

Self-care for the counselling professions

Good Practice in Action 088
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 current *Ethical Framework for the Counselling Professions* in respect of self-care.

Using fact sheet resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions*. The Fact Sheet Resources are not contractually binding on members, but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, 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 consulting a suitably qualified and experienced legal or other relevant practitioner.

In this resource, the word 'therapist' is used to mean specifically counsellors and psychotherapists and 'therapy' to mean specifically counselling and psychotherapy.

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.

1 What is self-care?

Self-care is an ongoing process of caring for yourself; making a conscious effort to do things that maintain, improve and repair your mental, emotional, physical and spiritual wellness. It's about having awareness of your own being, identifying needs, taking steps to meet them and sometimes receiving feedback from others. Protecting and preserving yourself in the face of challenging work, self-care is also important when dealing with the troubles that arise from our personal life e.g. bereavement, illness, family difficulties, financial stresses etc.

Whilst counselling professionals are very good at helping clients look after themselves, their own self-care may not always be seen as a priority.

We listen daily to the stories of others' lives so let's consider a tale of self-care.

One day, a woodcutter was working feverishly to saw down a tree when a passer-by stopped to chat. Hearing the woodcutter had been sawing for five hours solid, the concerned observer suggested a break. That way she said, the saw could be sharpened and the job done more easily. Dismissing the suggestion, the woodcutter sighed and explained "I don't have time to sharpen the saw. I'm too busy sawing". (Adapted from Covey, 1989).

This resource provides information about self-care to practitioners, supervisors, service managers, trainers, trainees and others whether working in a paid or voluntary capacity, in private practice or within an organisation. Whilst it can only begin to skim the surface of this mammoth subject, the resource aims to normalise self-care, signpost further information, inform practice and stimulate ethical thinking and discussion. There are questions for reflection and references are made to relevant parts of the *Ethical Framework* (BACP, 2018). Vignettes are fictional.

It may also be useful to refer also to Fact sheet: GPiA078 *Fitness to Practise in the counselling professions* and Fact sheet: GPiA099 *Workloads in the counselling professions*.

2 The need for self-care in the counselling professions

For most of us, there are the ups, downs and challenges in daily life. In addition, caring and family responsibilities play a part for many. Then a crisis impacts e.g. bereavement, redundancy, changes in family and relationship circumstances, illness etc.

Most occupations bring demands, but the work of the counselling professions can be tough. Has anyone ever said to you, "I could do your job"? It may 'look' easy enough and that we might appear like a swan, floating 'effortlessly' on the surface of the lake, but we're actively paddling underwater! Sometimes, we are so busy trying to 'stay afloat', we can lose sight of the strains on us.

Here are just *a few* pressures on practitioners.

To earn a living, practitioners may manage a busy portfolio of work e.g. Employee Assistance Programme work, sessional work, private practice, volunteering, teaching, writing, another unconnected job etc. 'Behind the scenes' administrative responsibilities are also likely to be time-consuming.

Empathic understanding of another's world and its communication are the touchstones of most therapeutic approaches and modalities but come at a cost. The 'effects are inscribed on the therapist's body'. 'Our bodies

are literally locked in a synchronised dance, resonating perfectly with the emotional state of the distressed client in front of us... And with the next client ... And the next. No wonder burnout is a risk' (Jenner, 2016). Like the woodcutter uses his saw, Val Wosket reminds us just how much as practitioners, we use our 'self' in our relationships and work with clients (Wosket, 2016).

For some practitioners, the work feels traumatic, intense and highly charged. Compassion fatigue, burnout, primary, secondary and vicarious traumatisation can happen. Rothschild speaks of emotions as 'contagious' which can, if managed, help us to feel inside another's world but warns 'it is not advantageous to be infected by our client's state' (Rothschild and Rand, 2006). Sometimes, the very issue our client brings is mirrored in our own life.

Within the work there may be challenges to boundaries, lack of progress, chronic conditions, relapses, self-harm and suicide, acting out, powerful countertransference, projective identification, dilemmas, aggressive clients, inappropriate or unagreed contact with clients (and others) between sessions or even after work has finished. In a job where the aim is to attach only to detach, some endings can be difficult or feel incomplete. Both dual relationships and strong sexual attraction can arise, each requiring careful management. (See Martin et al., 2011 and GPiA 077 *Dual Relationships*).

David Mair reminds us, 'We daily have access to the secrets of our clients, and therefore of the society of which they and we are a part. We are secret agents, being told what others try to hide ... We are ambiguous and liable to be suspect by many in the ordinary world' (Mair, 1989). Thus, we are both 'a part of' and 'apart from' society.

Different roles may experience more specific demands:

Managers of therapeutic services aim to provide safe, ethical and effective, high-quality services to service-users. They can often rely on a small number of paid staff and volunteer placements (who themselves are likely to require varying degrees of management). Managers commonly act as a buffer between those who wish to provide a professional, ethical service and those who may not understand the complexities involved. Many decisions may be out of their hands. Reviews of funding targets may result in greater expectations. Goalposts are moved and funding cut or lost. Equipment may be under-resourced. Provision of suitable counselling rooms may mean long waiting lists with the prospect of very short-term therapy.

Supervisors wear many hats and have both ethical and legal responsibilities. (See GPiA 054 *What is supervision?* for more information, also Wheeler and King, 2001). Sensitive to the dynamics of both practitioner-client relationship and supervisee-supervisor relationship, they must hold the tension between 'not knowing' versus being perceived (sometimes) as 'expert'.

There are stresses upon trainees and trainers (Dryden, 1995). Stresses on trainees can involve finding placements, settling in with supervisors, therapists, other trainees, attending training, placement, personal therapy, supervision, tutorials, completing assignments etc. Self-exposure, self-development, self-evaluation, peer review, changes in relationships with peers, complex relationships with tutors/trainers all contribute to the challenges facing trainees. Trainers might be required to produce course material for an increasingly diverse up-to-date market. Sessional or short-term contracts may mean the team loses cohesion. Trainers are often seen as role models with pressure from trainees to perform 'how to do it' demonstrations. Relationships with trainees can be complex. Parallel processes from the trainee group may be re-enacted within the tutor team. As trainees 'find their voice', trainers may encounter strong feelings, transferences and projections – first idealised only to be 'knocked off the pedestal'. Trainees may reveal more about life crises than those in non-therapeutic training so trainers often have to contain strong emotions of trainees. Assessment can be a taxing time for trainers and trainees alike.

Practitioners working in private practice face the real potential of isolation, safety, financial insecurity, managing domestic issues alongside work etc. See GPiA 004 *Commonly Asked Questions about private practice* for more information).

In conclusion, the work of any of the counselling professions is not easy.

3 Ethical responsibilities regarding self-care

BACP members make a formal commitment to self-care – a promise to anyone who uses our services, the professions and fundamentally, ourselves.

As BACP members, we agree to:

Work to professional standards by:

ensuring that our wellbeing is sufficient to sustain the quality of the work"
(Commitment 2d)

and:

We will maintain our own physical and psychological health at a level that enables us to work effectively with our clients (Good practice Point 18).

We will attend to:

Care of self as a practitioner:

We will take responsibility for our own wellbeing as essential to sustaining good practice by:

- a.** taking precautions to protect our own physical safety,
- b.** *monitoring our own psychological and physical health*
- c.** seeking professional support and services as the need arises
- d.** *keeping a healthy balance between our work and other aspects of our life* (Good Practice, Point 91 a-d).

'The care of ourselves as practitioners matters to our clients. They need to know that we are sufficiently resilient to be able to work with them and to withstand the challenges of that work' says Tim Bond (BACP, 2016b.).

Having 'peace of mind' is part of self-care and so we agree:

We will be covered by adequate insurance when providing services directly or indirectly to the public (Good Practice, Point 19).

Insurance may cover professional liability, public liability, libel and slander, product liability cover and complaints. Bond reminds us that whilst risk of claim may be low, unanticipated expenditure to compensate a client, legal expenses etc. could be high (Bond, 2015).

As a professional community, practitioners agree:

We will work collaboratively with colleagues to improve services and offer mutual support (Good Practice, Point 17).

The *Ethical Framework* describes six ethical principles, the final one being self-respect (fostering the practitioner's self-knowledge, integrity and care of self). This enables us to apply *all* five preceding principles to *our* wellbeing. For example:

- 1.** Being trustworthy e.g. can I count on myself to take care of *me*?
- 2.** Autonomy e.g. do I feel able to refuse to engage in a relationship where I think the work could negatively impact on my wellbeing in a way not easily remedied?
- 3.** Beneficence e.g. does work still give me a sense of professional fulfilment?
- 4.** Non-maleficence e.g. is work so tiring it's affecting my personal/family relationships?
- 5.** Justice e.g. am I being fair to myself when I routinely provide services for very little income?

Similarly, practitioners are entitled to apply *all* 13 personal moral qualities to self-care. For example:

Anita, a psychotherapist, was looking forward to her forthcoming wedding. Out of the blue, her partner announces the relationship is finished. As a result, Anita feels extremely anxious, finding it hard to sleep or eat. She wants to take a break from work until she feels calmer but has just started working for a new organisation. She fears her clients may feel 'let down' by her.

As part of making a decision, Anita consults the *Ethical Framework* and asks herself the following questions based on the personal moral qualities:

1. Candour – Can I discuss harmful behaviour with my client?
2. Care – I know I often put other people's needs before mine. This time, can I put my needs first?
3. Courage – Are my fears based on reality or might I be frightening myself unnecessarily?
4. Diligence – I help others manage anxiety. Can I apply this knowledge to help myself?
5. Empathy – Can I find compassion for myself?
6. Fairness- Am I aware of any prejudice I might have?
7. Humility – Might I be seeing myself as indispensable?
8. Identity – Work is so much part of who I am. What happens if I stop (even for a short while)?
9. Integrity – Can I trust myself to take care of me?
10. Resilience – What difficult situations have I encountered before? How did I overcome them and who could help me?
11. Respect – Do I deserve to be looked after (even if it is by me)?
12. Sincerity – Do I practise what I preach?
13. Wisdom – Am I sure my judgement is sound?

In conclusion, self-care carries both personal and ethical responsibilities.

4 What can get in the way of self-care?

We help clients acknowledge their needs for self-care, make plans and put them into action. So why might it be hard for many practitioners to do this for themselves?

Undeniably, demands come from outside us. However, do they arise from our inner worlds too?

John Norcross describes two 'paradoxes of self-care' (Norcross, 2000). The first relates to the story of the woodcutter who was too busy sawing to sharpen the saw. The second is not doing what we might recommend for clients. He reminds us that being a lawyer does not make that person more honest so why should the counselling professions be good at self-care?

Periodically, practitioners are asked "Why did you choose this job?" and "How do you stick at it?". Sometimes the answers link to our attitude to self-care.

Carl Rogers satisfied his need for intimacy by becoming a therapist (Rogers, 1990). Irvin Yalom, having taken a break from his practice to write, found depression affected him and returned to client-work; 'I was more troubled than they and I think, benefited more than they from our work together' (Yalom and Elkin, 1974).

Emmy van Deurzen in her foreword to *The Needs of Counsellors and Psychotherapists*, suggests that our greatest need is 'for our clients' saying 'Without them we would not just be out of a job, we would also miss out on an essential source of rejuvenation and self-improvement. It is well worth reflecting on how this in fact implies that we thrive on and need the distress of human life' (Horton and Varma, 1997). In *The Myth of the Untroubled Therapist*, interviews with practitioners revealed that some used work as a 'buffer' against the pain of personal difficulties (Adams, 2013).

For other practitioners, the Wounded Healer myth resonates; 'a force for good but if not understood, leads to a deepening of the wound, the practitioner becoming 'sacrificed' for the benefit of the client (McLeod, 1998). Some have grown up learning to be other-focused rather than self-focused, taking on the role of emotional container of a distressed parent, becoming 'skilled at attuning to the needs of others' (Jenner, 2016). Nicola Davies ('a lifelong rescuer') asks, 'Does being a counsellor help ease your feelings of insignificance and powerlessness?'. Saving others can provide a sense (albeit false) of omnipotence and power (Davies, 2015). Hidden motives may be the 'shadow side of helping' (Hawkins and Shohet, 1989).

Sometimes, the expectations we have about ourselves exceed those we have of others e.g. 'I must never make a mistake at work', 'I must solve my clients' problems', 'I must always put my clients' needs before my own' etc.

'Musts, should and oughts' can cause us to neglect self and maybe wander into grandiosity. 'Hiding behind a mask of mythical perfection will only serve to diminish the meaning of our own suffering and in our professional practice, undermine our ability to appreciate the struggle of those who seek our help' suggests Adams (Adams, 2014). Our belief systems can also exert great influence over our abilities to self-care.

Our work has been likened to entering a holy order, practitioners may think 'you must make yourself available day and night, consider your client's needs before your own and allow any intrusion' (Russel and Dexter, 2008).

'Drivers' may rule us:

- "Please others!" – "I don't like seeing clients on Saturdays but they all say they are busy on weekdays"
- "Be strong!" – "I hear harrowing stories but I can't let it upset me".
- "Try hard!" – "I won't give up until my client has overcome their difficulties"
- "Be perfect!" – "When I teach theory to trainees, I must get every little detail correct"
- "Hurry up!" – "My client wants his problem sorted quickly so I'd better offer him three sessions a week".

Whilst drivers can be useful, they can interfere with self-care.

Might the professional community be complicit in its own lack of self-care? How much does training focus on self-care? Despenser suggests that when it does, it is likely to be tucked in briefly at the end, almost as an afterthought. Could this have something to do with an unconscious dynamic associated with professional denial and grandiosity she asks (Despenser, 2013). In her interviews with practitioners, Adams heard many examples of significant personal difficulties being kept secret from colleagues through fear of judgement or admitting to vulnerability. But when distress was aired, it found little compassion (Adams, 2014).

However, practitioners make an ethical commitment:

We will work collaboratively with colleagues to improve service and offer mutual support (Point 17).

5 Potential risks of neglecting self-care

Practitioners may be aware of Maslow's Hierarchy of Needs (Maslow, 1943). It can be used to provide examples of how basic needs might be adversely affected by work:

- Physiological e.g. client material keeps a practitioner awake, development of muscle tension from body armouring, stress-related illness such as gastrointestinal and psychiatric conditions.
- Safety e.g. being too busy to think about personal safety when working alone, ignoring emotional impact of work etc.
- Social e.g. loss of friendship, family and intimate relationships due to being too busy or preoccupied by work.
- Esteem e.g. loss of self-esteem and confidence following a client suicide.
- Self-actualisation e.g. losing creativity and ceasing to strive to reach one's potential during prolonged period of overwork.

The spiritual connection we have with life, the part of us that integrates and transcends our biological and psychological nature can become compromised as we lose a sense of the 'existential concerns' (Yalom, 1980).

At work, we can risk mounting job dissatisfaction, lack of career progression, difficulties in colleague relationships. Loss of self-worth and the self-assurance to practise competently and safely impacts on client confidence. We may begin (rationally or irrationally) to fear complaints, disciplinary proceedings and job loss.

With client contact, we might notice the symptoms and signs described in section 5. such as apathy and clock-watching etc. Compassion fatigue, burnout, primary, secondary and vicarious traumatisation can occur if we don't take care of ourselves (Rothschild and Rand, 2006). For more detailed information on resilience and counter-resilience, see Gartner, 2017.

Practitioners may attempt to meet their needs within the therapeutic relationship. The overly stressed 'rescuer practitioner' can unintentionally increase the powerlessness of the client, causing them to abdicate responsibility for themselves (then sometimes blame the practitioner) (Davies, 2015).

In response to unmet practitioner need, clients might become exploited e.g. financially, emotionally, physically, spiritually and ideologically (Bond, 2015). For example, a practitioner who has not attended to their financial security may begin to raise client fees without notice or one whose need

for physical contact within personal relationships has been neglected, may inappropriately touch clients.

By committing to the *Ethical Framework*, we agree to:

Build an appropriate relationship with clients by:

Not exploiting or abusing clients (Commitment, 4d.)

As we can see – the risks associated with neglecting self-care are high.

6 Recognising when self-care requires more attention

You may be only too aware of the stresses upon you but sometimes they burrow into our life unseen and unheard like insects tunnelling through floorboards. Eventually, they undermine the base on which you thought you stood firm.

A practitioner may feel overwhelmed, overloaded, exhausted, angry, depressed, anxious, irritable, apathetic or despairing. Feelings of shame, self-doubt, pessimism and cynicism creep into the work. We may lose the ability to notice and appreciate the resilience, progress and growth shown by some clients or faith in the change process.

Sleep patterns and eating habits can change and somatic symptoms e.g. muscle tension, headaches etc. develop. More warning signs and symptoms of stress can be found at www.mind.org.uk

Practitioners may enjoy the role far less yet be unwilling to take breaks, hauling themselves in to work. Fantasies about completely different occupations emerge. Whilst dilemmas and difficult situations are common, the stressed practitioners may find it more difficult to 'think through' situations. Conflict with colleagues can arise.

In client-facing roles, stressed practitioners may feel relieved when clients cancel (or wish they would) or repeatedly reschedule sessions. Boundaries slip, sessions start late and end early. Daydreaming in sessions, boredom, lack of objectivity, decline in usual levels of empathy all may occur. Preoccupations with clients creep in and it can be hard to 'leave work at work' (Norcross and Guy, 2007). Practitioners might steer clients away from difficult topics on to more benign material and challenge less. Inappropriate disclosures, overly 'chatting', giving advice (when not part of the role), telling clients about our own problems etc. may happen as our ethical behaviour becomes compromised.

Thoughts and feelings we have when with clients can be complex, meaningful and useful to the work and do not necessarily indicate practitioner distress. However, some signs and symptoms, particularly

when clustered together might signpost a need for enhanced self-care. Discussion at supervision is indicated.

In personal relationships, individuals may feel alone yet distance themselves from friends and family. Despenser reports stressed therapists having difficulty dealing with the demands of people who are not clients, becoming impatient with friends who have less intense jobs, or who relate at a different (implying 'superficial') level. Family and friends may consider the practitioner more available to their clients than to them (Despenser, 2013).

To cope, individuals may self-medicate using food, alcohol, drugs, over-the-counter or prescription medicines or engage in other risk-taking behaviours.

The *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-iv (ProQOL)* can also yield interesting information (Hudnall Stamm, 2009). Skovholt and Trotter-Mathison describe a Self-care Assessment and Action plan (2016).

7 The role of supervision in self-care

Supervision is recommended to anyone whose role involves:

.....regularly giving or receiving emotionally challenging communications, or engaging in relationally complex and challenging roles (See Good Practice, Point 73).

Furthermore, supervision provides practitioners with regular and ongoing opportunities to:

...reflect in depth about all aspects of their practice... (See Good Practice, Point 60).

The relevance and importance of supervision to self-care can't be underestimated, contributing to care of the 'person within the practitioner', it:

...sustains the personal resourcefulness required to undertake the work... (See Good Practice, Point 60).

'It is important for all practitioners to be able to bring the issues to supervision and monitor how they are bearing the pain, and how their responses are affecting the professional work, and ask honestly whether and how, their work with clients is compromised or enhanced' (Henderson, 2009).

Having discussions around the supervisee's current level of resilience and making them a routine part of each supervision session, is important (See GPiA 054 *Introduction to supervision* for more information).

- The normative, formative and restorative tasks of supervision (Inskipp and Proctor, 1995) all play a part in monitoring and maintaining a supervisee's self-care.
- The normative function helps monitor standards of practice, competence and ethics. For example, Billy and his partner have relationship problems and both feel their sex life has suffered. Billy previously mentioned these difficulties to his supervisor but today tells her he feels extremely attracted to a new client who flirts during sessions.
- The formative function is educational and can help a supervisee develop knowledge and skills – perhaps about self-care. For example, Abbas feels overwhelmed by listening to the experiences of a young man who was gang-raped. He intends finding a therapist but has heard about creative writing and asks whether his supervisor knows any more about it as he'd like to try using it to support himself.
- The restorative function helps practitioners recharge batteries, dis-identify from the emotional charge of client work and attend to self-care. For example, Stephanie, the manager of a counselling centre, spends much of her time trying to provide an ethical, effective service with shrinking funds. She feels frustrated by it all and at supervision, wants to talk about how worn out she is beginning to feel.

However, there may be times when the practitioner needs to engage in personal therapy to ensure their wellbeing.

Supervisees and supervisors each hold responsibilities regarding the self-care of the supervisee (the amount depending on context and stage of the practitioner). Usually, the supervisor can only work with what they are told or shown by their supervisee. Thus, the supervisee is responsible for giving a free and honest account of their work and the impact it has upon them whilst being open to feedback and discussions. The supervisory skill is to maintain the alliance, such that the supervisee feels able to talk openly about vulnerabilities whilst having their work judged against acceptable levels of practice.

A supervisor may require courage to confront questionable practice whilst at the same time, providing a degree of support to the supervisee in difficulty; 'The push of normative tasks is to confront the issue as sensitively and skilfully as possible, but not to duck the responsibility to do so' (Henderson, 2009).

8 Exploring ways to 'care for self'

At time of writing, *Therapy Today* publishes the regular column 'Self-care'. Members are invited to answer 'How do you care for yourself?'. Diverse ideas of what helps include bread-making, crafts, singing and stars-gazing. Considering the ideas of others can be useful yet self-care remains a highly individual matter. For example, some people like to actively relax whereas others find this strategy does not help them at all (and may even find it more stressful). This section has a few suggestions of what *might* help.

But first, how do we begin to practise more self-care? The process starts with just one step. "As we see with clients, it doesn't usually require a heroic effort or a complete life makeover to generate really positive results. Sometimes the smallest changes can make the biggest impact (Venart in Shallcross, 2011).

Cultivating self-compassion and resilience are central. Resilience is the ability to 'bounce back' from adversity, not a fixed trait but series of behaviours, thoughts and actions that can be learned. A large contributor to resilience is having caring and supportive relationships. Other factors include the capacity to make realistic plans and take steps to carry them out, having a positive self-view, confidence in your strengths and abilities, communication, problem-solving and the capacity to manage strong feelings and impulses. Remembering how you coped well in the past and sources of personal strength helps (<http://www.apa.org>). Part of resilience is being flexible and adaptable. We offer clients the opportunity to make changes but how many counsellors find personal or professional change difficult to navigate?

'Boundaries' are fundamental to providing an ethical and safe service, protecting both client and practitioner and are crucial to self-care. The *Ethical Framework* states:

We will establish and maintain appropriate professional and personal boundaries in our relationships with clients (Good Practice, Point 33).

An important boundary is whether (or not) we enter into a therapeutic relationship (which may depend on context). Pressure to accept clients from referring colleagues, ex-clients, returning ex-clients, can all make the decision difficult. However, whilst we are under no ethical obligation to take on a new client, it can sometimes feel like a conflict between 'putting clients first' and ourselves.

Another boundary is creating a good work-life balance. If you visualise your week as a pie, how big a slice does work (doing work, thinking about work, travelling to work etc.) consume and how much 'pie' is left for the rest of life? Socrates warns 'Beware the barrenness of a busy life'. Before taking on new work, Walsh suggests asking yourself three questions;

'What is my motivation? Does it align with my values and Do I have a choice?' (Walsh, 2017).

Regarding time-management, Despenser urges 'Wrestle with your diary frequently. Don't let its demands swamp you. Ink in the gaps you want to leave: if you don't do this in advance, something else will creep into the space' (Despenser, 2013). Could you make an appointment with yourself?

The counselling professions spend a lot of time with other people. How important is being alone to you and do you get enough of it? Solitude can be a time to reflect and take stock or just 'potter'.

It is important to take care of nurturing supportive personal relationships. Ask yourself 'Who knows me, warts and all?' and 'Who has my back?'. At a professional level, BACP runs network events (see <http://bacppp.org.uk>).

For many practitioners, much of our work is sedentary. It is important to attend to perhaps the most fundamental area of self-support – the physical self. There are many well-known ways that we can do that, and some activities fulfil several needs simultaneously e.g. gardening. Do you make time to feed yourself well (or 'grab lunch')? Do you schedule regular medical check-ups and recommended self-examinations (or do you wait until there is a problem)? Is the seat in which you work supportive enough (or have you developed an unhealthy posture resulting in back-ache)?

Whilst practitioners are required to make 'reasonable adjustments' when working with disabled clients, they also need to consider what adjustments they need to make in order to ensure they are able to work to their full potential.

What about intellectual needs – do they feel satisfied? How might you feed them?

It is asked 'Who cares for the carer?'. Whilst we may advocate for counselling, psychotherapy or coaching, how many practitioners are happy accessing these services? Difficulty in finding a practitioner with whom one does not have some sort of professional connection can be difficult. Feelings of shame, failure and worries that fitness to practise might be questioned, can stand in the way. Others doubt the usefulness for themselves because they 'know how it works, how to hide, play the game etc.' Mindfulness can be useful as a self-support (Kabat-Zinn, 2004; www.headspace.com).

Liz Cox, a coach, advocates the use of reflective writing to boost personal and professional development (Cox, 2017). Personal journals can capture narrative e.g. recurring themes, streams of consciousness, dreams and associations, poems, letters to self or unsent letters to others etc. Other people find it useful to use a log that brings to their attention activities leading to a sense of achievement, closeness with others and enjoyment (www.getselfhelp.co.uk/docs/ACELog.pdf; accessed 21 February 2018).

'Perhaps even more than the body, the spirit, in a job as absorbing and demanding as ours, needs stimulation, change, refreshment, expansion. What is important is that we understand this from our earliest days and set about it actively' (Despenser, 2013). Engaging with any spiritual parts of ourselves may also be important in self-care.

Practitioners know about unhealthy forms of escape, but could you create healthy, regular forms of escape? They may be short freedoms such as reading a book for 10 minutes or taking a walk in a natural environment or longer liberations, such as a holiday or sabbatical. Engaging in creativity and adult play can also be healthy escapes.

What boosts your self-esteem, sense of competence, achievement and status – could you build more of it into life? Where do you feel a real sense of achievement (it need only be a small thing)? How much do you value yourself?

Financial self-care is important. Money can be closely linked to how we value ourselves. If you get paid, does the amount seem fair to you, accurately reflecting the service you provide? Some practitioners set aside a monetary amount each week or month to spend specifically on self-care activities, making a clear link between work and self-care. As previously stated, insurance (an ethical requirement) provides 'peace of mind'. A sense of safety is essential as many practitioners work in isolated conditions (BACP, 2015; see GPiA 004 *Commonly Asked Questions about private practice* for more information).

Some practitioners have developed creative ways to emotionally look after themselves before, during and after sessions. A practitioner might wear (or imagine wearing) some form of protective item that symbolically protects against difficult work e.g. a piece of jewellery that 'deflects trauma' or a fantasy 'shield'. During sessions, we might consult our Internal supervisor (Casement, 1985). Jenner works at consciously un-mirroring during sessions and varies her level of empathic connection (Jenner, 2016). However, this method does not work for everyone (Brown, 2017). After a session, some have developed 'room clearing' rituals whilst others change clothing, wash hands or shower. Clearly, there is no 'one size fits all' when developing self-care strategies.

Vignettes

At their last meeting, Ashley threatened to make a complaint against Marie, a befriender. However, he is returning for another session and Marie feels really nervous about it. Her supervisor Betty, has been very supportive so in preparation, Marie decides that during the meeting with Ashley, she will imagine Betty is sitting close to her, providing a calming presence. She places a chair nearby and selects a cushion to represent Betty.

Anoushka has been coaching a client who she really doesn't like. At the end of each session, she finds it difficult to get him to leave. Even when he has

gone, it feels like he is 'still in the room'. At the end of the next session, after he has gone, Anoushka opens the window and waving her arms, 'shoos' him out. Anoushka feels he has 'gone' now.

You may have little choice regarding your work-room and whilst much has been written about making the room appealing to clients, could you (in some small way) make it a better place for you too? This room might form part of your 'secure base' (Bowlby, 1988) a place to rely on, a constant from which to explore uncharted waters. Pay attention to it and you will be looking after yourself too.

Vignette

Tim has counselled in the same room for six years and feels safe there. A water leak means the room is unusable and so he has hired a very attractive and comfortable therapy room nearby. Whilst Tim is relieved he found this room, it feels like he's lodging with a 'kind aunt' and he longs to return to his familiar space.

For more self-care ideas, see Rothschild and Rand (2006).

9 Summary

A counselling professional's work can be demanding.

Whilst everyone's way of looking after themselves differs, what is common is that self-care is an ongoing process to be learnt, re-learnt, remembered, practised, maintained and monitored. As life circumstances change over time, so probably will our self-care strategies.

Self-care is both an ethical and personal essential. It is neither self-indulgent or selfish but a healthy, self-respecting, mature process founded on self-awareness, self-compassion and sometimes, consultation with 'trusted others'.

It is vital (both at organisational and individual levels) that the counselling professions place self-care high up on their ever-growing list of 'things to do'.

This resource began with a tale and ends with some words from Edith Sitwell, critic and poet:

'I have often wished I had time to cultivate modesty ... But I'm too busy thinking about myself.'

10 Questions for reflection

1. What brings meaning, satisfaction or enjoyment to your role as a counselling professional?
2. What personal factors or traits mean that self-care may be more challenging for you?
3. What does work bring to your life? Does it enhance your life, drain it (or somewhere in between)?
4. Do you have a personal strategy for self-care? If not, what could be your first step towards building one?

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About the Author

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References

Adams, M. (2013). *The Myth of the Untroubled Therapist book*. Routledge. Oxon.

Adams, N. (2014). Therapists are human too. http://www.bacp.co.uk/docs/pdf/15217_november_14_tt.pdf (accessed 26 February 2018).

American Psychological Association. The Road to Resilience <http://www.apa.org/helpcenter/road-resilience.aspx> (accessed 3 July 2017).

BACP (2018). BACP Ethical Framework for the Counselling Professions. Lutterworth: BACP. www.bacp.co.uk/ethical_framework/ (accessed 26 July 2018).

BACP (2018) www.bacp.co.uk/ethical_framework/care_of_self.php (accessed 16 July 2018).

BACP (2016). Good Practice in Action 004 Commonly Asked Questions Resource: Commonly asked questions about working in private practice within the counselling professions. (Content Ed Wynne Jones, M.W.) http://www.bacp.co.uk/ethical_framework/documents/GPiA004.pdf (accessed 26 February 2018).

BACP (2015) Good Practice in Action 010: Fact Sheet Resource Monitoring the supervisory relationship from the supervisor's perspective. (Content Ed. Stainsby, K.). http://www.bacp.co.uk/ethical_framework/documents/FS010.pdf (accessed 26 February 2018).

BACP (2016). Good Practice in Action Commonly Asked Questions Resource 054: Introduction to Supervision (Content Ed. Stainsby, K.). http://www.bacp.co.uk/ethical_framework/documents/GPiA054.pdf (accessed 26 February 2018).

BACP (2017) Good Practice in Action 078: Fact sheet resource. Fitness to practise in the counselling professions (Content Ed. Stainsby, K.). Lutterworth: BACP

BACP (2018) Good Practice in Action 099: Fact sheet resource. Workloads in the counselling professions (Content Ed. Stainsby, K.). Lutterworth: BACP

Bond, T. (2015). *Standards and Ethics for Counselling in Action* (4th. ed.). London: Sage

Bowlby, J. (1988). *A Secure Base*. Oxon: Routledge.

Brown, S. (2017) Burnout ... the high cost of caring? <https://www.bacp.co.uk/media/2318/bacp-therapy-today-nov17.pdf> (accessed 16 February 2018)

Casement, P. (1985) *On learning from the patient*. London: Tavistock.

Covey, S.R. (1989). *The 7 Habits of Highly Effective People*.. London: Simon and Schuster

Cox, L. (2017). I write, therefore I think. <https://www.bacp.co.uk/bacp-journals/therapy-today/2017/may-2017/i-write-therefore-i-think/> (accessed 6 March 2018)

Davies, N (2015). Counsellor to the rescue. http://www.bacp.co.uk/docs/pdf/15269_therapy%20today%20march%2015.pdf (accessed 26 February 2018).

Dispenser, S (2013). *Becoming a resilient practitioner*. BACP Workplace: Summer 2013.

Gartner, R.B (2017). *Trauma and Countertrauma, Resilience and Counterresilience* (Psychoanalysis in a New Key Book Series). Oxon: Routledge.

Hawkins, P. and Shohet, R. (1989). *Supervision in the Helping Professions*. Maidenhead: Open University Press.

Henderson, P. (2009). *A Different Wisdom: Reflection on Supervision Practice*. London: Karnac.

Horton, I. and Varma, V. (1997). *The Needs of Counsellors and Psychotherapists*. London: Sage.

Hudnall Stamm, B. (2009). *The Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-v (ProQOL)*. <http://www.proqol.org/> (26 February 2018).

Inskipp, F., Proctor, B. (1995) *The art, craft and tasks of counselling supervision*. Part 2: Becoming a supervisor (2nd edition). Twickenham: Cascade..

Jenner, L. (2016). *The high price of empathy*. http://www.bacp.co.uk/docs/pdf/15397_tt_june_2016.pdf (accessed 26 February 2018).

Kabat-Zinn, J. (2004). *Wherever You Go, There You Are: Mindfulness meditation for everyday life*. Piatkus. <https://www.littlebrown.co.uk/books/detail.page?isbn=9780749925482> (accessed 3 July 2017).

McLeod in Dryden, W. (1995). *The Stresses in Counselling in Action*. London: Sage.

Mair, D. (1989). *Between Psychology and Psychotherapy: a Poetics of Experience*. London: Routledge.

Martin, M., Godfrey, M., Meekums, B., and Madill, A. (2011). Managing boundaries under pressure: A qualitative study of therapists' experiences of sexual attraction in therapy. *Counselling & Psychotherapy Research*, 11, 248–256.

Maslow, A.H. (1943). A Theory of human motivation. *Psychol. Rev.* 50: 370-396.

Mitchel, C. (2017). Good Practice in Action 077 Fact Sheet: *Dual roles in the counselling professions* (in press).

MIND. www.mind.org.uk/information-support/tips-for-everyday-living/stress/signs-of-stress/#.WVfNPmjyuUk (accessed 26 February 2018).

Norcross, J.C. (2009). Psychologist self-care in workaholic nation. <https://www.div12.org/wp-content/uploads/2014/01/2009.62.3.pdf> (accessed 26 February 2018).

Norcross, J.C., and Guy, J.D. (2007). *Leaving it at the office: A guide to psychotherapist self-care*. New York: Guildford.

Pearlman, L.A., and Saakvitne, K.W. (1995) *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. New York: W.W Norton.

Rogers, C. (1990). *The Carl Rogers reader*. London: Constable.

Rothschild, B. with Marjorie Rand (2006). *Help for the Helper – Self-Care Strategies for Managing Burnout and Stress*. London: W.W. Norton & Company, Ltd.

Russel, J. and Dexter, G. (2008). *Blank minds and sticky moments in counselling*. London: Sage.

Shallcross, L. (2011). *Taking care of yourself as a counsellor*. <https://ct.counseling.org/2011/01/taking-care-of-yourself-as-a-counselor/> (accessed 26 February 2018).

Skovholt, T.M. and Trotter-Mathison, M. (2016). *The Resilient Practitioner*. Oxon: Routledge.

Walsh, R. *Before you agree to take on new work, ask 3 questions*. <https://hbr.org/2017/05/before-you-agree-to-take-on-new-work-ask-3-questions> (accessed 26 February 2018).

Wheeler, S. and King, D. (2001). *Supervising Counsellors – Issues of Responsibility*. London: Sage Publications Ltd.

Wosket, V. (2016). *The Therapeutic Use of Self: Counselling practice, research and supervision*. Routledge Mental Health Classic Editions. Oxon.

Yalom, I. D. (1980). *Existential psychotherapy*. Basic Books. New York.

Yalom, I.D. and Elkin, G. (1974). *Every day gets a little closer*. New York: Basic Books.