

Safe working in the context of the counselling professions

Good Practice in Action 106
Clinical Reflections for Practice

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Context

This resource is one of a suite prepared by BACP to enable members to engage with the BACP *Ethical Framework for the Counselling Professions* in respect of practitioner safety.

Purpose

The purpose of this resource is to stimulate ethical thinking in respect of practitioner safety.

Using Clinical Reflections for Practice resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. The Clinical Reflections for Practice resources are not contractually binding on members, but are intended to support practitioners by providing information, and offering questions and observations practitioners may need to ask themselves as they make ethical decisions within their practice in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consultation with a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the terms 'practitioner' and 'counselling related services' are used generically in a wider sense, to include the practice of counselling, psychotherapy, coaching and pastoral care, the latter including roles such as chaplaincy. The terms 'therapist' or 'counsellor' are used to refer to those trained specifically as psychotherapists and counsellors.

Introduction

Whilst we hold in mind the safety of those who use our service, this resource focuses on the safety of the counselling professional.

Whether working in an organisation or private practice, the intimate and confidential nature of the therapeutic relationship means our practice usually happens 'behind closed doors'. Very distressing narratives, powerful unconscious dynamics and the rigours of the work can all challenge us, heightening the risk to both our physical and psychological safety.

We aim to provide both physical and psychological safety to clients, helping them make best use of the service but to do this, we too must feel safe. Anything that adversely affects the safety and containment of our clients can, potentially compromise our safety. To protect both parties, we agree we will work 'to professional standards' and 'within our competence' whilst 'keeping our skills and knowledge up to date'. We ensure 'our wellbeing is sufficient to sustain the quality of the work' and that our 'resilience' (the capacity to work with a client's concerns without being personally diminished) is sustained.

We 'take precautions to protect our own physical safety' (Good Practice, point 91a) and monitor and maintain 'our own psychological and physical health, particularly that we are sufficiently resilient and resourceful to undertake our work in ways that satisfy professional standards' (Good Practice, point 91b.). The 'Principle' of 'self-respect' urges us to foster 'self-knowledge, integrity and care for self'.

The 'Personal moral quality' of 'Courage' (the capacity to act in spite of known fears, risks and uncertainty) is essential to our work but must be balanced with keeping ourselves safe. Both the 'Personal moral qualities' of 'Wisdom' (possession of sound judgment that informs practice) and 'Humility' (the ability to assess accurately and acknowledge one's own strengths and weaknesses) impact on our safety.

Sometimes, commitments do not sit together easily (or may even contradict each other). Occasionally, we find ourselves in the midst of a dilemma and aim to respond with ethical-mindedness (see Good Practice, points 92-94). But in some critical situations we might need to think or act very quickly. Although we aim to 'put clients first', this may not be feasible or sensible when our own safety is at risk.

Although this is a very complex subject, counselling professionals are not alone in this. We have the support of colleagues and our supervision (Good Practice, point 60). If we think it is necessary, we will seek 'professional support and services' (Good Practice, point 73).

The following vignettes describe scenarios where the physical and/or psychological safety of a counselling professional is put at risk.

As you read them and the 'Observations on Practice' that follow, consider how well each counselling professional meets their ethical responsibilities as described in the *Ethical Framework*. Although Good Practice points are dotted throughout, you are invited to think how others might also apply. A suite of Good Practice in Action (GPiA) resources is available at www.bacp.co.uk/gpia (accessed 1 April 2019).

As self-care, workload and fitness to practise all impact on safety, Good Practice in Action Fact Sheets: 078 *Fitness to practise*, 099 *Workload* and 088 *Self-care* would be useful to read.

This resource does not aim to give specific advice about safety but has been written to encourage members to think around this huge, multifaceted topic. 'Questions for Reflection and Discussion' are provided to stimulate personal reflection, ethical thinking and discussion with your supervisor or colleagues. You may notice other ethical and practice issues that stand out and these might usefully form the basis of supplementary reflection. Further information relating to practitioner safety is being developed in collaboration with the Suzy Lamplugh Trust. It is hoped this will be available on the BACP Ethics Hub in autumn 2019.

1 Overview of vignettes

The vignettes that follow are fictional. Whilst work contexts may not match your own, it is hoped the underlying issues, challenges and dilemmas form enough basis for reflection and discussion for any counselling professional or anyone who uses counselling skills in their role.

Vignette one illustrates the practice of *Anna*, a psychotherapist. Working in a challenging clinical area, Anna's psychological safety is threatened.

Vignette two describes the work of *Darin*, a volunteer prison chaplain. *Idrissa*, his supervisor, has concerns for Darin's psychological and physical safety.

Vignette three provides a worrying account of *Fiona*, a coach. A badly managed break leads to a client's retaliation.

Vignette four *Mica*, a counsellor, is excited to have a new therapy room. But has she put herself in real danger?

2 Vignettes

2.1 Vignette 1 – Anna

Anna, a psychotherapist, previously worked at an agency that supported people who had been raped, sexually assaulted or abused. When she qualified as a supervisor, she took on that role too. But three months ago, the agency closed due to lack of funding. Saddened by the closure of the service she had helped to grow, Anna felt relieved not to be doing this demanding work anymore. Despite feeling worn out and ground down, she remained, not wanting to leave colleagues with more work to do. She was pleased the decision had been taken out of her hands.

Almost immediately afterwards, Anna established a private practice. Her reputation as a well-respected, specialised psychotherapist and supervisor followed her and her therapy and supervision practices rapidly grew. Ex-clients wishing to have further therapy tracked her down via the internet. Word of mouth spread, and other practitioners referred clients to her.

But now, the strain Anna previously experienced seems to be building once again. She had imagined a mixed case-load but her entire work seems to involve working with rape, sexual assault or abuse. Having set a maximum number of contact hours to work each week, she regularly exceeded this. She had promised Chloe, her partner, that she would not work evenings (so that they could spend more time together). But that plan failed when Anna 'made space' for clients wanting to come during the evening.

Anna is starting to become pre-occupied with her clients (often wondering how they are and what they are doing). More worryingly, her dreams feature re-enactments of traumatic scenes.

Sometimes she wakes up shouting at an imaginary attacker and has on occasion, hit out at Chloe (who has left their double bed to sleep on the settee). All of this is causing tension between the couple.

Anna has 1.5 hours supervision per month with Pam (who she has known for three years). She is always relieved to be there and as she recognises work is becoming a problem, plans to raise her concerns.

Observations on practice

Anna's psychological safety is very much in focus here (Good Practice, points 18, 91). Working in a challenging and specialist area, she moved from an organisational to private practice setting, perhaps losing valuable support and containment provided by agency colleagues (Good Practice, point 17). Now, Anna may feel psychologically (as well as physically) isolated in private practice (see GPiA 004 *Working in private practice*).

Her expertise and experience are valued by the profession and her reputation has led to a rapid growth in her private practice. There is little variation in her case-load and she risks the possibility of vicarious and secondary traumatisation. Could this play out in her relationships with clients (putting her safety at increased risk)? Was she wise to have 'made space' for clients? As an important side-issue, we can wonder about Anna's workload too (see Good Practice in Action 099 Fact Sheet: *Workload and the counselling professions*).

Anna's drastically disturbed sleep may impact on her judgment (and by extension, her overall safety at work and elsewhere). We have committed to maintain our 'physical and psychological health at a level that enables us to work effectively with our clients' (Good Practice, point 18). However, keeping our focus on Anna, is she sustaining her overall wellbeing in a way that supports her safety?

Our secure base(s) helps us feel safe and secure. We can ask who (or what) provides this for Anna? It is hoped that supervision provides one secure base, but might she regard her professional body as another? Chloe may play a part too, even though their current relationship seems compromised. There is no mention of personal therapy (Good Practice, point 91c.).

Whilst Anna is 'relieved' to have supervision, we can be curious that she is only raising her difficulties now. Has she been honest with Pam (Good Practice, point 72)? If we assume Pam knows that Anna has left the agency and moved to private practice (plus the nature of the client-work she does), has she been diligent enough in her considerations of Anna's safety? Is Anna having enough, frequent supervision to meet her needs (Good Practice, point 60)?

Questions for reflection and discussion

- 1.** How do you monitor and manage the impact that work (and non-work) related stress has on your psychological and emotional safety at work?
- 2.** Who (or what) provides you with a secure base(s), helping you to feel safe in your work? What might threaten this/these secure base(s)?
- 3.** If you were Anna's supervisor, what would you see as your responsibilities regarding her safety?

2.2 Vignette 2 – Darin and Idrissa

Darin is a member of BACP and also recently qualified as a chaplain. He has taken up a voluntary post with a charity that offers support to offenders in prison. His role as a chaplain at a very busy Category A male prison, is very varied, supporting prisoners, staff and visitors. On any day, he may be discussing spiritual matters, conducting religious services, being involved in telling a prisoner a loved one has died or listening to a prisoner's general concerns. He works alongside the full-time chaplain who is currently on long-term sick leave.

Darin's brother has occasionally voiced concerns that he might be attacked by a prisoner. Darin assures him there are panic buttons dotted around the wing. He has never heard one go off and cannot imagine a reason why he might press a button (but he is sure someone would come if he did). "Why would any of the men want to harm me? I've done nothing to upset them" he asks his brother. "Anyway, I'm a bloke. I'd be fine".

Gary, a prisoner recently sentenced, asked for chaplaincy support. As Darin was on his way to meet Gary, a prison officer took him to one side and whispered, "You wanna be careful, he's a clever s** that one.

Sorry about the language reverend but he gets under yer skin, if you know what I mean". To Darin, this seemed an odd thing to say but more importantly it felt disrespectful of Gary. Darin politely thanked the officer and went on his way.

Darin has supervision (a requirement of the charity) but can only go after work (although the prison authority pays a small amount towards it). Darin had to find his own supervisor and he and Idrissa meet monthly for one hour. They have had three supervision sessions so far.

Idrissa knows there is a high proportion of mental health problems, personality disorders and dual diagnoses amongst prison populations, and is beginning to feel concerned by what Darin tells him. Idrissa voices his concerns to Darin about his psychological and physical safety. However, Darin says he prefers "not to judge another fellow human being" and in line with this, has chosen not to know why the men are in prison. He goes on to say, "People come to me for help not to harm me – I'm a chaplain". He aims to "see beyond the crimes and the past". Darin tells Idrissa he has a good rapport with Gary (who often calls Darin "Your Grace"). Apparently, Gary says he felt "truly blessed" when he met Darin and describes him as "an angel sent from above".

But today, Idrissa hears another side to the story. Darin tells him that Gary appears to have reversed his opinion of the chaplain and has been highly critical of him. Feeling very confused, Darin had asked Gary what he had done to upset him. Laughing, Gary had replied "No worries mate ... just Gazza's little game" and had returned to his jokey persona. Twenty minutes later, Darin felt even more bewildered as Gary described his support as "voodoo mumbo-jumbo" and told him to "p*** off out of it".

Darin feels very upset but says he wants to “heal the relationship”. Idrissa is worried for his supervisee’s safety.

Observations on practice

- There are various questions relating to Darin’s psychological and physical safety. In terms of competence, has Darin’s counselling and chaplaincy training prepared him for this specialised and challenging work?
- What effect has his chaplaincy colleague being on sick leave had on Darin, or his workload?
- Has the prison authority provided additional training, for example in de-escalation and breakaway techniques?
- Darin’s supervisor knows that complex mental health issues, personality disorders and dual diagnoses are very common in the prison system but how much does Darin know about this?
- Does he have enough knowledge and experience of the powerful, unconscious or out of awareness relational dynamics that can occur between two people (especially in organisations such as a prison where a power and control model is likely to operate)?
- We can wonder what sense Darin makes of Gary’s behaviour towards him and how he understands his own sense of confusion. Does Darin appreciate the attempts at manipulation that seem to be going on?

Having knowledge of these powerful dynamics is very important when we think about safety and ethical practice (Good Practice, points 13 and 14). Whilst any theoretical model is incomplete and has imperfections, it might be useful for practitioners to think not only about their own theoretical model but perhaps look at what other models/frameworks of understanding might have to offer about relationship dynamics.

For example, in this kind of setting, having an understanding of concepts such as: transference (where feelings for one person are transferred onto another – often the therapist), splitting (also called black-and-white thinking or all-or-nothing thinking, where there is a failure to bring together positive and negative qualities of the self and others into a cohesive, realistic whole), or even projective identification (a relationship dynamic that can arise in the work of any counselling professional).

In this last dynamic, parts of the client’s self are disowned. But rather than simply being ‘projected onto’ (projection) are ‘forced into’ the practitioner who begins to experience the disowned part.

They may even behave in accordance with it (often resulting in a self-fulfilling prophecy) which can sometimes lead them into unusual, unsafe and unethical behaviour. (This relationship dynamic in particular can feel very challenging and confusing to the recipient-practitioner).

Can you see elements of these playing out within the vignette? What may this mean for Darin and his work with Gary? Does the fact that Darin is working in a role offering chaplaincy in a voluntary capacity have any impact on his ethical responsibilities or safety?

Questions for reflection and discussion

1. Thinking about your psychological and physical safety, how would you know whether you were working within your competence?
2. Are there any changes you might make to your working practices in relation to your physical and psychological safety? What other training might be useful?
3. If you were Idrissa, what would you do next?
4. Are any ethical commitments in conflict here?

2.3 Vignette 3 – Fiona

Fiona, a coach works in private practice. She has been contacted by the owner of a small organisation who has concerns about Trupti, an employee with “ongoing problems with co-workers”. The owner will pay for six coaching sessions and has persuaded Trupti this is the best way forward if she is to continue to work there.

Trupti arrives for her first session, throws herself into a chair and sobs “Here I am. You can tell the boss I’ve come”. She goes on to say “I try to be part of the crowd, but in the end, everyone lets me down. It’s like I don’t exist. I just feel so empty all the time”. The only time Trupti feels “real” is when she cuts her arms. Trupti quickly changes direction to talk about Paula, a new colleague who she really likes. But she quickly moves to a past relationship with Mari. “I really hoped she’d be a caring friend but she turned her back on me too – I hate the bitch!” Fiona is surprised at the depth of Trupti’s anger.

As the session approaches its end, Fiona asks Trupti if she would like to arrange a second appointment. “Yes, definitely. You’re fab!” enthuses Trupti. “That’s great. Let’s put the next appointment in” replies Fiona.

As Trupti drives away something does not feel right for Fiona, but she cannot put her finger on it. As it is only their first meeting, she does not want to jump to conclusions so puts it out of her mind. Anyway, as Trupti has expressed difficulties in relationships with other people, Fiona is pleased she wishes to return.

Later the same day, Fiona notices a car like Trupti's drive quickly past her house. She does not attach much significance to this until the following day it happens again. This time, the car seems to be moving much more slowly (as if the driver is looking for an address). Catching sight of a yellow scarf around the driver's neck, Fiona remembers that Trupti wore something similar yesterday. But then Fiona remembers her house is on a main road through town so forgets about it.

Two sessions later, Trupti spoke about her childhood. Her mother was an alcoholic and when very drunk, used to get Trupti to help her to the toilet and into bed. When less drunk, she would shout at Trupti and threaten to throw her down the stairs.

Near the end of Trupti's next session, Fiona remembers to tell her she will not be working for the next two weeks. Her coaching practice has been very busy recently and she is pleased her partner has found a 'last-minute deal' for a holiday in Greece. Trupti asks "Where are you going - anywhere nice?" and Fiona tells her. Feeling slightly guilty about leaving Trupti, Fiona remembers reading something about transitional objects. Picking up a shell, she hands it to Trupti and suggests she "look after it" over the break.

Trupti looks disappointed and asks instead if she could "take a selfie" of her and Fiona using her mobile phone. She says if she is having a problem at work, she can quickly look at her mobile and remember the useful coping strategies they have discussed. "It'll be like having you with me" enthuses Trupti. 'Selfie' taken, the session finishes and Trupti leaves. Fiona realises she felt rushed into agreeing to the selfie but now must concentrate on getting packed for Greece.

Fiona returns from holiday refreshed. Logging on to her email account, she reads the following:

Hey buddy,

You know there's a certain porno site you've surfed recently? Well, I know it too. Kick back though! You're not the first for me.

When you visited the site, your browser saved my malware. My little baby knows where you hang out (especially those nasty back-rooms).

But that's not all my friend - it gets stuff from your electronic mail. Yes, I've got access to your email account - your loved ones, buds, work-peeps, anyone else on your contact list. Sad isn't it. Even sadder when I show them what you've been up to during the lonely, dark nights.

Yes, I've been very busy lately. I've even made a little gift for you. Click on the link and take a look. Would everyone like to see?

Yours (so truly and faithfully),

Satisfaction

Fiona is horrified. She does not visit pornography sites but wonders whether 'Satisfaction' really has managed to get into her work and personal email address book. Clicking on the link, Fiona stares at an image of a woman's naked body. Whilst relieved that the image is not hers, she is sickened to see a picture of her own head grafted on to it. Fiona knows there are several photographs of her on the internet, such as those on her practice website and professional directory entry so the 'head' must have been copied from one of these. But looking more closely at the macabre creation, Fiona notices one tiny detail – earrings. She has worn these earrings only once ... during her last session with Trupti!

Observations on practice

Fiona works very hard and is pleased her partner found a 'last minute deal' away. Whilst our psychological and physical safety are supported by self-care, how much does Fiona proactively think about this?

Trupti seems to have been coerced to come to coaching (otherwise her employment would be under threat). How might this have contributed to Trupti vengefulness? See Good Practice, point 25 for working with reluctant clients. Even if Trupti had come willingly, was the referral to Fiona appropriate and should she have accepted it? At any stage, was referral to a more suitable counselling professional considered?

Given that Fiona accepted this referral, is she working within her competence?

How much understanding of mental health conditions, attachment theory and other relevant areas does she have? There are clues throughout that Trupti may be exhibiting signs that suggest insecure attachment and even underlying difficulties that could affect her emotional stability and disturb her patterns of thinking or perceiving and result in impulsive behaviours. She is also self-harming.

Working with client's presenting the kind of issues Trupti does, can be very challenging and safety (for both client and practitioner) can be a major consideration. Before agreeing to work with any client, it is important to carry out a full assessment to determine whether you are the right person to provide support for this particular individual, and to gauge risk (both for client and themselves). Did Fiona make this assessment?

We agree we 'will endeavour to inform clients well in advance of any planned breaks' (Good Practice, point 40). This is important with any client but particularly so with clients who may have insecure attachments like Trupti. Fiona gave news of her holiday in the closing minutes of the session; we can only imagine how distressed and abandoned Trupti felt. Was it more by luck, than good management, that Fiona remembered to tell her?

Practitioners from various modalities will have different ways of managing queries about breaks (and it may vary again between their clients). Fiona chose to tell Trupti the reason for her break and that she was going to Greece and so would be away from home. She did not consider how important the maintenance of boundaries is, especially given what Trupti has told her of her own history and circumstances. What and how we tell clients of planned breaks, needs to be carefully considered (See Good Practice in Action 102 Fact Sheet: *Planned breaks in practice*).

Fiona wanted to use a transitional object, but does she fully understand their significance? By suggesting Trupti "look after" the shell, might Fiona have inadvertently re-activated Trupti's childhood trauma?

What about the 'selfie'? Fiona accepted Trupti's rationale but Trupti used it to express her fury at being left. Might another client have posted it on their social media site, potentially impacting on Fiona's professional reputation and that of the counselling professions (Good Practice, point 48). See also Good Practice in Action 040: *Social media, digital technology and the counselling professions*.

We remember Trupti's initial impression of Fiona at the end of the first session. Given Trupti's relationship difficulties, Fiona may have felt pleased and possibly flattered by Trupti's comment, but did her reply fuel an adverse idealising transference? Fiona's 'fall from grace' seems almost inevitable.

Fiona experienced conflicting and confusing thoughts and feelings about Trupti. Whilst this is not unusual when working with any client, such processes can be particularly strong when working with clients who show behaviours suggestive of a personality disorder. Initially, Fiona was concerned by the suspected 'drive-bys' but quickly rationalised her response. Should Fiona have dismissed her thoughts and feelings so readily? She agreed to Trupti's request for the 'selfie' but then briefly worried whether she had made the right decision. How much time does she give herself to consider client requests and does she value reflective practice?

There is no mention that Fiona has discussed Trupti's case with a supervisor. Assuming she goes to supervision, why was her supervisor not flagging up concerns?

Having heard from 'Satisfaction', she suspects this to be Trupti. We can only imagine her anguish. In the first instance, she would be advised to speak with her supervisor who would hopefully provide support, containment, guidance and help her think through what to do next. She might also contact her insurer who could offer access to legal advice.

Fiona is worried about the security of her email address book and system (Good Practice, point 55a) further affecting her psychological safety. More about online safety can be found in Ethical Framework Supplementary Guidance 047: *Working Online*. See also Good Practice in Action 040: *Social media, digital technology and the counselling professions*. Good Practice across the Counselling Professions 005 E-Learning: *Digital etiquette for the counselling professions* (due for publication autumn 2019).

Questions for reflection and discussion

1. Has a client asked to take a photograph of you? If so, how did you respond and what was your rationale? If not, what might be your response and rationale if it did happen?
2. If you had concerns that a client was repeatedly driving or walking past your place of practice, what would you do?
3. How much credibility do you place on initial (perhaps confusing) thoughts, feelings, imaginings and physical responses you might have about, and towards clients?
4. Thinking about your psychological and physical safety - how do you protect yourself online?

2.4 Vignette 4 – Mica

Mica, a recently qualified counsellor, had been working from a rented therapy room. Financially, it was not working and there was often noise from the corridor, so she decided to look for an alternative venue.

She lives in a two-storey detached house with three bedrooms. One room she uses as her bedroom, the second an office and the third, smaller room as a general dumping ground.

A friend has suggested she tidy out this room, perhaps give it a new coat of paint and use it as a therapy room. Mica is very excited and sets about the project. Luckily, her latest clients have now finished and so no-one needs to be 'transferred' to a new room. Soon the room is almost ready and is furnished with two comfortable chairs and a small table on which there are tissues and a vase of flowers. As the walls are bare, she hurriedly brings in some pictures from other rooms. Not finding room elsewhere for her belongings, she boxes most of them up, stacking the boxes on the floor. Mica is delighted with her new room; there is no rent to pay and living alone she so will not be bothered by the noise of others. All she needs now is a new client.

Mica does not have to wait long. Today she is seeing Billy who emailed asking for "a quick free chat today if poss." A friend has recommended Mica although Billy is unsure whether counselling is right for him and so would like to meet her to discuss.

Mica agrees and when Billy arrives, he follows her upstairs to her new therapy room. As they pass the bedroom, Billy says how comfortable Mica's kitten looks curled up on the bed. One day, he says, he would like to have a cat. "Yes. That's Daisy's favourite spot" replies Mica. Once in her new therapy room, Billy asks Mica a lot about her training, how long she has been working and what types of issue she helps people with.

Whilst answering Billy's queries, Mica begins to feel troubled when she notices his eyes roaming around her body. Having rushed in from lunch with a friend, she has not changed her skirt (which is quite short and has a habit of riding up).

Mica is relieved when Billy asks to use the toilet but not having cleaned her upstairs bathroom recently, directs him downstairs to the toilet in the hall-way, giving her the chance to adjust her skirt. Billy soon returns but five minutes later, says he is leaving "to think about it". Shutting the front door, Mica realises that whilst Billy had asked lots of questions, she knows almost nothing about him.

Later the same day, Mica is late for yoga. Reaching for the house keys that usually hang on a hook in the hall-way, she finds they are not there. Thinking she must have left them in her jacket and short on time, Mica dashes out (she has a spare set under the plant pot outside her front door).

Back home after yoga, she goes into the downstairs toilet. Glancing at the window shelf she notices the small photo of Daisy is missing. Deciding it must have fallen behind the radiator, she decides to look for it later. Calling for Daisy to come for her tea, Mica inadvertently drops the latch on her front door.

Observations on practice

There are various areas of enquiry in this vignette

Mica has recently qualified and gone into private practice. Whilst we are not aware of any problems before that time, has she developed enough competence to work in this context (Good Practice, points 13, 14)?

'A friend' recommended Mica and we do not know whether this is true or not. If Billy found Mica's details on a professional directory or her website, how might any profile picture/photograph or what he read, have influenced his choice.

What about Mica's method of arranging meetings? Before inviting Billy into her home, she gathered very little information. Whilst this may be influenced by modality, there are over-arching safety issues. If she had followed up his email with a phone call, might this have helped provide more direct (and indirect) information to her? Afterwards, she realised that all she really knew about him was his name and that he liked cats. What information is it wise to collect before accepting a new client? Would you ask Billy who had recommended him (and what informs your decision)?

Sometimes, it is clinically appropriate (if we are able) to provide same day appointments to clients (particularly when risk is involved). Billy gave no reason for his urgent request and Mica did not enquire. Is this her usual practice or did she get caught up with using her 'new' room for the first time?

Billy wanted to meet for a “quick free chat”. Some practitioners offer this facility in response to what seems (on the surface) a simple enough request from a client. However (like many simple things) it is packed with complexities, and whilst some of these are clinical, others have distinct implications for safety (of both parties).

Clients will have various conscious and unconscious responses to being in our home (even if this is in an ancillary building).

Working from home has advantages and disadvantages (Good Practice in Action 004 Commonly Asked Questions: *Working in private practice*). There is much to be considered in terms of safety (Good Practice, point 91a), threats to which do not always come from new clients. Could Mica set up a ‘buddy system’ by which she informs a colleague (or someone else) that she is seeing a new client, agreeing to ring/text when the session is over? This does rely on an agreed ‘plan of action’ in the event of no call/text. Lone worker devices and apps are also available (see www.suzylamplugh.org/Pages/Category/lone-worker-directory).

Moving on now to Mica’s therapy room. Might it have been advisable for her to invite a colleague or friend to ‘road test’ it, not only in terms of client suitability, but also how safe or unsafe it might be to work in? This could involve role-play of ‘risk’ scenarios.

The therapy room is upstairs and whilst this may be due to limitations of the downstairs space, when we go upstairs with someone, we enter a more intimate space. This might have all sorts of associations for clients (some of which could put our safety at risk). Also, might it have been safer if Mica followed Billy up the stairs? Her bedroom door was open and the bed visible, all adding to a potentially risky scenario.

Inside her therapy room, has she positioned the chairs to reduce the risk of being trapped (and might she fall over the boxes if she needed to escape)? Some of her personal belongings are still visible, possibly providing personal information that could eventually affect her psychological safety (similarly the hurriedly chosen pictures). Could any of these objects (including the vase) be used as a weapon?

Billy wanted to use the toilet and Mica directed him downstairs (because she had not cleaned her upstairs bathroom recently). Bathrooms (like bedrooms) house the intimacies of our lives. Do we put ourselves in an unsafe situation if we allow clients to see the more private elements of our lives? Consequently, Billy visited the downstairs toilet but Mica remained upstairs. Although affording him privacy and dignity, did she also give him the opportunity to wander round? We can wonder what happened to the photograph of Daisy but also Mica’s keys. Might spare keys (placed under the plant pot) be safe from a malicious client who wishes to return later unannounced?

Turning to clothing; Mica dashed in from lunch with a friend and regrets not changing her very short skirt. Leaving herself more time would have helped.

What we wear when we are with clients matters, as our choice can elicit many different types of client responses and dynamics such as envy, hostility, sexual arousal, hate and erotic transference.

It seems without thinking, Mica dropped the latch on her front door. When she realises she has done it, what might this inadvertent act tell her and how might she use it to help protect her future safety?

We can wonder what Mica might have learnt from this brief encounter with Billy and whether she plans to do anything differently in future.

Whilst we have no information regarding supervision, there are many areas that Mica could usefully discuss with her supervisor.

Questions for reflection and discussion

1. If you work alone, what 'back-up' systems do you have that help protect your safety?
- b. If you work in a centre, what is the policy on lone-working? Does it feel adequate?
- c. If during a session with a client, you felt at physical risk, what would you do?
- d. What are your thoughts about offering face-to-face 'quick free chats'? What safety implications might there be for you (and your client)?

3 Summary

The safety of counselling professionals is an immense and multi-faceted subject. Involving our psychological and physical wellbeing, how safe we feel in our work affects us both at a personal and professional level.

Whilst each counselling professional is responsible for their own safety, organisations also hold responsibility (whether the practitioner is employed or volunteers).

The dynamics of a therapeutic relationship can be complex and sometimes very intense. Our understanding of the work will depend on our modality, however safety is paramount.

Threats to safety can arise from our own actions, for example, overwork, but also from our clients. Some threats are more clearly recognised than others, for example, physical intimidation. But we also know that there are less obviously identified threats such as attempts at psychological manipulation.

Laying sound, professional foundations is key, as is having the competence, skills and knowledge to manage or avoid (as much as possible), hazardous situations. It is important we give ourselves enough time to think about and prepare for our work. Discussions with supervisors can play a significant role in our personal safety.

It is important we develop plans and procedures to keep ourselves safe both psychologically and physically. However, those working within organisations may be contractually bound by existing policies and procedures.

As counselling professionals, we ask our clients to put their trust in us. For ourselves as individuals and as counselling professionals, it is important we can trust that we have done as much as we can to keep ourselves safe in the work we do.

About the author

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Further reading

More information about personal and online safety can be found at:

www.suzylamplugh.org (accessed 1 April 2019)

staysafeonline.org/stay-safe-online/identity-theft-fraud-cybercrime/ (accessed 1 April 2019).

www.bacp.co.uk/media/1599/bacp-therapy-today-apr17.pdf Talking point: Home and alone. *Therapy Today*, April 2017: 28 (3) pg. 42-43 (accessed 1 April 2019).

<http://www.theprofessionalpractitioner.net/index.php/articles/19-article-some-thoughts-about-personal-safety-for-therapists-by-sally-despenser> (accessed 1 April 2019).

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- BACP (2018) Good Practice in Action 078: Fact sheet: *Fitness to practise in the counselling professions* (Content Ed. Stainsby, K.). Lutterworth: BACP.
- BACP (2018) Good Practice in Action 088: Fact sheet: *Self-care for the counselling professions* (Content Ed. Stainsby, K.). Lutterworth: BACP.
- BACP (2018) Good Practice in Action 102: Fact sheet: *Planned breaks in practice within the counselling professions* (Content Ed. Stainsby, K.). Lutterworth: BACP.
- BACP (2019) Good Practice in Action 099: Fact sheet: *Workload and the counselling professions* (Content Ed. Stainsby, K.). Lutterworth: BACP.