course immediately stood out. I had never been to university before, and the Foundation Year felt like the perfect way to ease myself into something completely outside my comfort zone. I still remember attending the induction day. Standing at the front of the room were lecturers who made psychology and counselling sound genuinely exciting. I remember sitting there thinking, 'This is it. This is my path, and this is where I need to be.'

Q What drew you towards a career in counselling?

CS: Most of us can tell someone what we do, but asking who we really are is a much harder question; that requires an uncomfortable level of vulnerability. Job titles, family roles and achievements rarely tell the whole story. It was curiosity about what lies beneath those labels that drew me to psychotherapy. I wanted to understand what makes people who they are.

> **With [my dad's] encouragement, and a leap of faith, I enrolled. It's one of the best decisions I have ever made**

Supporting people to explore this, and perhaps who they want to become, felt like a privilege and a challenge that I could not ignore.

Becoming a counsellor was not something I had always planned. In fact, there was a time in my life when I was not particularly interested in people at all. Friendships rarely came easily because, growing up, trust had often been broken. Rather than opening myself up to others, I kept people at a distance and to this day I sometimes still do.

Looking back, though, I can see that I always possessed qualities that would later become invaluable as a counsellor. I believed strongly in my values, was not afraid to express my opinions, and had a natural tendency to reflect honestly on my own thoughts and experiences.

Q What was the turning point that prompted you to train?

CS: At the age of 39, I lost my mum after a long-term illness. Losing her completely changed my perspective. I found myself standing at a crossroads: I could continue merely existing or I could choose to grow.

My dad deserves much of the credit for what happened next. He challenged me to believe I was capable of something I had never seriously considered. I had never completed A-levels and had convinced myself that university simply was not for someone like me. But with his encouragement and a leap of faith, I enrolled. It's one of the best decisions I have ever made.

As my studies progressed, I realised that counselling was not about becoming someone different. It was about understanding myself better and learning how to use who I already was in a way that could genuinely help others. Alongside the theories and skills, I found a passion for supporting people to recognise their own strengths, build resilience and discover the confidence to become the person they want to be.

Q How have you found the training so far? What have you learnt?

CS: One of our lecturers told us at the very beginning that the course would change us. At the time, I was not entirely sure what he meant. Looking back now, I realise he was absolutely right.

Counselling training asks you to examine yourself, your assumptions and your biases. I have become more patient, more curious and more willing to sit with uncertainty. Like everyone else, I still hold biases and make assumptions, but training has taught me to recognise them rather than allow them to shape my understanding of another person.

I am still learning every day, and perhaps that is one of the things I love most about this profession: there is no finish line.

My 100-hour placement begins later this year, and if I am honest, I am both excited and terrified. Part of me wonders whether the self-doubt will ever fully disappear. But another part of me knows that feeling nervous probably means I care deeply about doing this well. I suspect that is where the next stage of my journey really begins.

Q Who has inspired you on your journey to becoming a counsellor?

CS: Without any hesitation, the lecturers who have guided me throughout my training. The team at Buckinghamshire New University have been incredible. They have challenged me, supported me and, most importantly, treated me as someone capable of far more than I believed myself to be. I arrived like a deer in the headlights, anxious, full of self-doubt and convinced I knew exactly who I was (or at least I thought I did!).

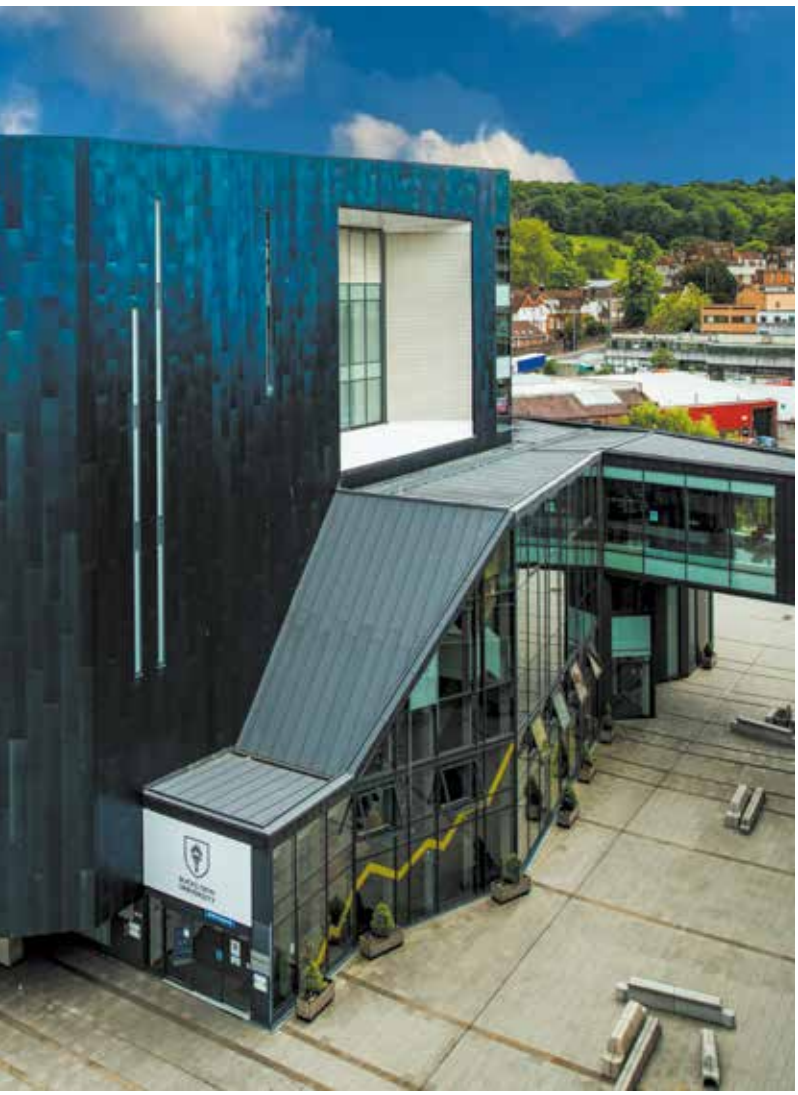
The people who have inspired me most have always been the ones least comfortable with recognition. Humility seems to be a common theme among them, which probably tells you everything you need to know about the kind of people they are.

> **Alongside the theories and skills, I found a passion for supporting people to recognise their own strengths, build resilience and discover the confidence to become the person they want to be**



They have shown me what authenticity looks like, challenged me, supported me through moments of self-doubt and celebrated my successes. They helped me become more comfortable with who I already was and to believe that I could become the very best counsellor I could be, simply by being myself. I think that is one of the greatest gifts a teacher can give.

I know that both of my parents shaped who I am: one by showing me how to live fully, the other by encouraging me to believe I could. I carry them both with me every day.



Q What's the biggest lesson you've taken away from your training?

CS: We were never expected to become copies of the people who taught us. In fact, quite the opposite. We were constantly reminded that clients will not choose us because we achieved the highest grades or can recite every theory from memory. They choose us because they feel safe, understood and accepted. The most valuable thing we bring into the counselling room is not perfection or having all the answers; it is ourselves.

I have also discovered a resilience I never knew I had. That's not something I ever set out to find but it revealed itself quietly through life's challenges. Counselling has taught me that growth rarely happens when life is comfortable; it happens when we are willing to reflect, remain curious and allow ourselves to change. Perhaps that is why this profession feels like such a natural fit for me. It is not about having all the answers; it is about being willing to keep learning, both about ourselves and about others.

If this journey has taught me anything, it is that we are all far more than the labels we give ourselves. Sometimes we just need someone to help us see it.

Q What's something people would be surprised to learn about you?

CS: If I told you I was related to Sir William Shakespeare, would you believe me?

Well, you should, because it is true! I am not a direct descendant (sadly, he had no surviving descendants), but our family tree links us to the wider Shakespeare family, making him my cousin 15 times removed. It's one of those facts I genuinely forget about until somebody asks about my surname. It is a pretty cool piece of family history. Although, if I am being honest, inheriting Shakespeare's writing talent would have been far more useful during my university assignments, or, at the very least, his house! ■

To contact Carley, please email the Editor at ***ucc.editorial@bacp.co.uk.***



CARLEY SHAKESPEARE

is studying for an MSc in counselling and psychotherapy. Her journey is shaped by her interests in identity, resilience and the authenticity of human connection. She believes that we all have a story that deserves to be understood.

Above left
Buckinghamshire New University campus

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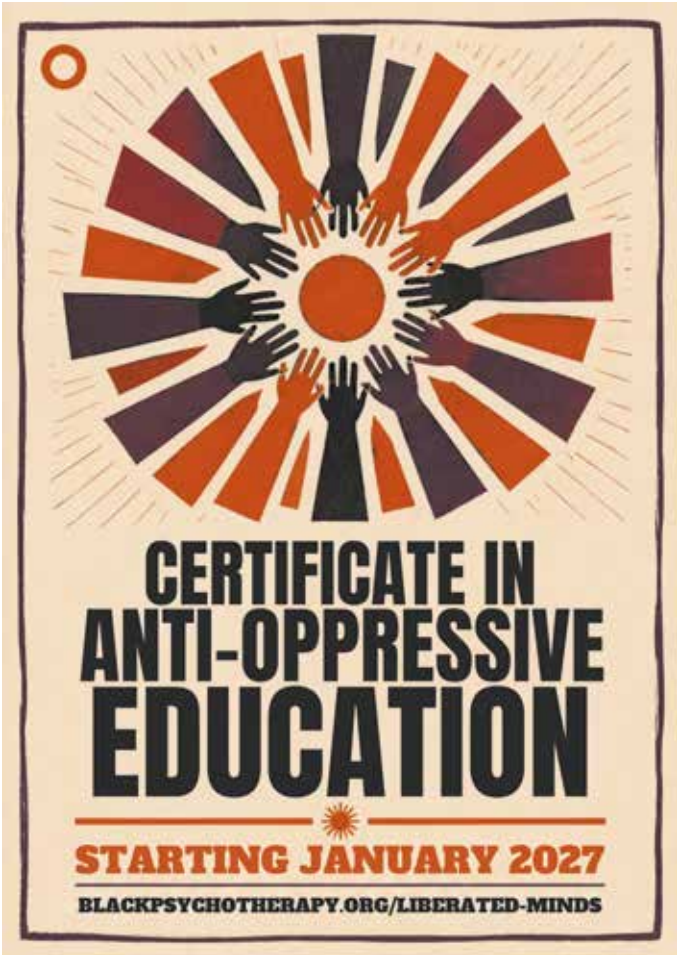


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