

Planned breaks in practice within the counselling professions

**Good Practice in Action 102
Fact Sheet**

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Context

This resource is one of a suite prepared by BACP to enable members to engage with BACP's *Ethical Framework for the Counselling Professions* (EFfCP) in respect of breaks in practice and retirement.

Using Fact Sheet Resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. Resources are not contractually binding on members, but are intended to support practitioners by providing information, and offering questions and observations practitioners may need to ask themselves, as they make ethical decisions within their practice in the context of the core ethical principles, values and personal moral qualities of BACP. Specific issues in practice will vary depending on clients, particular models of working, the context of the work and the kind of therapeutic intervention provided.

As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consultation with a suitably qualified and experienced legal or other relevant practitioner.

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

Introduction

This resource is about breaks from practice that are planned and brought about by the practitioner (for more information on unplanned breaks see GPiA 072 Commonly Asked Questions: *Unplanned endings within the counselling professions*). Its content can be usefully applied to practitioners, both employed (self-employed and organisational) as well as those who have volunteer status.

Both practitioner and client will have had experiences of mini-breaks e.g. the space between sessions, missed sessions, minor illnesses, etc. and these can provide information that might inform how each would handle longer breaks.

Rationally, whilst most clients understand the need for any worker to 'take a break', time apart forces a recognition of separateness within the 'therapeutic couple'. A break can also impact upon the 'therapeutic frame' potentially leading to the practitioner being seen by the client as less predictable, reliable and dependable. For more information on the therapeutic frame, see Gray (1994), Knox and Cooper (2015), and Good Practice in Action 089 Fact Sheet: *Retirement from the counselling professions*.

Even if we have no plans for a break from practice in the near future, it is important to consider the practical and ethical elements involved for a time when we do.

1 Why take a break from practice?

Breaks may be taken for many different reasons, last varying lengths of time and happen at any time of the year. 'Taking a break' (part of the Talking Point series in *Therapy Today*, July 2017) explored practitioners' practices around taking a break during summer.

A practitioner could take a break because they:

- have an ethical obligation to attend to a fitness to practise issue (see Good Practice in Action 078 *Fitness to practise in the counselling professions*)
- want to engage in more training or gain experience elsewhere, do voluntary work, write, catch up on reading, etc.
- wish to (or must) attend to family or have caring commitments e.g. looking after an ageing parent or ill loved one, children or grandchildren
- go on maternity leave or must attend to an issue arising during pregnancy (see section 7)
- wish to become free of their caring commitment for a while
- work from home and are moving to a new house (or need time and space to sell, buy, settle into a new home etc.)
- want to escape a rut, travel, experience different cultures or develop other interests, hobbies and passions
- wish to focus on personal health concerns

- feel the need to re-coup energies or enthusiasm perhaps following increased workload (Good Practice in Action 109 Clinical reflections for practice: *Workload in the context of the counselling professions*)
- plan to transition into retirement or have a 'test run' at it (Good Practice in Action 089 Fact Sheet: *Retirement from the counselling professions*).

When choosing to take a break, making that decision may not be easy. It is likely to be based on many individual and sometimes, complex factors. Financial or employment implications may arise from taking a break. Some practitioners use work as an escape from difficult areas of their life. Others worry that if they do take a break, they will not want to return.

Some practitioners imagine that clients would struggle without them, although this view has opposition (Harley-Sloman, 2017). Others may feel guilty about taking a break when they still have an active case-load.

However, if we do not take a break when one is indicated (perhaps for health reasons), there are likely to be consequences.

We are committed through the *Ethical Framework* to: '*maintain our own physical and psychological health at a level that enables us to work effectively with our clients*' (Good Practice, point 18)

'take responsibility for our own wellbeing as essential to sustaining good practice' (Good Practice, point 91 a-d).

See Good Practice in Action 088 Fact sheet: *Self-care*.

2 What is important to consider when planning a break?

Within any therapeutic relationship, it is advisable to address 'endings' at the start of the work, thus helping a client make informed decisions.

We are committed through the *Ethical Framework* to: '*...usually provide clients with the information they ought to know in advance in order to make an informed decision about the services they want to receive and how these services will be delivered*' (Good Practice, point 30). Careful thought is needed when contracting with new clients who may feel wronged if we announce a break just as they settle into the relationship and therapeutic process.

If there is choice, it is useful to think about when the break might happen. For example, do you choose a 'natural ending' such as summer holiday season, end of school year, end of calendar year, etc.? If possible, try to avoid times of the year that remind clients and ourselves of significant losses or traumatic incidents. Thinking about cultural diversity is important here.

The duration of the break will depend on various factors including the reason for the break, workplace context etc.

We are committed through the *Ethical Framework* to:

Inform clients in advance of any planned breaks in working together, for example holidays or medical treatments, and give as much notice as possible (Good Practice, point 40).

Opinions differ as to how much notice to give; too little and clients may feel hi-jacked, too much and the impact could be lost and the ending 'forgotten'. Jungian psychoanalyst/psychodynamic counsellor, Carol Jayes, gives two months' notice of any break, saying that 'Giving notice engages the ego, but the response comes from a deeper level, activating aspects of the transference and the client's complexes and inner world' (Jayes, 2017). The notice period given may depend on practitioner circumstances, employment context, modality, whether the work is short or longer term and on the nature of client issues.

The language we use to tell clients about a break is likely to be significant. For example, does a practitioner 'stop work for a while', 'go on sabbatical', 'take a break', 'have a rest', etc.? Also, how much information do we give regarding the reason for the break? Again, this may depend on your reason for the break, modality and relationship with clients.

Just before the break happens, it is important to review work thus far so that both client and practitioner might have some sense of what has been achieved. If part-way through a break, the client chooses not to return to the therapeutic relationship, this review may serve to act as an 'end of a chapter' in the client's personal development, as well as help the practitioner 'take stock' of work done.

Sometimes during longer breaks, clients ask if they can contact a practitioner or have a check-in call or interim session. Any decisions and agreements reached between practitioner and client will be influenced by many factors, including risk, modality, workplace context. Whatever is agreed must be realistic (Good Practice in Action 110 Fact sheet: *Boundaries within the counselling professions*). It is important to record in a client's notes any agreements reached (See *Ethical Framework*, Good Practice, point 31e) as well as their responses to those agreements. Also, it is useful to plan the management of calls/emails you might receive during the break, either from new people wishing to engage your services or from former clients who wish to return (if in private practice).

It is important to remember that all ethical commitments and legal requirements remain in place during any break from practice and that all communications continue to be conducted in a professional manner.

BACP offers guidance on how to record breaks of practice within membership renewal (see: www.bacp.co.uk/join_bacp/renew.php for more information.)

Supervision can be a great support when thinking whether to take a break, as can using an ethical decision-making model (see Good Practice in Action 044 Fact sheet: *Ethical decision-making in the context of the counselling professions* (2017-2020) and www.bacp.co.uk/media/6875/bacp-ethical-decision-making-model.pdf).

Sometimes these discussions can impact upon the supervisory alliance, for example a supervisor may feel envious of a supervisee who chooses to have a break to free themselves from caring commitments for a while or to travel.

Times when a supervisor thinks the supervisee should take a break (and vice versa) can be very challenging. It may not be easy to raise the subject or the other person may refuse to consider the idea of a break. A strong supervisory alliance is essential, especially where difficult discussions are required, e.g. around a supervisee's fitness to practise (see Good Practice in Action resources: 078 *Fitness to practise*, 010 *Monitoring the supervisory relationship from the supervisor's perspective*, 011 *Monitoring the supervisory relationship from the perspective of the supervisee*). Supervisors will find their own supervision useful in this respect:

'... Supervisors will also ensure that they work with appropriate professional support and their own supervision' (Good Practice, po

3 How might clients respond to news of a break in practice?

We are committed through the *Ethical Framework* to:

'be sensitive to our client's expectations and concerns when we are approaching the end of our work together' (Good Practice, point 39).

This Good Practice point applies whether the contract is ending or the work is 'ending for now' in other words, pausing (as in a break).

Client responses to breaks can be expected, unexpected, and often, strongly influenced by both their early life experiences and the here and now therapeutic relationship.

Clients might make social-type comments when approaching a break such as "Are you at home over Christmas?" or prior to a week off during other times of the year, "Are you going anywhere nice or just taking some time off?". One explanation (amongst many others) can be that for some clients it is important for them to know where a practitioner will be in time and space. For example, a client may follow this up by looking on a map to 'place' where a practitioner will be. Sometimes, clients speak of fantasies they have that the practitioner never leaves the therapy room; that they work, eat, sleep and live there. Different modalities will respond to these requests for information in their own way. Sometimes self-disclosure can deepen the therapeutic relationship. Used inappropriately, it can feel confusing for the client or shift focus away from them (Good Practice in Action 110 Fact Sheet *Boundaries within the counselling professions*).

Helping clients express, understand and manage responses to breaks is paramount. We agree to:

'Put clients first by – making clients our primary concern while we are working with them' (Ethical Framework, Commitment 1a).

Clients may act according to the attachment patterns they developed as a child. These will have developed in response to the care they were given early in life.

If the therapeutic alliance is strong, the practitioner will act as a 'secure base' (Bowlby, 1977) from which the client can venture and explore their inner and outer worlds (see Good Practice in Action 089 *Retirement from the counselling professions*). Old endings, losses and early separations may be re-imagined before and during breaks. It is particularly important to consider how decisions about breaks in practice might affect clients who have damaged or difficult early attachments e.g. adoption, fostering, loss of a parent, etc.

Clients who have developed a secure attachment to their early care-giver are likely to have been able to internalise a sense of the practitioner, i.e. incorporate parts of her or him into their own ego-functioning. Whilst they may not like the idea of a break, they are likely to cope well enough with it. If the therapeutic alliance is strong, the practitioner will act as a 'secure base' (Bowlby, 1977) from which the client can venture and explore their inner and outer worlds (see Good Practice in Action 089 *Retirement from the counselling professions*).

Those with ambivalent attachment patterns may attempt to cling in order to stop the practitioner going. They may fear the practitioner will not return or try to establish some form of contact that has not been agreed before the break. Those with an avoidant pattern may appear unaffected by the news or suddenly bring up the idea that they were “thinking of ending the whole thing anyway”. Clients with disorganised patterns may feel they are being left by the very person to whom they might wish to turn for comfort.

Clients might respond to our news of a break by being “delighted you are taking care of yourself” (whilst possibly feeling envious or angry). Others may think the break only applies to them and that you will still see other clients (whilst the door to them is firmly closed). Some may worry they have damaged or been ‘too much’ for you (a form of omnipotent guilt) and so offer to come less frequently. Others may experience rage, rejection and sadness. Clients can feel disappointed and let down, especially if they are in the early stages of the work, have recently agreed a contract, are experiencing a new crisis or perhaps have just had a breakthrough in the work (see *Ethical Framework*, Good Practice, point 31 for more information about making the initial contract or agreement with the client).

Some may respond by making sudden life-changing decisions, e.g. leaving a marriage (which could be understood or interpreted in many ways including “I can make big decisions without you” or “I’ll show [someone/anyone/you] what it’s like to be left behind”). Others develop somatic responses as a way of symbolising what cannot be verbalised, re-experience symptoms (perhaps to ‘rubbish the therapy’) or develop new ones (possibly to elicit care). In sessions, practitioners may encounter long silences, requests for detailed information or a refusal by a client to hear important information regarding the break. Not showing up, being late, leaving early, forgetting to pay (or offering to pay more to keep you) may also feature when news of a break is given. Risk and self-harming behaviours may also feature as clients attempt to find a way to communicate their distress.

For some, the action of a practitioner who chooses to leave them may impact greatly. When interviewed, ‘Issy’ a practitioner, gave her perspective on how a client might feel:

‘To stay with somebody you know is leaving you, I think the only parallel is death’ (Power, 2016:203).

Sessions leading up to a break are likely to be significant. It is not uncommon for a client to make a significant comment partway through a session or perhaps just as one of you reaches for the doorknob, e.g. “I’ve stopped taking my antidepressants”. This can be a difficult situation for practitioners to manage and each situation must be assessed and responded to on an individual basis. If risk is involved, practitioners may have to make a very rapid decision about what to do next. For more information see: Good Practice in Action 042 *Working with suicidal clients*, 057 Legal Resource: *Suicide in the context of the counselling professions in England and Wales* and 014 Legal Resource: *Managing confidentiality*. See also Bond (2015:114-9).

Other clients will respond to news of a break by leaving; perhaps the only time they have had control over an ending. Other clients may have not felt able to express their desire to end and feel relieved.

Occasionally, clients feel so hurt and distressed by the ruptured frame that they unjustly allege professional misconduct in order to protest about (or damage the reputation of) a practitioner. Sometimes they have justification in making a complaint.

It is also important to reflect on our own safety (both psychological and physical) when planning a break. We are committed through the *Ethical Framework* to take:

'precautions to protect our own physical safety' (Good Practice, point 91a). See also Good Practice in Action 106: Safe working.

Hudson-Allez (2006) highlights the danger of stalking by current and former clients and Despenser (2005) has written about personal safety of practitioners.

Sometimes, a break provides an opportunity for client growth – perhaps due to the shortened timeframe but also because it can highlight issues of life's impermanence. At a practical level, there may be relief about possible amounts of money and time a client will save.

4 Responses practitioners might have to taking a break

Whilst practitioners will be mindful of the potential responses their clients may have to them taking a break, they too will have their own responses (Power, 2016). It is not uncommon for practitioners to feel a range of thoughts and emotions at this time e.g. relief, elation, sadness, guilt, anxiety, etc. (for more on feelings of guilt and relief as felt by the practitioner, see Power, 2016: 117).

Responses are likely to be influenced by the reason the break has been taken but also a practitioner's own attachment patterns and life.

Insecurities can feature too:

'Issy' (the practitioner mentioned earlier) spoke of significant self-questioning, half-way through her year-long break, saying:

'It felt like closing down a whole part of me, not just a business ... I've had moments of, "I might never go back to being a therapist, why am I a therapist?" – so that's been a part of it. But that was matched by "I love this profession and it's a vocation for me". 'Issy' went on to describe her break as "the biggest piece of CPD that I have ever done". (Power 2016)

5 Thinking about referral

Once a practitioner has decided to take a break there needs to be careful consideration as to whether or not to accept any new short-term referrals. Apart from holding in mind safe and ethical practice, another important consideration is whether useful work can be carried out within the time available.

Practitioners will also have to decide whether to tell any new clients they accept that they will not be available should they wish to return in the near future (if there is such a return policy). This decision will depend on modality, context and personal preference, such as levels of self-disclosure a practitioner wishes to make.

Another important decision when considering a break is whether to offer a current client referral to another practitioner or agency. Whilst Dewald (Power, 2016:120) suggests that unacknowledged guilt might lead to unnecessary referral, it could be in the client's interest. We have agreed:

'We will collaborate with colleagues over our work with specific clients where this is consistent with client consent and will enhance services to the client' (Good Practice, point 16).

Unlike retirement, having a break from practice means a referred client could have the choice (if appropriate) to return to their original practitioner (particularly in private practice). However, some practitioners refer on the understanding that a client may wish to exercise autonomy and stay with the second practitioner. Referral requires careful management and knowledge of reliable, accurate and up-to-date referral options and allied support agencies.

It is important that the pros, cons, reasons and purpose of referral are explained to the client before they make a choice. Some clients may be under the impression that all notes and records will be passed on to the second practitioner and this may or may not be the case (as it will depend on work context). It is useful for a client to understand that this second practitioner is likely to want to make their own assessment of their situation and that only very little information might be passed on (following client consent).

For more information, see Good Practice in Action 067: *Practical aspects of record keeping within the counselling professions*.

Clients can sometimes be frustrated at the idea that they have to "go back to square one" or "tell my story all over again". Both concerns are worthy of further exploration and discussion.

Here is a vignette illustrating what a practitioner knows about the early life of her client.

Marvin has been coming to counselling with Patsy, at her private practice for two months. He has difficulties in committing to intimate relationships but would very much like to marry and have children. Marvin tells Patsy that as each relationship with a potential partner begins to develop, he finds some way to sabotage it. The contract is open-ended, and the therapeutic relationship and work have been going well. However, during what she thought was a routine medical check-up, Patsy was advised that she requires a non-urgent (but quite significant) operation, now planned for six weeks' time. The doctor said it may take up to three months for her to recover fully enough to return to the rigours of her counselling work but that she is fine to work up until the operation.

Patsy wonders how this break might impact on her work with Marvin. After she tells him about her planned break, she wants to offer him the option of referral and considers what she knows so far about Marvin, his growing up, current life, etc. She wonders how he might respond.

Patsy remembers that Marvin was born in the late 1950s. His parents, a Scottish couple, had moved to a small village in Kenya to act as missionaries and help build a church for the local community. Shortly after their arrival, Marvin's mother discovered she was pregnant with him.

The pregnancy and birth went well but two months after he was born, Marvin's mother became very ill with cholera. Medical care was basic, and she remained gravely ill for quite some time, twice almost dying. Marvin's father felt distraught and unable to look after his new baby as well as attend to his missionary commitments.

He asked a trusted local woman to take Marvin into her home and care for him until his wife recovered. As Marvin's mother slowly began to regain her health, she was taken to visit her son although not allowed much physical contact due to concerns regarding infection.

Visits were restricted to a short time so as not to tire her out. After four months, although still feeling weak, she was considered well enough to take care of Marvin herself and took him back home. When he was 18 months old, Marvin and his parents moved back to Scotland. By this time, his mother was pregnant with their second child.

Marvin has no memory of this part of his life, nor of the local woman who cared for him over those four months. These sketchy details are all he has as his parents rarely spoke about that difficult time and have both since died.

Here are some questions to consider:

- a. How do you imagine Patsy might feel about telling Marvin about the break and possible referral?
- b. Based on Marvin's early life experiences, how do you imagine he might respond to Patsy's news about her planned break? What factors might be important for her to consider when telling him?
- c. What are your thoughts on referral for Marvin and why? How do you imagine he might respond to the offer of referral?
- d. If (or when) the work resumed between Patsy and Marvin, what might it be particularly important for her to pay attention to? Do you imagine any challenges ahead (and if so, what)?

6 When the break is over

Many clients struggle with breaks (even planned ones). When (or if) the work recommences, clients can express a range of responses ranging from relief that the 'therapeutic couple' is reunited to anger that the break happened. Some clients express surprise that 'you've come back ... like you said you would' and have 'held them in mind'.

Others may be keen to tell you how well they have coped ('without you') or how awful it has been ('without you'). Some will appear indifferent and pick up the material directly where they left off (as if you had never been away). This can be quite disconcerting to some practitioners whereas others (who may have been reluctant to take a break) can feel relieved that their client appeared to (or did) cope well. Other clients will have found inner resources or sources of environmental support. Occasionally, a client never returns.

7 The pregnant practitioner

Turning to two very common reasons why a practitioner might take a break from practice – pregnancy and maternity/parental leave.

Although common enough, pregnancy and the post-natal period may not always 'go to plan'.

The unpredictability of both can impact on the ability to work as practitioners try to manage what might arise during these times (as much as is possible).

Pregnancy introduces new elements and characters into the therapeutic relationship and with longer-term work, may interrupt the therapeutic frame more than once as a practitioner has subsequent pregnancies. There may be a double impact; in the first instance, there is a break, but this break has come about so that the practitioner can care for someone other than the client.

Unlike many other events that lead to a break, as time goes on, the pregnancy becomes increasingly apparent to a sighted client. As a consequence, the pregnant practitioner may feel pressured to disclose information before they are ready. However, practitioners are entitled to a private life and it is common practice not to announce news of early pregnancy outside of close friends and relatives.

Clients may have various realisations about (and responses to) the pregnant practitioner. They may congratulate yet at the same time feel envious, angry or abandoned. Sibling rivalry, competition and Oedipal issues may feature too. Clients who have yearned for or who have lost a child, may feel devastated, furious, shameful or grief-stricken. The pregnant practitioner might now be considered in a new way – that of a 'sexual being'.

Fantasies about how (and with whom) the baby was conceived may enter the work in clear or encoded ways. Clients can feel concerned about what is said within the 'baby's hearing' and worried that their words or emotions could harm either baby or mother. There may be a sense of 'confidentiality breach' as the therapeutic couple becomes a triad.

A pregnant practitioner may require extra amounts of courage and resilience at a time when they could feel vulnerable and in unfamiliar territory.

Timing issues can feature. If the therapeutic contract is due to end quite some time before the baby is due, does the practitioner mention the pregnancy? Another point to consider is do we give a definitive 'return to work date'? New parents may find that although they planned to recommence work at a pre-defined time, their desire lessens or disappears once the baby arrives.

A practitioner may return to work but partway through their first day back, feel an over-riding urge to return to their baby. Health issues and changes in family dynamics may also influence 'return to work' dates.

After coming back to work, there may be questions from clients about the birth, the baby's sex, name, etc. and these might feel intrusive. Clients are likely to expect the birth to have gone to plan but Power describes experiences of practitioners whose babies were stillborn or miscarried (Power, 2016: 185).

For a practitioner trying to address the needs of their clients, their own needs and those of a baby (and possibly those of other family members), pregnancy and the period after birth might prove challenging.

8 Questions for reflection

- What is your current motivation for continuing your work? How might this impact on any decisions to 'take a break from practice'?
- When was the last time you took a 'proper break'? What were the circumstances? Was it planned or not?
- Imagine the scenario where you gather all your clients (and supervisees) together in one room to tell them you plan to take a three-month break from seeing them. As you leave the room, how do you imagine the conversation might go between everyone? What might your imaginings say about a) you and breaks, and b) your work with each client or supervisee?
- What situations might lead a supervisor to suggest to their supervisee that they 'take a break'?
- If you are a supervisor who thinks their supervisee should seriously consider taking a break, how easily might you handle this? How might it be to hear this news from your own supervisor?
- If you decided to take a break due to a fitness to practise issue, what and how might you tell your clients (or supervisees)? Would it differ between individuals?

Summary

Practitioners take planned breaks from practice for many reasons, sometimes because they want to but at other times, because they must.

Whilst much can be learned from how clients respond to mini-breaks, such as missed sessions etc., longer breaks are likely to impact on the therapeutic frame. Client responses to breaks vary and are likely to be influenced by earlier life experiences and attachments. It is important to consider the many practical and ethical points that are relevant when planning a break, during it and afterwards. We can be guided by the *Ethical Framework*, ethical decision-making models and discussions with our supervisor and trusted colleagues.

About the author

Karen Stainsby is BACP Registered and Senior Accredited as a counsellor and supervisor, working in private practice. She is a member of the BACP Ethics and Good Practice Steering Committee, contributes to working groups and provides professional services to BACP.

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