

BACP *Workplace*

For therapists working with employees, employers and EAPs

Issue 102 October 2019



Wounded at work



‘Does this make us as counsellors akin to an army doctor, patching up the battlefield wounded in readiness to return them to the fray? If so, how do we feel about this?’ **Page 11**

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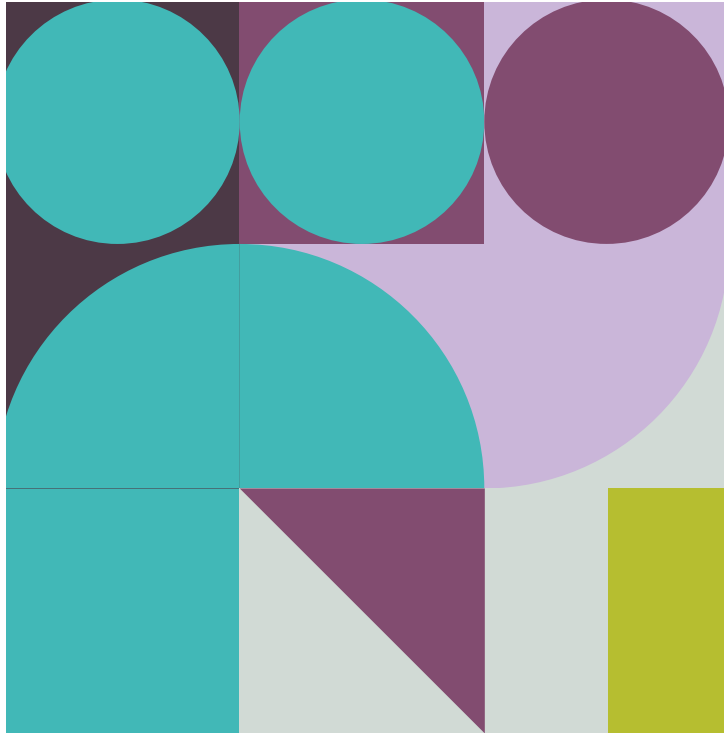
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***Toxic times***

Channel 4's Political Editor,
Gary Gibbons, recently remarked
that the House of Commons must
surely be one of the most clinically
depressed workplaces in the UK.

As I write, MPs have just returned to their place of work after the proroguing of parliament, some of whom face daily death threats to themselves and their children and with inflammatory rhetoric reaching an all-time low. So, it's fitting that our lead article is on toxic workplaces.

Helen Jones gave a rousing talk at the BACP Workplace *Working with mental health in the workplace* conference in June and captures it here in, 'Wounded at work'. She asks, if we take referrals from an organisation and we become aware that an organisation's toxic environment is harming our client, aren't we complicit in the damage to our client if we don't speak up? If we do speak up, how do we do this ethically?

Nearly 20 years ago when I embarked on my training, the focus of my diploma was on counselling in an organisational context. The context mattered to me because the counselling was not just about 'the client' and 'the counsellor' but about the context – and ours is the workplace in the 21st century. I learnt to work 'downstream' with the client – and 'upstream' with the organisation.

If you're familiar with the book/TV series, *The Handmaid's Tale*, you'll know that 'context is all' is a phrase silently spoken by Offred, reminding us that every moment of our lives, from the most mundane, to the grandiose, takes its meaning from the wider social and political reality that conditions us.

I despair when people minimise the power of words. What we say has meaning. Words have consequences. I'll spare you a description of the social and political era that we're living through because you'll have heard it all before, but what's going on 'out there' is relevant to what's taking place in our therapy rooms and in our workplaces.

Apparently, UK dentists are experiencing an epidemic of cracked teeth – which I've heard attributed to a nation that's grinding its teeth. Possibly it's one way of coping with the collective anxiety, whether about the political crisis or environmental crisis we're facing – and, of course, we therapists are not immune. I don't doubt we are part of the solution to the pervading toxicity, but we need containment too.

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Notes from the Chair

Times change

Julie Hughes

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The saying, 'times change', could not be truer as I sit down to write my first column as Chair of BACP Workplace.

As a nation, we are three years into the turmoil of Brexit and all of the emotional energy and uncertainty that goes with it. We are still unclear about the road ahead, the impact on us and the economy. It's likely that many of you will have had such issues manifesting in your client work and organisations, while holding your own concerns. While change can be difficult, we know that avoiding change can also induce fear and potentially lead to missed opportunities – and so, as a profession, we must face it and find ways to work with the changing world and the workforce that we are all so invested in.

As I take on the role of Chair of BACP Workplace and step into Nicola Neath's shoes, it's an exciting new chapter for me. I hold huge admiration for Nicola; in particular, the way that she has been so grounded during her three years as Chair, working relentlessly to raise the profile of the workplace sector in responding to the mental health at work agenda. I'd also like to say thank you to her here, for the encouragement and support she has given me as I have worked alongside her in my role as Chair Elect over the last year.

My thanks also go to Nicola Banning for her passion and dedication to producing such amazing and exciting issues of *BACP Workplace*. The BACP Workplace Executive Committee is a committed team and we will continue

to work on your behalf. Thank you to Keith Baddeley, Nicola Banning, Vianna Boring-Renaud, Nicola Neath, Anne Scoging and Nick Wood, who all bring their wealth of expertise to BACP Workplace and are such valued colleagues.

Heading into autumn, I'm reflecting on what we have already achieved this year. In June, we held a BACP Workplace *Working with mental health in the workplace* event, which took place in Leeds. It was a fabulous day's training, attracting experienced practitioners as well as newly qualified and trainee counsellors keen to develop their skills and move into the workplace sector. It gave me a real buzz to see so many vibrant and passionate workplace counsellors all in one room.

We are making good progress with developing the Workplace Competences, thanks to the hard work of the Expert Reference Group, which among others includes Anne Scoging, Nick Wood and myself. As a division, we are keen to ensure that such competences really do reflect the

many competences that a workplace counsellor needs to hold. BACP Workplace also has a position on the Council for Work and Health, and we are exploring opportunities to look at the roles for providing support and supervision for mental health first aiders and/or other non-therapeutically trained people who work in emotionally caregiving roles/mental health in organisations. We will keep everyone posted. As you will have read in previous issues, Kris Ambler, BACP's Workforce Lead, continues to build some exciting new connections with employers and the business community to raise the profile of BACP Workplace and I look forward to supporting him with these projects.

Whatever the setting to your work, whether in an organisation or with EAPs, I hold admiration for the work that you do and I will work with BACP to ensure that the UK Government, stakeholders and the workforce understand our skills and why it pays to invest in them. I hope to maintain the momentum that Nicola Neath has generated over the last three years and continue to build good relationships to promote the work of our members in supporting the

mental health of the nation's workforce.

I admit to a slight sense of nervousness around the responsibility this brings and the scale of the task. That said, I want to see access to workplace counselling as the norm in all workplaces, and to know that I can play some part in this, is at the core of my being. Looking ahead, we need to claim our position in

the workplace and ensure that we are recognised and valued appropriately for our work, adapting and embracing technological changes, which now have their place in the work we do, while holding strong to the therapeutic relationship at the heart of our work. ●

Julie Hughes is Chair of BACP Workplace

'I will work with BACP to ensure that government, stakeholders and the workforce understands our skills and why it pays to invest in them'

Ageing matters

Age of good retirement

Jeremy Bacon

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What will it take to stem the flow of workers aged 50–64 who are leaving the workforce?

I've been reflecting on this since in the last issue of *BACP Workplace*, Rosemary Lemon explored modern work demographics and made a compelling case for employers to shape employee benefits around five pillars of wellbeing – health, money, life, working environment and learning and development.¹ Of course, increasing access to employee assistance programmes, offering healthcare plans, auto-enrolling staff onto pension schemes, career-long training and development opportunities and flexible working all represent significant improvements, contributing to supporting a long and fulfilling working life.

But even for those of us with the greatest job satisfaction, there will be cold November mornings when staying in bed is more appealing than dragging ourselves out for a cold, rainy commute and a day's work. In these moments, our imagination will run 'what if?...' algorithms, crunching realities and dreams into questions: What if I could retire early? It's unlikely that the wider benefits of employment such as social-connectedness and self-worth are computed in this analytic – just the desire to be free from the demands of work for the day.

It's the 'baby boomer' generation that is once again challenging norms and redefining how we organise society. One example of this is the rejection of fixed ideas about retirement and traditional working patterns. As this significant swathe of the population

comes burling into and through traditional retirement age, they've raised concerns that their departure, coupled with fewer young people starting work, will result in workforce shortfalls.²

A recent analysis of national statistics shows record numbers of people aged 70 and over in the UK 'choosing' to stay in work, with figures more than doubling from 212,000 to 498,000 in the 10 years since 2009.³ How much this shift reflects increased vitality, rejection of ageist norms, improved employee benefits at work, or financial necessity (rates of pensioner poverty are on the rise) is unclear, and further studies and research are needed to unpick the patterns and stories behind this radical change.

When the State Pension Age (SPA) was introduced in 1948, a 65-year-old retiree could expect to live a further 13.5 years. In 2019, remaining life expectancy for a man aged 65 has risen to 23 years. That's a significant and expensive chunk of life to fill with new or different activities, pastimes and interests for those choosing to leave work. With pension age in the sights of policy-makers, it's no surprise that the SPA calculator

on the Department of Work and Pensions website comes with the caveat that, 'the State Pension age is under review and may change in the future'. It's safe to assume that it won't be changing in a downward direction.

Deliberations on the affordability of retirement are complicated by not knowing just how much more living we have to pay for, and inevitably retirement becomes bound up with thoughts of mortality.

Published research on the subject isn't much help. One study from the US concludes that early retirement is a risk factor for premature death and prolonging working life gives survival benefits,⁴ while another study from The Netherlands reports that early retirement reduces the likelihood of death.⁵ Perhaps it is more helpful to reframe ideas of retirement, uncouple it entirely from notions of death, and encourage greater ownership and planning for a next phase of life

which will offer new beginnings and opportunities, and which may include spells of work.

Early conversations and support that give us ownership of our retirement plans should be encouraged as part of the pillars of wellbeing offered by employers. Instead of entering the age of no retirement, let's aim for the *age of good retirement*, creating opportunities to shape later lives the way we

choose, rather than feeling forced to leave or remain in the workforce. ●

Jeremy Bacon is BACP's lead on developing a strategy for older people

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'The "baby boomer" generation is once again challenging norms and redefining how we organise society'



Our round-up
of the latest
events, news
and resources

NEWS from the world of work

Hello, my name is ...

If you know of any programme or resource that would interest readers, please email workplaceditor@bacp.co.uk

Why would the names Katie, Jack and Carter be associated with being extroverts? Whereas Joanna, Owen, or Lauren are perceived as embodying different traits, like emotionality and agreeableness?

A recent paper, published in the *Journal of Experimental Psychology: General*, explains that's how people rated the personalities of those names. According to the study, we associate the sounds in names with certain traits: names containing *k* and *t* sounds are judged as having quite different profiles than those with the more resonant *n* or *l* sounds. It will come as no surprise, however, that in the real world, Katies are not actually any more likely to be extroverted than Laurens.

Instead, the researchers suggest, we may have learned to associate certain sounds with particular emotional contexts. For example, people may tend to use softer, sonorant sounds in calmer situations, and so we perceive those with the sounds in their names – the Laurens and the Owens – as more agreeable and conscientious. Alternatively, the relationship between sound and personality could be more metaphorical: the short abrupt sounds in 'Jack' and 'Katie', for instance, might bring to mind the quick, bouncy energy of someone with a more extroverted personality.

It seems unlikely that the information gleaned from the sounds in a name will have much impact on how we judge a person in the real world. But knowing how a sound brings to mind other characteristics could be useful. Researchers suggest that a company naming its product probably should consider whether the sounds in the name will affect people's perceptions, while an author might want to give their protagonist a name that fits their personality.



🔗 <https://digest.bps.org.uk/2019/09/05/how-people-judge-your-personality-based-on-your-name/>

Podcast

PsychCrunch: can psychology help us become more creative?

On the BPS Research Digest podcast, presenter Ginny Smith learns how we can develop our

creativity with practice, and discovers that our best 'Eureka' moments often come when we step away from the task at hand. She also investigates how members of the public fare with the riddles that psychologists use to study creative problem solving – see how you get on at home.

🔗 <http://bit.ly/2o5Viqm>



Why are construction workers at risk?

More than 1,400 construction workers took their own lives between 2011 and 2015*



In 2016, the figure was put at

450*

Construction workers are more likely than ever to be off sick, but it won't be bad backs or broken bones that get them signed off, but anxiety, stress and depression.

More than 1,400 construction workers took their own lives between 2011 and 2015, according to national statistics. In 2016, the figure was put at 450. The rate is more than three times the national average for men.

According to Bill Hill, the chief executive of the Lighthouse Club charity, which supports the construction industry, 'we lose more than one construction worker every day to suicide. It's a horrendous statistic.'

The question is why? There are a number of factors at play. The industry is overwhelmingly (more than 80 per cent) male – and men are far more likely to take their lives than women. Workers spend long periods away from home, friends and family, and the main causes of the distress appear to be loneliness, relationship breakdown, bullying, homesickness, job insecurity, financial pressures and isolation, which are sometimes compounded by drink, drugs and gambling.

'The industry is trying to change the culture, trying to ensure that no worker should be alone in a crisis,' says Hill. 'We are trying to give all these people who are self-employed information and advice and guidance, a 24-hour helpline, getting mental health first aiders on site, giving people extra training and listening skills.'

* according to national statistics.

<https://www.theguardian.com/society/2019/aug/13/why-do-so-many-construction-workers-kill-themselves>

Your BACP Workplace News



Date for your diary

Health and Wellbeing at Work

10–11 March 2020

To be held at the National Exhibition Centre, Birmingham

We are delighted that members of the BACP Workplace Executive Committee will be speaking again at the annual Health and Wellbeing at Work event, to be held at the NEC on 10–11 March 2020. It's back for the 14th year, with a packed programme of events focused on improving the health, wellbeing and performance of people of working age. The event will offer networking opportunities, workshops on national policy and initiatives, employee engagement and motivation, employment law, employee benefits, pensions and financial wellbeing, information and resources for international workers, training, coaching and counselling, information on trauma and critical incidents, human factors, safety and risk management, and more. Please do put the dates in your diary and come and join us.

www.healthwellbeingwork.co.uk



Join BACP at the AGM

There's still time to book a place at BACP's AGM in Salford on Thursday 7 November, to be held at The Lowry. For your free place, visit: <https://www.bacp.co.uk/events/amg0711-bacp-agm/>



Calling all contributors

If there's a topic you would like to see covered in *BACP Workplace* or if you know someone who is involved in work that could be of interest to readers, please don't keep it to yourself; (with their permission), send the editor, Nicola Banning, a brief paragraph, outlining your article idea, to: workplaceeditor@bacp.co.uk



Feedback

We welcome readers' letters and comments. If you've read something in *BACP Workplace* you would like to comment on, please do get in touch: workplace@bacp.co.uk

Don't forget...

BACP is now on Facebook at <https://www.facebook.com/TheBACP/>. This can be a route to finding out about the hot topics and to stay engaged with the ever-important SCoPED project. Do you see yourself as a workplace counsellor or a workplace psychotherapist? Does it make a difference? Does it change how you engage with businesses and employers? If it does, remember to let BACP know.



Wounded at work

Are counsellors the antidote to toxic workplaces? **Helen Jones** makes the case for working with the underlying causes of ill health at work



Helen Jones is the Director of Breathe, a counsellor, training specialist and Fellow of the Institute of Leadership and Management. She is currently completing a Professional Doctorate in Counselling Psychology, with a research focus on mental health and wellbeing in the workplace. www.breathespaces.com www.platform.org All profits will be reinvested into Platform's work, for mental health and social change.

If you see workplace clients, it's likely that you'll be pretty familiar with the term 'the toxic workplace', but I want to start by clarifying what it means. The Merriam-Webster dictionary defines a toxic workplace as a workplace environment, (culture, work practices and/or workload), that is 'extremely harsh, malicious, or harmful' to its employees', suppliers' and/or stakeholders', mental health and/or wellbeing.¹ Based on this definition of a toxic workplace, many of us will have either experienced one ourselves or know someone who has worked in a workplace that had a detrimental effect on their mental health and wellbeing.

While employees and employers recognised many years ago that there is a responsibility for workplaces not to cause anyone physical harm, it is only comparatively recently that there has been recognition that this responsibility includes psychological harm. This arguably reflects the historic view of mental health being an individual's issue, rather than a social/societal one. The focus on the physical aspect of employee health extends to the application of legislation regarding workplace health and safety, with the vast majority of historic action related to physical harm. Indeed, if you had asked many people 10 years ago about the Health and Safety Executive's (HSE) work, we would probably have envisaged physical injuries and

accidents being investigated. We would have expected guidance on workplace accidents, resulting in injuries such as musculoskeletal injury through risks such as falls, slips and trips and/or incorrect manual handling.

Health and Safety Executive

The Health and Safety Executive (HSE) actually provides a wealth of information and research on mental health in the workplace.² A specific focus of this is workplace stress, which HSE defines as 'the adverse reaction people have to excessive pressures or other types of demand placed on them'. HSE research has found six main causes of workplace stress:

- **Demands** - Employees may say that they are not able to cope with the demands of their jobs.
- **Control** - Employees may say that they are unable to control the way they do their work.
- **Support** - Employees may say that they don't receive enough information and support.
- **Relationships** - Employees may say that they are having trouble with relationships at work, or are being bullied.
- **Role** - Employees may say that they don't fully understand their role and responsibilities.
- **Change** - Employees may say that they are not engaged when a business is undergoing change.²



Employees can and do play an active role in their workplace culture and have agency in some of the six key areas. However, there is a danger that the focus by employers is on the employee's reaction to stressors rather than reducing the stressor itself.

The Employee Assistance Professionals Association (founded in 1998) cites HSE's publication of the 'Stress Management Standards' in 2005 as fuelling the rapid expansion of employee assistance programmes (EAPs).³ As the number of EAPs increases, more counsellors are providing their services through links with these organisations. While this is positive for employees, who benefit from funded access to psychological therapies through their workplace EAP, the EAPs focus on the individual addressing their mental health, rather than a more systemic perspective.

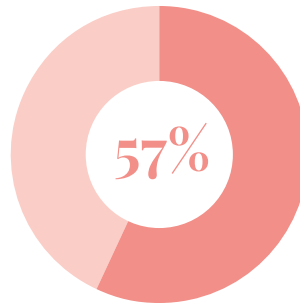
Ethics and altruism?

Is the increase in EAPs and other mental health-related workplace initiatives, such as Mental Health First Aid courses, purely driven by employers' ethical and altruistic motives? Or are there other factors driving this desire by employers to address mental health and wellbeing in the workplace? Some of these other factors could include the fact that there is a steady increase in employment tribunals citing disability discrimination,⁴ with the Ministry of Justice⁵ figures indicating a 37 per cent increase between 2017 and 2018, a significant proportion of which relate to workplace stress. It would seem that many employees are increasingly calling employers to account for the impact of the workplace on their mental health.

The impact of employee impaired mental health is being felt in the workplace, with 44 per cent of work-related ill health cases in 2017/18 being attributed to stress, anxiety or depression, which results in 57 per cent of all working days lost due to ill health.⁶ This translates to over half a million affected workers being absent from work for 15.4 million working days. The latest available figures indicate the cost of annual working days lost from 2014/15 is a staggering £5.2 billion.⁷

The figures above only show part of the impact as they focus on staff absence where stress, anxiety or depression has been stated as the reason for the work absence. In addition to this, is the cost to organisations of the estimated 15 per cent of employees who are in work but whose performance is impaired due to mental health issues, which is calculated to be between £33 and £42 billion.⁶

The impact of employee impaired mental health is being felt in the workplace, with 44 per cent of work-related ill health cases in 2017/18 being attributed to stress, anxiety or depression, which results in 57 per cent of all working days lost due to ill health⁶



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£5.2 billion

The cost to organisations of the estimated 15 per cent of employees who are in work but whose performance is impaired due to mental health issues ... is calculated to be between £33 and £42 billion⁶



Who is responsible?

Whatever the motivation, employers have a responsibility for the mental health of their employees, just as they have for their physical health. There is a range of legislation; for example, Management of Health and Safety at Work Regulations 1999, which state that employers must assess the nature and scale of health risks at work, which includes stress. The Working Time Regulations set out an employer's responsibilities for hours worked and paid holidays, and the Equality Act 2010 requires employers to make reasonable adjustments to their work or workplace.

Over the years, health and safety at work have evolved and the risks taken with the physical health of employees in the past are shocking when seen from today's perspective. However, I wonder if we will look back at the cavalier attitude some employers have to their employees' mental health today as akin to an industrial revolution factory or mine owner's treatment of their workforce? It is interesting to note the tone of communication from the legal community to employers regarding two legal cases that set a precedent regarding an employer's responsibility for psychiatric illness caused by workplace stress. The two cases, *Hatton versus Sutherland* in 2002⁸ and *Easton versus B&Q* in 2015⁹ both found that if an employer can argue that the employee's stress is not *foreseeable*, ie the employee is in work or has returned to work and the employee has not explicitly stated to the employer that they are suffering stress, then the employer will not be found liable. Essentially, the message was that if the employee doesn't proactively raise an issue with their employer, the employer is off the hook.

Meeting the employers

Let's look at a couple of examples of the issues faced by counsellors as workplaces address their mental health responsibilities.

I recently met with two HR managers from very different companies who wanted to discuss mental health support for their employees. The first was a technological company, let's call it '*Techie*', all exposed brickwork, football tables and the indomitable perky demeanour of an industry that is riding a financial wave. It was less than two years old and had sprung up to meet a customer need that didn't exist five years ago,

essentially not that much different to a shanty town at the mouth of a newly discovered goldmine, and with arguably no deeper foundations. The second was a Welsh Valley survivor, let's call it '*Old School*', which had altogether deeper foundations. *Old School* was founded over 50 years ago. It settled in to its red brick building, now with rusted metal windows and the tired sag that proclaimed it was well past its prime. No clipped verges here. Instead, weeds sprang from the cracks in the uneven concrete entrance and a buddleia looked down triumphantly from its

precarious position, wedged in the guttering. This is a family company that has continued manufacturing its products through decades of economic storms, adapting, evolving and surviving as the markets changed, workforces diversified and customers retreated behind their keyboards.

Techie was in an entirely different situation: its financial wave could have crashed at any moment, casting the horde of 20-something employees adrift, displaced from their rented flats, in their summoned Ubers, to destinations unknown. Or back to bemused parents to camp restlessly and reluctantly in disappointed childhood bedrooms and dreams.

Old School had a glossy showroom, which was the latest iteration of its marketing persona, an instagrammable façade as far from the reality of its 1960s-built reality as the other 50-year-old influencers, who also presented their glossy, nipped and tucked, botoxed and photo-shopped faces to their clicking, judging audience.

It felt as if these organisations couldn't be further apart, but as I sat in their vastly different HR departments, I pondered on how the issue that brought me to them was virtually the same. They had recognised that there was a need to address the mental health issues of their staff. For both

organisations there had been a catalyst for getting in touch. For one, an attempted suicide by a staff member had been followed by an increase in issues of stress being reported and an increase in sickness absence. For the other, staff themselves had voiced their struggles with the workload and asked for additional support from managers, due to the resulting stress.

In both organisations, the managers had expressed their uncertainty about what support to offer, and were themselves struggling with their own workplace stress. In the meantime, morale and productivity were dropping and sickness absence and mistakes were increasing.

So here I was, listening to the shopping list of desired outcomes from their respective HR managers. One of the items requested was for specific members of staff to access counselling services as soon as possible. I reflected that they were essentially saying that some of their human resources were

impaired and needed to be fixed and they saw counselling as the answer to this problem; but is this what we, as counsellors, are here for?

We're certainly part of the solution, but as I listened to the HR managers, I was struck by their focus of action on the individual. They were the ones who, through counselling, were supposed to *fix* their mental health in order to deliver the output that they as a human resource were being paid to produce. Is this too harsh? Maybe. This is certainly not what the HR managers said. Their language was littered with phrases like 'managing stress', 'building resilience' and 'coping with pressure'. These are all useful skills and I acknowledge that counselling will help with all of these. I also understand that there is differing vulnerability to workplace stress, depending on the individual's life history and current life situation. But where is the organisation's responsibility in this? Does this make us as counsellors akin to an army doctor, patching up the battlefield wounded in readiness to return them to the fray? If so, how do we feel about this? Is this what we have trained for?

Both *Techie* and *Old School*'s HR managers described a number of factors that their workforce was currently subjected to, which I recognised from the HSE six main causes of workplace stress list.

'Does this make us
as counsellors akin
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Both companies were going through a period of growth, leading to changes in their working practices and an increased individual workload. This growth had led both companies to recruit additional staff to join teams being managed by team leaders who had either recently been promoted from within or were new to the organisation. To use the Health and Safety Executive's words, this means that there had been a period of **change**, leading to increased **demands** on employees, and it was likely that new staff and newly promoted staff were unclear on their **role** and had limited **control** over the situation. Given the increased workload, staff might not be receiving the **support** that they needed, potentially leading to difficult workplace **relationships**.

Identifying risk

We have just ticked off all six of the factors identified as resulting in workplace stress. If I were completing a risk assessment for either company, it would be clear that staff stress would be an identifiable risk. Why then had it not been identified? Why, when *Techie* had adjustable anti-glare screens, ergonomic chairs and adjustable-height desks, had no one considered that constantly working long hours and performing complex tasks to meet tight deadlines were a risk to health? In the same vein, in *Old School*, the factory machinery had safety guards, the employees wore appropriate PPE (personal protective equipment) such as ear guards and were surrounded by posters on safe manual handling. But it hadn't occurred to anyone that significantly increasing the number of products produced, with the new and inexperienced staff working in a cramped area, subjected to increasing monitoring of quality and being asked to continually improve, was going to be stressful. Particularly when, in both companies, many of the team leaders were now leading teams that were previously their peer group. So, while occupationally competent, they had no experience of managing people and certainly not of managing their friends.

Could these two organisations be described as toxic? I think so. If, for example the workload is so high and the pace of work so relentlessly fast that anyone who is subjected to it is likely to be negatively impacted, is it the employees' responsibility to adapt their response to this

pressure? Isn't this akin to sending an employee to weight training so that in the workplace they can be expected to carry heavier and heavier loads? This puts the responsibility solely on the individual, with the implication that those employees who cannot carry the metaphorical load are weak, a trope that in itself is toxic to an individual's mental health and a narrative that is implicated in the stigma surrounding mental health.

While the employees in both companies would be subject to a range of factors impacting on their mental health, both workplaces would be likely to be at best adding additional stress and at worst be the primary cause of an employee's mental health issues.

I reflected how, as a counsellor being referred clients from either organisation, I should/would address the organisation's role from the perspective of my client. The first question was, if it became clear that the client's mental health issue was directly related to the workplace, should I be addressing the cause? I have reflected on this at length and acknowledge that we are caught between the individual and organisation's responsibility and our usual focus of working with what's in the room. But can we really restrict our voices on this issue to within the counselling

room's four walls? If we are taking referrals from an organisation, whether directly or through an EAP, and we become aware that an organisation's toxic environment is harming our client, if we don't speak up, aren't we complicit in the damage to our client?

Finding solutions

I believe there are actions we can take that fit within our ethical guidelines and the counselling remit but also reduce the risk of us becoming complicit in the continued workplace actions that are causing harm.

In the counselling room, I will ask clients about options for practical support and specifically discuss the pros and cons of raising the issue with their manager/s, including the potential legal implications. I will also signpost to relevant legislation, and organisations such as HSE, whose workplace stress guidance may enable the client to recognise that the issue is not theirs but the organisation's. By supporting clients to let their organisation know which working practices are negatively impacting them, the organisation,

'...there is a danger
that the focus by
employers is on the
employee's reaction
to stressors, rather
than reducing the
stressor itself'

through being made aware of the issue, has the opportunity to rectify it. At the very least, their awareness of the problem removes the 'not foreseeable' legal defence, should the client pursue the organisation for its part in damaging their mental health.

If we are working with an EAP, while maintaining client confidentiality, we could feed back that the organisation might benefit from training, for example.

At Breathe (www.breathespaces.com), where I am Director, we provide a range of mental health and wellbeing services for individuals and companies, including counselling, training and consultancy. With a background in occupational psychology, and being a Fellow of the Institute of Leadership and Management, who is currently completing a Doctorate in Counselling Psychology, without wishing to sound like an *X Factor* contestant, I'm passionate about improving mental health and wellbeing in the workplace.

At Breathe, we are working with organisations to develop a range of programmes in addition to EAP provision that enables them to not only reduce their toxicity, but actively support and improve the mental health and wellbeing of their employees. My doctorate research is to measure the efficacy of equipping employees with the skills to not just survive within a toxic workplace but to proactively challenge and change negative working practices.

What of *Techie* and *Old School*? For both organisations, we plan to support the EAP counselling provision with bespoke training that is informed by the experience of their employees and therefore designed to address the specific negative workplace practices that are damaging their employees' mental health and wellbeing. This strategy means that the EAP counselling service becomes a safety net, supporting individuals experiencing mental health issues, rather than a trampoline, bouncing individuals straight back into a toxic workplace.

For our counsellors, we have a robust induction and continuing professional development

programme that equips them with the information and resources to provide clients with the support and

signposting that they need. In addition, we include the impact of workplace systemic issues within supervision with this information as an aspect of our workplace reporting process.

Closing thoughts

I realise that this is a complex matter but, just as we are adept at balancing complicated and sometimes conflicting factors within

the counselling room, we need to utilise this skill outside the room as well. I haven't provided a complete answer; I'm not sure there is one; but I know that we have to acknowledge and mitigate the risk of becoming the cost-effective sticking plaster on the psychological wounds that an organisation is inflicting. In these days of seemingly never-ending austerity, exacerbated by the looming implications of Brexit and the continual drive by organisations to seek to do more with less, while maintaining quality and a competitive edge, it is likely that levels of workplace stress and its negative impact on employee mental health, will continue to rise. We cannot be silently benefitting from organisations that focus on employees managing the symptoms of a toxic workplace, rather than actively encouraging organisations to acknowledge and address the underlying causes. ●

'I reflected that they were essentially saying that some of their human resources were impaired and needed to be fixed and they saw counselling as the answer to this problem; but is this what we, as counsellors, are here for?'

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All change



Fiona Dunkley is a senior accredited BACP psychotherapist. She has presented on TV as a trauma expert, is a speaker at international conferences on psychosocial support, and is the author of *Psychosocial Support for Humanitarian Aid Workers: A Roadmap of Trauma and Critical Incident Care*. Fiona is the founder of *FD Consultants*, a global psychological health consultancy. www.FDconsultants.net



Felicity Runchman is a BACP accredited counsellor working for several agencies and consultancies (including *FD Consultants*) and in private practice. She is trained and has a particular interest in text-based online counselling and providing other means of remote psychosocial support.

Restructuring, redundancy and change are ever present in the workplace. With so much uncertainty, **Fiona Dunkley** and **Felicity Runchman** consider the impact on employees and the ways that employers can help

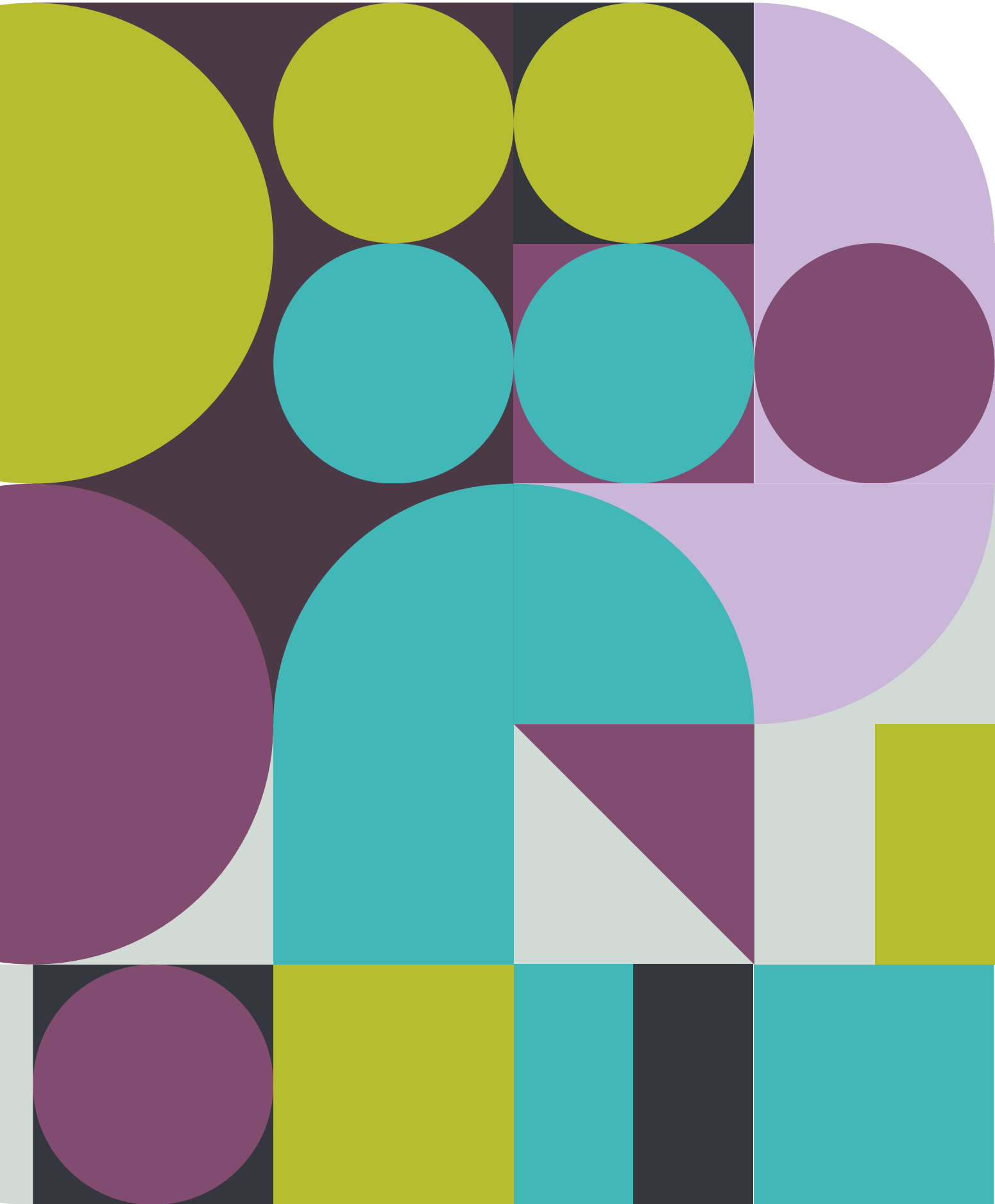
The push for organisations to cut costs and minimise their workforces has been an increasingly common consequence of the recent economic downturn. Concerns about Brexit have only served to heighten this – with many organisations viewing a reduction in staffing as one way of offsetting the increased costs and delays of Brexit.¹ In specific sectors, particular news stories can also raise public concerns, leading to funding reductions which have a knock-on effect on staff. *FD Consultants* offers psychosocial services to the humanitarian aid sector which, in this respect, has been affected by recent high-profile sexual exploitation cases. We have noticed an increase in the number of clients we are working with who appear to be impacted by the outcomes of these changes. This may be on account of learning their jobs are at risk or by having to endure the insecurity and other often unpleasant implications of restructuring within the workplace.

Widespread organisational change and restructuring raises a range of issues that counsellors, especially those in EAP or workplace settings, are therefore increasingly likely to encounter through their client work.

A growing number of clients may fear, or actually experience, their roles being made redundant and have to deal with the shock and far-reaching implications of losing their jobs.² On the other hand, clients working in management or HR positions are likely to have to cope with the stressful challenge of implementing organisational change, and often face the unenviable task of telling team members their services are no longer required.

Encountering clients who are indirectly impacted by organisational change and/or redundancy is also something that, anecdotally, we hear that counsellors are experiencing more often. These could be the friends, partners and family members of people who have lost their jobs, or who face uncertainty and stressful change within the workplace. Wondering what to say and how to help someone whose world of work has been turned upside down, can be difficult.

It's important to acknowledge that, as a profession, counsellors are by no means immune to encountering similar challenges to their clients when it comes to change and insecurity at work, particularly so when working in organisational contexts. We have



both had experience of this. Felicity Runchman worked as a counsellor for an organisation which went into rapid administration, leaving the team of counsellors with little opportunity to bring their work with clients to a satisfactory ending and to adjust to the impact on their own livelihoods. Prior to founding FD Consultants, Fiona Dunkley worked as a psychotherapist and manager, and one of the organisations she worked for outsourced its in-house counselling service to a large EAP to help reduce costs. Such a move is concerning as there is often little vetting of these services, once they are outsourced. Most of the counsellor roles within the organisation Fiona worked for at the time, were made redundant and the few remaining roles changed significantly, in that counsellors were left with a greater workload and more complex cases.

Reflecting on our experience, we will explore the impact of organisational change and consider what helps when such change is inevitable and underway. This article also offers insight and guidance to counsellors dealing with such themes in their client work, as well as those who are more directly affected by the consequences of redundancy.

Impact of organisational change

Uninvited change: With the exception of voluntary redundancy, which is often only offered at the end of lengthy periods of instability and negotiation at work, restructuring and redundancy represent major changes that have not usually been sought out by those who are most affected. These changes, which are often unwelcome, can leave individuals feeling powerless and stir up strong feelings connected to other enforced changes or losses that a person has experienced earlier or elsewhere in life.

Diane's redundancy came a couple of years after a series of miscarriages and the recognition that she was unlikely to be able to have children. She was becoming increasingly disenchanted with her role within an

‘In an atmosphere of threat and uncertainty, it is often only natural for those involved to revert to more primitive “survival” modes when viewing the world around them’

organisation undergoing significant restructuring, but was aware her work provided her with stability and focus at a time in her life when she was adjusting to these other losses. Acknowledging and tending anew to the matter of her pregnancy losses therefore became an important part of Diane's counselling, alongside addressing the impending change of losing her job.

Conflict and splitting: In an atmosphere of threat and uncertainty, it is often only natural for those involved to revert to more primitive ‘survival’ modes when viewing the world around them. In spite of the more nuanced reality, senior management and HR may suddenly be seen as the out-and-out ‘villains’ in the workplace when organisational change occurs. On the other hand, staff facing redundancy or changes to their roles may perceive themselves as ‘victims’ of an unfair process. Previously sound working relationships and friendships often sour and fracture in such environments, leaving both parties with the potential to feel painfully misunderstood. This is especially apparent when colleagues are left to compete against one another for a limited number of jobs, following a restructure. Again, such tensions

make it easy for any former experiences of conflict or injustice in an individual's personal history to resurface in an unsettling way.

Loss: It goes without saying that experiencing redundancy (or watching colleagues losing their jobs through redundancy) is a major loss. In losing their job, an individual may not only be losing a means of financial security, they are also likely to feel as if they are losing a central aspect of their identity and part of their professional pride. This is alongside the loss of their daily routine and contact with colleagues, who they may have become close to. As with other forms of loss, such as bereavement, no matter how much it has been anticipated, the news that a person will be losing their job is likely to come as a shock. While by no means a ‘blueprint’ or linear process that all clients will follow in the same way, Elizabeth Kubler-Ross's ‘Five stages of grief’: denial, anger, bargaining, depression and acceptance, highlight some of the emotional phases that clients dealing with job loss may pass through.³ They may notice different, and sometimes conflicting, emotions, such as sadness, anger, relief, excitement, fear and disbelief, and the emotions may come in phases. Feeling things in this way is usually very normal, although some clients may struggle to accept certain emotions or the totality of their experience. This may be due to an inbuilt sense of how they ‘should’ feel, alongside concerns about how others will perceive their situation.



Faehe had been unhappy in his managerial position within a large educational establishment for some time. He acknowledged in counselling that, while scared and uncertain about the future, he actually felt relief and some excitement about the prospect of redundancy, due to the new opportunities it might present. However, he was worried about what his parents would think, as he had been born and raised in a country and culture where economic scarcity and the political landscape meant a job was seen to be 'for life', and the thought of losing one's job calamitous.

Cultural/ generational differences:

Faehe's story illustrates how cultural and generational differences can come into play

when working with themes of organisational change and redundancy. Millennials and younger clients may, for example, be more accustomed and open to several job changes within their lifetimes than their parents' generation, where a role or career might have been seen to be more permanent.

Potential for stigma and shame:

From a legal perspective, it is not permissible to make a person's role redundant on account of performance issues, the fact they may have been involved in conflict or have made a complaint at work, nor on the grounds of anything such as their gender, ethnicity, sexuality, disability or parental status.⁴ Both ACAS and www.gov.uk⁵ provide information and guidance on the legal aspects of redundancy and employees' rights,

explaining that there must be a valid organisational reason, eg a financial need to downscale operations or relocate premises. Despite this, in experiencing redundancy, many individuals fear they may be at fault or 'to blame' in some way or they worry that others may believe this to be the case. This can lead to difficulties when it comes to employees sharing the

news of their situation, as illustrated in anecdotes regarding people who pretend to go to work for months after being 'laid off' as they feel unable to tell their families the truth.

For obvious reasons, sitting with feelings of shame and self-blame for long periods of time can have a corrosive effect on a person's mental health. Unfortunately, this is sometimes

compounded by the language used, and the general reactions of others, in response to the subject of redundancy. Being sensitive to and mindful of the terminology used when discussing restructuring and redundancy can make a significant difference in terms of mitigating against shame and helping to preserve the self-worth of anyone affected. An example of this would be referring to the fact that it is the 'role', as opposed to the 'person', that is being made redundant.

Worries about the future: It goes without saying that redundancy raises very real worries for people. For those whose roles are being made redundant, questions about how they will 'survive' financially, and possibly support dependents, are likely to arise, alongside concerns about their skills, experience and the likelihood of

finding alternative employment.

On the other hand, for those who are having to implement redundancies, fears may emerge in relation to how they will keep their teams functioning with reduced staffing levels, and whether they will be able to continue to meet the expectations of senior management. Aside from these immediate and practical concerns, deeper psychological ones will often surface in counselling; questions along the lines of, 'am I good enough?', and 'will I be OK?' that may be rooted far back in an individual's personal history. Such concerns can be deeply unsettling, but for clients with a predisposition to anxiety or high levels of worry, the impact can be profound.

What helps when change is underway?

Find out the facts: An absence of clear information about how, when and why organisational change and redundancy are occurring can give rise to unhelpful speculation and fantasy among employees, particularly in workplaces where there is already a high level of tension in the air. Staff in such situations will often envisage 'worst case scenarios', which rapidly disseminate through gossip and chat. HR professionals and senior managers, in an ideal world, will communicate clearly with staff about proposed changes. When this doesn't happen, encouraging staff to seek out background knowledge about the legal and practical issues concerning redundancy, or through seeking support from any union they might belong to, can help empower and reassure them.

Farida learned with less than a week's notice that the charity whose counselling service she worked for was going into liquidation and all staff would lose their jobs. Not only did she have her own financial situation and security to feel concerned about, she also felt a high level of responsibility towards addressing the wellbeing of the service's clients, many of whom were in the middle of treatment. 'The speed and oversight from senior

'In spite of the more nuanced reality, senior management and HR may suddenly be seen as the out-and-out "villains" in the workplace when organisational change occurs'

management on the impact of staff and clients was overwhelming and deeply distressing', said Farida. 'It is fundamental that organisations carry out a consultancy period so these types of issues can be discussed and managed well, not just for the staff, but also the beneficiaries.'

Considering the delivery of news:

When it comes to delivering news about redundancies, group email may be an efficient way of quickly sharing factual information about restructuring with staff. However, the ongoing opportunity for face-to-face discussion in team meetings and one-to-ones remains vital if staff are to feel valued and consulted. It is always best to break the potentially devastating news of actual redundancy to a staff member in a confidential and individual face-to-face context. This unfortunately doesn't always happen, though, often 'adding insult to injury'.

James worked for a large organisation that had gradually been making staff roles redundant over recent years. He therefore felt anxious and uncertain as to when 'his time' would come. James first found out in a large meeting, and in a way that felt deeply impersonal. He said: 'During the presentation, they showed an organisational chart for my department, and I noticed that my role was no longer on this chart. I felt a surge of anger rise up from deep in my belly. How dare they inform me in this way? I felt humiliated.'

Accepting a range of emotions:

Clients facing redundancy or significant change in the workplace may well need to 'vent' and express a wide range of emotions. Even if their anger at times seems exaggerated, or their sense of blame unjust, it will feel important for them to express it. In the first instance, their emotions are likely to be arising in response to substantial loss and change that feel beyond their control. Normalising and accepting a client's emotional presentation contributes to forging a good therapeutic bond. Once this has

been established, however, it may be helpful to explore with clients which of their emotions 'belong' with their redundancy or the organisational change they're encountering, and which may be linked to other life experiences, a process that can help in terms of the settling and 'working through' of their experience.

'Might your client be avoiding the pain and "work" of processing their loss if they move on to something new too soon? If your client has a partner or dependents, how would the change affect them, and has this been properly discussed?'

A 'good-enough' ending: Leaving a job early, or against one's wishes, is unlikely to result in the type of ending anyone would want when they envisage moving on from their workplace. That's not to say such endings can't be marked in a way that's meaningful, though, and in a way that helps individuals to process their redundancy. Helping a client to envisage and prepare for their last day at work can restore their sense of agency. Who from their workplace might they want to stay in touch with, and what might

they want to say in a 'farewell speech' or exit interview? Different individuals will have different preferences. Some people hate big parties and being the centre of attention, so may want a quiet and discreet exit. Others, however, may enjoy the opportunity to be in the spotlight for a while, and will want to make an 'event' of their leaving. Where the theme of 'endings' is running strongly through therapeutic work, as it is likely to be for any counsellors working with clients experiencing job redundancy, it is also, of course, important to plan any therapeutic ending carefully. In time-limited work, this means giving clients advance notice of when their final sessions are on the horizon and inviting their thoughts and feelings on this.

Practical support: Clients anxious about their futures on account of redundancy or organisational change, may be in need of practical as well as psychological support. While addressing overriding themes such as 'developing confidence' or 'managing anxiety' may have a place in counselling, clients will likely benefit from signposting towards more specialised support with issues such as rewriting CVs, applying for new positions, claiming benefit, and managing their finances. Organisations making large numbers of roles redundant will often offer such support to their staff, or it can be sought through job-centres, Citizen's Advice Bureaus and employment agencies. Blogs and books on 'surviving' redundancy, such as *Redundancy Sucks*,⁴ by Elaine Hopkins,⁴ can also be a helpful read for those seeking practical advice – also offering encouragement and ideas around rebuilding self-esteem and overcoming psychological blocks to do with seeking new employment. With any client grappling with the unwieldy challenges posed by restructure and redundancy, it is also worth exploring and reminding them of the small day-to-day things that they can hopefully retain some control over that will contribute to their overall

resilience and psychological wellbeing. Maintaining a healthy diet and sleeping regime, engaging in exercise and fulfilling leisure activities outside of work, and making time for meaningful contact with family and friends, all fall into this category.

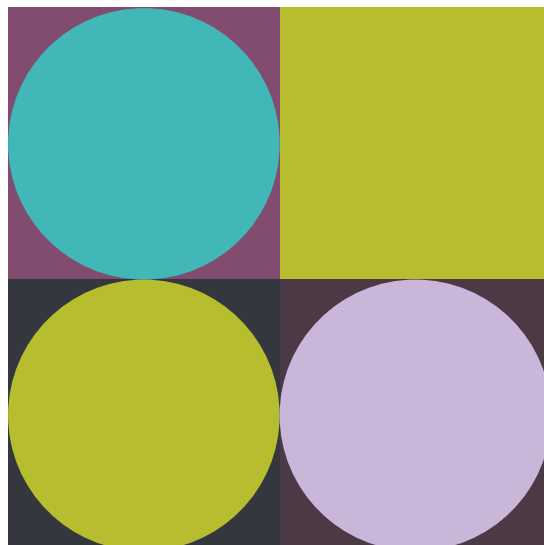
Going slow with big changes:

Redundancy can often bring about new opportunities. It might awaken a desire to pursue long-forsaken dreams and prompt a person into considering significant life changes, such as travelling, moving to a new location, or retraining in order to take up a completely different career. Exciting and progressive as these moves might ultimately prove to be, timing, motive and communication with others count for a lot here. Might your client be avoiding the pain and 'work' of processing their loss if they move on to something new too soon? If your client has a partner or dependents, how would the change affect them, and has this been properly discussed? The counselling room can create a useful space in which 'next steps' can begin to be weighed up and considered.

Conclusion

While it may initially feel shocking and destabilising, a significant change like redundancy can bring about the chance for a person to reprioritise and evaluate what's important in their life, eventually making changes of their own volition, or taking a new direction with regards to their work or lifestyle. Although telling a client 'it may be for the best' might not be the most appropriate intervention in counselling, at least in the early stages of working with someone facing redundancy, it's true that many people whose roles have been made redundant come to look back on the situation with a sense of pride in their own resilience and adaptability, or as a pleasant surprise when they consider where it took them.

Similarly, although it will no doubt at points be difficult for managers and HR professionals having to implement a restructure within the workplace, including the task of managing staff



redundancies, it does also have the potential to feel like a significant and meaningful piece of work. It is likely to bring valuable learning and experience to anyone within such a role – and perhaps a sense that, in the face of tough circumstances, they did their best to be fair, supportive, and to maintain a constructive future focus within their team or organisation.

Having raised these potential positive outcomes of redundancy and restructure, though, the reality is that – in the short term especially – they are issues that contribute greatly to stress, anxiety, depression, substance misuse, suicidal ideation and, tragically, sometimes suicide itself. This is not to mention the 'ripple effect' that they can also have within the partnerships and family relationships of those affected. For this reason, the provision of psychosocial support to staff impacted by organisational change is the responsible choice of all those enforcing it. ●

This article includes extracts from FD Consultants' redundancy guidance sheet to support organisations through organisational restructuring. FD Consultants is a global psychosocial support and trauma specialist service for the humanitarian sector.

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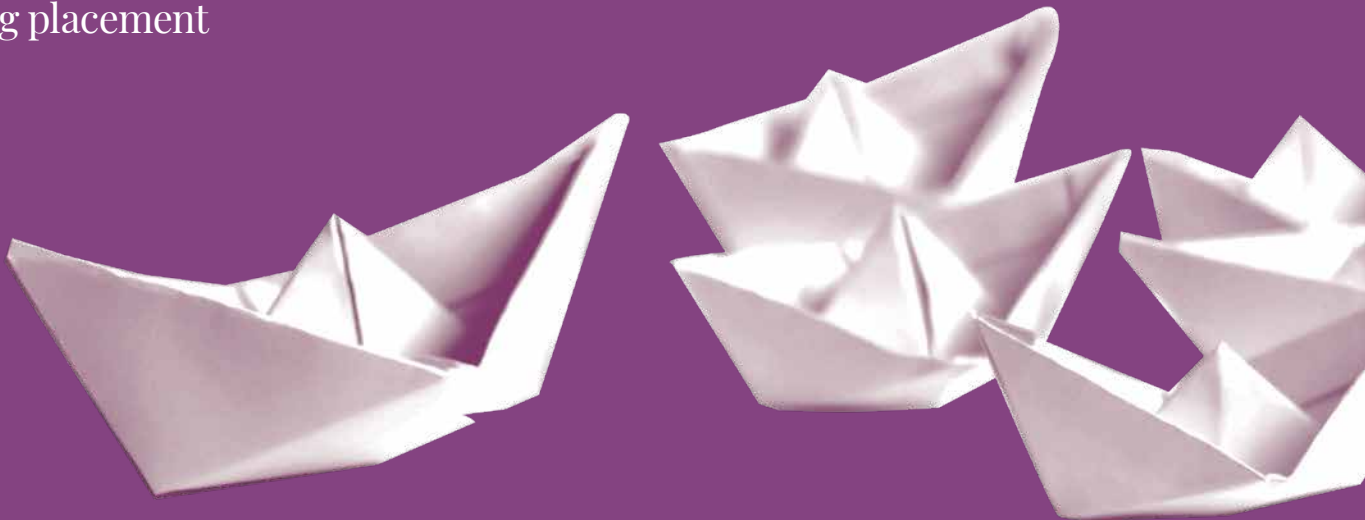
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Generation *next*

Could you provide a trainee counsellor with a placement?

Colette Lewis considers what trainees need in order to thrive during their counselling placement



Colette Lewis is a BACP accredited counsellor, with a master's in Integrative Counselling and Psychotherapy. She currently works as Clinical Manager at Newman Health & Wellbeing, based at Newman University in Birmingham and previously managed a counselling service in policing.
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Autumn is a time of new beginnings, and as the new academic year starts and students seek out training placement opportunities, this could be the perfect time to think about recruiting a student practitioner for your counselling service. Last issue, I made my case for the benefits of taking on a trainee counsellor and how the right trainee for your service can bring benefits to your organisation, help you to grow as a counselling professional and to contribute to the development of our profession and professional standards. In my role as Clinical Manager at Newman Health and Wellbeing, I work with counselling students from Newman University in Birmingham, providing a counselling service for the local community based on the university campus.

Workplace counselling is one of the areas for growth in the profession, which Peter Jenkins identified in his recent book, *Professional Practice in Counselling and Psychotherapy*.¹ Unfortunately, finding a way of getting into the sector can be problematic and so encouraging experienced practitioners and *BACP Workplace* readers to look at creating placement opportunities in the

workplace sector is something that I feel strongly about. That said, I also know that it can be a challenging process and that time, energy and resources need to be available to support a trainee practitioner to join a counselling service.

Here, I'd like to focus on the experience of the trainee practitioner as they embark on their training as a counsellor. If you can remember your student days, you'll probably recall that while beginning counselling training, the act of seeing clients was the goal. Sitting with a client for the first time as they unburden themselves of their current or historical concerns can feel a somewhat nerve-racking experience. Students have told me that this can sometimes feel like a leap of faith; and without the familiar feedback from peer/learning groups of students and tutors, trainees are usually looking for an environment that helps them to meet the many challenges, where they feel supported and have the space to grow.

As soon as the placement search starts, some training providers may give their trainees a list of organisations that have previously taken on counselling students, or alternatively, may let the

students seek their own opportunities. It's common for the trainee counsellors to undertake their student placements in the voluntary sector, local agencies offering low-cost or free-of-charge counselling or within colleges. Working with counselling students, I've become aware of their specific needs and I want to encourage reflection about how your service or organisation might be able to work with these. Even simply acknowledging these needs in your meeting with a trainee, could be a good starting point in developing a relationship, while helping you to find the right person for your organisation.

What helps trainees on a placement?

1 Training

Joining a new profession and a new placement organisation means a lot of change, all at the same time, and is likely to challenge even the most confident trainee. Consider what training your organisation can provide to make this more manageable for the trainee. At the very least, training should involve an induction into the team, meeting other team members, and learning about internal processes and procedures for the context of the counselling. It may also involve including your student practitioner in other opportunities that may be available to the wider team, such as team training days.

2 Financial support

According to BACP, the cost of training to be a counsellor is now estimated to be approximately £6,000 for a foundation degree and up to £15,000 for a master's,² and this excludes living costs. In addition, training to be a counsellor/psychotherapist has the costs of personal therapy and supervision to add to these figures. For trainees on a placement, it can mean the world to join an organisation that shows some recognition of the costs incurred and that provides some financial support to help ease some of the pressures. Mandy Ross is a trainee psychotherapist studying at Newman University and undertaking her placement at Newman Health and Wellbeing. She explains the strain: 'There are so many different costs involved in becoming a counsellor, it can feel never-ending. Counselling students are

often mature, balancing study with raising a family and working part time as well. Any placement provider that recognises these financial strains helps the student feel a sense of support.' You

might consider whether your organisation can afford to pay or contribute towards supervision costs or even to reimburse travel expenses for the trainee to get to and from their placement.

3 Supervision

Some training institutions stipulate that trainees can only have supervision from a supervisor that they have approved. Other training providers will allow students to find their own clinical supervisor. Both perspectives have their merits, but any supervision arrangements would need to fit with the organisation's policy. I am aware that some organisations require all client-facing staff to attend internal supervision and may want any trainee counsellor to fit into this process. This offers you peace

of mind that the trainee is working safely. However, it is helpful to make any placement trainee aware of the requirement to be part of internal supervision arrangements and ensure that they are able to meet these commitments, both practically and emotionally.

4 Seeing clients

Training courses will ask for a designated number of client hours for students to achieve their counselling qualification. It's usually 120 hours for a foundation degree student and somewhere between 300 to 450 hours for master's students. Initially, it's not unusual for a trainee to see three clients over a half day, with a view to increasing the number of clients seen as the trainee practitioner becomes more experienced (although this does depend on the trainee). Ask yourself whether your counselling service can support this.

Trainees need to have clients who have issues appropriate for their level of skill and competence and work towards seeing clients with more complex presentations as they gain experience. Student counsellors are often required to work with difference, so it's worth also giving consideration to how diverse your workplace is and whether your service will be able to support a trainee to work with a diverse range of clients.

'For trainees on a placement, it can mean the world to join an organisation that shows some recognition of the costs incurred and that provides some financial support to help ease some of the pressures'

5 Having a mentor

Is there someone in the organisation who can support a student practitioner and be a mentor? Ideally, trainees need to be able to talk with an experienced counsellor who also has the time to give to the trainee. This may involve simply checking in with the student after seeing clients, rather than requiring a huge time commitment. Trainee psychotherapist, Alec Morgan, explains: 'It's hard not to feel pressurised when you hear a real-life client talk about their suicidal thoughts, however well prepared you think you might be. The analogy I give to people is, it's the difference between reading what it's like to be in a room with a tiger and being face to face with the tiger. Being able to talk through these experiences with a mentor can help the process to feel more contained.'

Some university training providers have a placement co-ordinator and it's worth making a connection with this person to give you the opportunity to meet with possible applicants seeking placements, as well as to meet other mentors, to support you in the process.

6 Feeling connected

Training to become a counsellor can be an isolating experience as it is often such a process of change and transformation. Are there ways you can support your trainee? This might be inviting your student counsellor to any training you offer, or to join you at a team meal or even to spend time in other parts of the organisation to connect and understand the business. Being able to spend informal time with experienced counsellors can help a student practitioner to see that all this hard work does lead to a future career. Having more than one student practitioner may also help to reduce the sense of isolation and offer a source of mutual support.

7 Research potential

Your trainee may be required as part of their course to write a dissertation, and often the experience of working with clients on a placement provides a natural topic for further research. When I was studying for my master's, it was the experience of working for an LGBT service in the NHS that

'With the support of experienced workplace counsellors, more workplace-based placements could be offered to trainees to help nurture and develop the next generation of workplace counsellors'

provided the inspiration for my dissertation around working with BAME LGBT clients. By having a regular intake of students, the workplace sector can also benefit from a new body of research in what is a growing sector within the counselling professions.

8 Short-term and long-term clients

During training, all students will need to have experience of both short-term and long-term clients. In most workplace settings, the therapy is usually short term, eg workplace conflict or helping a client return to work after sickness. Is there scope to offer your student practitioner any long-term clients? If that's not possible, being clear about the length of client work that is on offer from the start, ensures student

counsellors are aware that they may need to find an additional placement where long-term clients are a possibility.

Closing thoughts

In writing this article, it is my hope that I might encourage service managers to think about the value of offering a trainee practitioner a placement within their counselling service. From an organisational perspective, it can help a service to see more clients, and offer a wider benefit to the profession overall, and at a personal level, it can enhance your skills as a counselling professional. During my own counselling training, it was my placement experience in the NHS that gave me the confidence in my client-facing skills to help me secure my first paid job, working in policing. It was invaluable to me and vital to my development in my career as a counsellor. With the support of experienced workplace counsellors, more workplace-based placements could be offered to trainees to help nurture and develop the next generation of workplace counsellors to their full potential. ●

With thanks to Mandy Ross and Alec Morgan, Year 2 MSc Integrative Psychotherapy students from Newman University for talking to me and giving their permission to be published in this article.

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Better conversations about *When a baby dies*



What should an employer do when an employee's baby dies? **Jane Moffett** works with parents and knows what can help when the worst thing happens



Jane Moffett (*MSc Coaching and Behavioural Change*) is a coach and facilitator and runs parental returner coaching programmes within organisations, to ease the transition back to work after parental leave.
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The loss of a baby – for whatever reason – is a devastating event for the family and something that, as a society, we struggle to talk about. Some women, like the comedian Lou Conran, need to terminate the life of their baby because the baby is too ill.¹ Others suffer from miscarriage, a stillbirth or experience a neonatal death (babies dying under the age of 28 days). What links all of these experiences, is the loss of life and visions of a future with their child and, in many cases, the parents also suffer from people around them not acknowledging their loss, not mentioning the baby and, in some cases, avoiding them entirely. Like other bereavements, those grieving might go through a mixture of emotions, including anger, denial, low mood, a sense of longing and emptiness and they also might experience a deep sense of fatigue and exhaustion.

Miscarriage is classified as the loss of a baby aged under 24 complete weeks of gestation – and one in four pregnancies end in miscarriage – the majority of these occurring in the first 12 weeks of pregnancy, while between one and two women per 100 will miscarry in weeks 12–24 of pregnancy.² Pregnancy losses that occur from 24 weeks onwards are classified as stillbirths; about one third of these happen from 37 weeks gestation and for six out of 10 stillborn babies, the cause of death is not known.³ In the UK, stillbirth and neonatal death occur in one in every 141 births – in other words, 15 babies a day die before, during or shortly after birth (equivalent to a baby dying every 90 minutes).⁴

Managers, colleagues and counsellors

Behind these sobering figures, are the parents, for whom the ramifications of these classifications

are important, because, with a miscarriage, a birth certificate is not issued and parental leave is not a statutory requirement. The result of this is that parents who lose a baby at under 24 weeks can feel that their baby is not properly acknowledged, and nor is their loss as parents. All types of baby loss are major bereavements, and having to return to work without any type of leave can be extremely hard.

As well as physical recovery for the mother, emotional recovery for both parents can be harder and take longer, so it can help if organisations can have an open mind about what individual employees might need, offering leave, signposting to counselling services and to charities that support people at this time. For managers and colleagues, simply saying 'I'm sorry', or 'I don't know what to say' can be powerful, as this acknowledges the bereavement that the parents have suffered.

The Miscarriage Association also suggests several things that could help, including sitting and listening to the parents, giving them a hug if appropriate, or helping them to seek professional help for their emotional wellbeing if they are finding this too overwhelming to do themselves.⁵

A 2018 study by Sands, the stillbirth and neonatal death charity, discovered that only 20 per cent of people knew about their employer's policies for supporting staff if their baby died, and just under a half of employers discussed entitlements to pay and leave with people following the death of their baby, with only 60 per cent of bereaved parents being offered any extended leave.⁶ The findings from this research has prompted their *Finding the words* campaign to try and improve the situation for parent employees returning to work after the loss of a baby. As the manager of someone returning to work at this time, it is important to find out your policies and initiate these discussions. Remembering that these employees are grieving, may prompt you to signpost them to counselling – the same Sands study discovered that 80 per cent of grieving parents weren't offered any kind of internal or external bereavement support.⁶

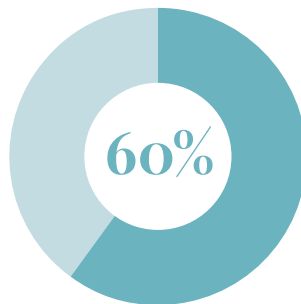
The realisation that colleagues and managers have an important role to play in easing the experience of being at work after the loss of a baby is key, as is understanding that seemingly small things can make a huge difference. It can be very hard for all of us to broach the subject of the loss of someone's baby; often, we worry that we might be saying the wrong thing, or reminding the parents of their loss when they are thinking about something else. However, so many parents say that they really need their baby and their grief to be acknowledged in this way. Abby, a mother who has written her story for the Sands website, writes: 'Say their name. It won't upset them because they are already thinking about them, it's just a reminder that you are too.'⁷

Between one and two women per 100 will miscarry in weeks 12–24 of pregnancy²



Pregnancy losses that occur from 24 weeks onwards are classified as stillbirths; about one third of these happen from 37 weeks gestation³

For six out of 10 stillborn babies, the cause of death is not known³



In the UK, stillbirth and neonatal death occur in one in every 141 births – in other words, 15 babies a day die before, during or shortly after birth (equivalent to a baby dying every 90 minutes)⁴

Unfortunately, talking about the baby is often not the case, as is shown by the fact that, once back at work, just under half the parents surveyed by Sands said that no-one mentioned the death of their baby.

It is also beneficial to be mindful of significant dates – in the case of miscarriage and late termination, the due date; in the case of stillbirth or neonatal death, the anniversaries of the birth and the death; Mother's Day and Father's Day. By appreciating that the employee is in a state of constant stress caused by grief, managers and colleagues can ensure that they don't exacerbate the situation by adding to workload stress – for example, quantity of work or level of responsibility at work.

For dads it can also be very hard going back to work. Unless employers offer extended paternity leave, or compassionate leave, many grieving fathers could be back in their workplace just two weeks after they have lost their baby. They might also be feeling that they need to 'be strong' and support their grieving partners. As one dad writes:

'As a man, I felt like I had to hide how heartbroken I was and had to be the strong one to look after my partner. I wouldn't tell her when I felt upset because I didn't want to upset her, but I have learnt that we are dealing with this together and have learnt to share things with her more.'⁸ Another father tells of how he suffered from a lack of support from his managers and this, combined with focusing on supporting his family, resulted in him not making his grief a priority and suffering from mental ill health several months later.⁹ For one dad, being able to talk to someone on the Sands Helpline while he was at work helped him 'to get through the difficult days.'¹⁰ However, nearly a third of dads surveyed by Sands had not been referred to a helpline or offered any bereavement support.¹¹

For women expecting another baby after the loss of a previous one, it is important to realise that this will probably heighten their stress further. As one woman wrote: 'I had counselling during my pregnancy. It was a safe place to voice my fears. I could talk freely about my stillborn daughter and not just about my bump.'¹²

What helps at work?

For the grieving employee whose baby has died, connections with work can be difficult but eased by the contact and relationships with line managers. I'd like to pass on what I know has helped other parents in the process of returning to work:

One mother whose baby died a few days after being born, described how pivotal her manager had been in making her interaction with work as good as it could be. She told him about the death of her baby and asked him to tell everybody else who needed to know at work. He remained in close contact with her during her maternity leave, managed all communications between her and work and gave her permission to return to work when, and in what capacity, she felt was right for her. Cards from close colleagues were really important too and, when she was ready to think about returning to work, she got them all out and re-read them; this recognition of the loss of her baby was key and also meant that, before returning to work, she was reminded of who had already contacted her and acknowledged her situation.

On return to work, she appreciated people mentioning her baby's death and also showing that they were pleased that she was back. Until the subject of her baby had been raised, she felt that she couldn't 'move on' in her relationship with that colleague and one of the things that helped to facilitate this conversation was having a photo of her baby on her desk, so that people were prompted to ask about him. Working with a work coach enabled her to develop a 'script', so that when the topic of her baby was raised by a colleague, she could thank them for asking about him – even if she was very upset. The coach also helped her to determine if she was ready to take on any new or extra work.

Closing thoughts

The importance of just asking, 'how are you doing?' cannot be underestimated. As one mother put it, 'This simple question meant the world.'¹³

Remembering this advice can really help when supporting a colleague or employee returning to work after the loss of their baby. Try not to be frightened to initiate a conversation with them; acknowledging their baby and their loss and asking them how they would like you to be with them, are good starting points. Accessing counselling for the grief, and coaching to help with workplace scenarios, may help them to settle back into work as best they can, developing strategies to cope with times when work and the grief could otherwise become overwhelming. ●

RESOURCES

The Miscarriage Association gives advice on supporting people through pregnancy loss:

t: 01924 200799

(Monday–Friday, 9am–4pm)

e: info@miscarriageassociation.org.uk

Sands (stillbirth and neonatal death charity) supports anyone affected by the death of a baby, working to improve the care bereaved parents receive, and promoting research to reduce the loss of babies' lives.

t: 0808 164 3332

e: helpline@sands.org.uk

Information booklets:

- Information for employers: Helping a bereaved parent return to work (Sands)
- Returning to work after the death of your baby (Sands)
- Another pregnancy? After a late miscarriage, stillbirth or neonatal death (Tommy's)
- Tommy's funds research into miscarriage, stillbirth and premature birth, and provides pregnancy health information to parents.

t: 0800 0146 800

w: <https://www.tommys.org/our-organisation/help-and-support>

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Workplace matters

Are you an imposter?

Sandi Mann

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When Chloe came into my clinic, she looked every inch the successful business woman.

Wearing a sharp suit and with an equally sharp haircut, accomplishment oozed from her every pore. A 42-year-old senior executive in a large corporation, she had the salary, the car and all the perks that spelt 'made it'.

So why was she at my clinic? As she sank into my comfortable chair and began to explain, her entire confident manner crumbled before me as she 'confessed' that it was all fake; all her successes were built on luck, she was actually poor at her job and she was sure her colleagues and bosses would uncover her secret soon. She was struggling to live with being a 'fake' – she felt that she should quit her job.

Welcome to the world of the 'imposter syndrome' (IS). It is a secret world, inhabited by successful people from all walks of life, who have one thing in common – they believe that they are not really good enough. The term 'imposter syndrome' was first coined in 1978 by two clinical psychologists¹ in their studies of high-achieving women. They outlined the three defining characteristics as being: the belief that others have an inflated view of your abilities or skills; the fear that you will be found out and exposed as a fake; and the persistent attribution of success to external factors such as luck or extraordinarily hard work.

Since this first foray into the world of imposters in the 1970s, research has shown that the condition can affect men and women in equal numbers.

And, in fact, the creators of the term later pointed out that they prefer to call it 'imposter experience' because 'condition' or 'syndrome' suggests a mental illness; the imposter experience is actually far more pedestrian than that, and 'something almost everyone experiences'.² Research suggests that 70 per cent of us will experience this phenomenon for at least a period in our lives³ – and it is more common among high achievers. But it can be debilitating.

In my new book on IS (see below), I outline symptoms that include:

Perfectionism:

Imposters fear failure or even anything less than perfection, as this would simply reinforce the feared view that they are fake. This perfectionism can lead to a cycle, sometimes referred to as the 'imposter cycle'.³ Fear of failure leads to perfectionism, which manifests itself in over-working or being unable to complete a project – or being afraid to even start, for fear that it might not be good enough.

Undermining achievements/discounting praise: Fear of failure/not working hard enough/being exposed as a fake, leads to working very hard, which leads to

achievements, but instead of then acknowledging a job well done, it is simply discounted as 'nothing special' – something that anyone can do.

Self-handicapping: You might sabotage your own performance so as to provide a ready-made excuse for failure. For example, you might not prepare for an interview or not work hard for an exam – this way you can limit your feelings of being an imposter; if I don't do so well, I won't feel like an imposter.

I find that explaining the condition can lead to a lightbulb moment. I encourage clients to note both 'the facts' (eg their achievements and successes) alongside an 'imposterish' interpretation and a 'non-imposterish' one. For example:

The fact is, *I won a fabulous promotion.*

My imposterish thoughts about the fact are: *I am not up to the job; it was a mistake to appoint me.*

My non-imposterish thoughts about the fact are: *I am skilled at my job*

and a good manager.

Reality check these alternative explanations and help the client to weigh up the probabilities of one versus the other. And remember that a little bit of IS is normal – maybe even desirable as it is the vehicle for checking, hard work and self-improvement.

Perhaps it is the 30 per cent who don't experience imposter syndrome that we should be concerned about. ●

Perhaps it is the 30 per cent who don't experience imposter syndrome that we should be concerned about

Dr Sandi Mann is Senior Psychology Lecturer at the University of Central Lancashire. Her latest book is *Why do I feel like an imposter? How to understand and cope with Imposter Syndrome*, published by Watkins Publishing.

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Cyberwork

Unconscious bias

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How does unconscious bias impact on online therapy? How aware am I of unconscious bias when working online?

Does the anonymity and disinhibition of working via non-visual media, in particular, hinder my openness to recognising and challenging my own unconscious biases? As I prepare for a new cohort of clients accessing the counselling service, these are questions that I have been asking myself.

I work with students from varied backgrounds and countries; some with more explicit differences from me in terms of gender, age, race, religion and language. With other students, our diversities may be more subtle and unrecognised by either one or both of us, such as our sexuality, beliefs and values.

By its very definition, unconscious bias is unknown to us. Unconscious bias may be unknown to us and others, or unknown to us while observed and known by others. So, how do we mitigate against our unconscious bias impacting detrimentally on our online client relationships, and how do we strive to turn our unknowns into knowns?

Working online can be a positive environment for clients who are familiar with discrimination, but this does not mean that the therapist leaves behind their prejudices and biases in the real world when logging on. Not 'seeing' the client can indeed lead to an element of stepping back from some of those initial impressions and prejudices that we all make when

encountering someone in person for the first time. However, it also means that we need to pay more attention to the more subtle ways that our prejudices may be triggered and how unconscious bias can influence how we relate to our clients.

What image do I begin to create as I 'talk' to my client via Instant Messaging? How am I picturing my client's life as I read their email? How much am I simplifying my client's life into neatly labelled boxes? How are these labels and boxes influencing my responses? And, how far or close to their reality are my concepts of them? For they *are* mine and may bear little resemblance to my client's perceived existence.

Part of being human is to want to make sense of the world around us through understanding what label, box or category someone fits into. Seeing everyone as entirely unique, different and individual will quickly exhaust and overwhelm us. So, classifying someone can be helpful;

to a degree. When considering how I catalogue and distinguish individuals who come into my world, I must comprehend that I am doing so from the perspective of being a white, middle-class, middle-aged, Western woman; with all the privilege, cultural experiences, prejudices and bias that are connected and which shape my position in the world. When trying to understand the impact of discrimination on our therapeutic relationships, we have to be open to hearing how the uniqueness of that individual's life interconnects within them, and with the people they encounter every day, including us.

How do I strive to meet, understand and accept my client online, when my own biases are partly unconscious? I need to be open to identifying, reflecting upon and challenging my assumptions and responses. Why am I treading so carefully around this client, when with another I am more forthright and focused? I have no visual information, yet a part of me is reacting to what I am perceiving and judging to be my client's experience and feelings.

'...how do we mitigate against our unconscious bias impacting detrimentally on our online client relationships and how do we strive to turn our unknowns into knowns?'

It can be easy to naively view working online as evening out the playing field between therapist and client; reducing the power imbalance and increasing the ability to connect. However, held guilelessly, this view can lead the therapist to turn down the sensitivity level of their diversity radar and miss the clues that may bring their unconscious

bias into the known. Keeping attuned to your responses to the phrasing, terminology and grammar a client uses, is vital to be able to bring to the conscious our biases and to confront how they may be hindering or sustaining the growth of the therapeutic relationship. ●

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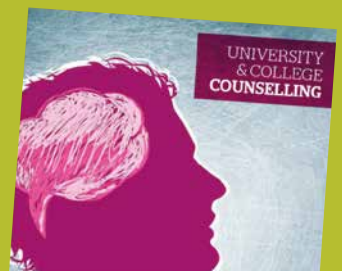
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