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Exploring how therapists engage in self-care in times of personal distress

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ABSTRACT

There is a dearth of research on counsellor self-care in times of personal stress. Working therapeutically with clients whilst facing personal difficulties may lead to stress and burnout for counsellors if adequate self-care is not implemented. This small-scale (n=3) in-depth qualitative study explored counsellor self-care in times of personal distress. The findings highlight lack of information and awareness of the impact of not implementing adequate self-care. None of the participants took any time off work during their times of personal distress and continued with their client work. The findings indicate the value of addressing self-care during training and within day-to-day practice as part of the routine process and content of supervision.

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Introduction

This small-scale in-depth qualitative study sought to explore the research question "How do therapists engage in self-care in times of personal distress?" The topic of counsellor self-care during times of personal stress is of prime importance in all of the psychological therapies. Whilst there is an awareness of the role and significance of self-care in psychoanalytical and psychodynamic psychotherapies and in the regulated psychology professions, the detail of how practitioners actually deal with their distress and make decisions during times of distress is less talked about and is what prompted this research. The lead researcher went through a very distressing time during which they had to continue working; unable to take any time away from work, as they were a newly single parent running a household on their own. They found themselves wondering if other therapists continued to work during their own times of distress and if so, how? Should they be working? If not, how did they cope financially and emotionally? What might stop others from taking time off or time out if they need it? They found themselves with unanswered questions and a growing curiosity, prompting the present project.

The co-researcher has had periods when they have had to step out of practice. The key deciding factor on whether to stop work, take time out, or continue working, was the degree of trauma they experienced; essentially the severity dictated whether they remained in work. When faced with the care of others at those most traumatic times, it was impossible to continue work with clients. At other times, facing adversity or distress, they have chosen to continue working, sometimes for financial reasons, at other times for altruistic purposes. Self-care came at a bizarre cost, although over time became easier to engage in.

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This article has been corrected with minor changes. These changes do not impact the academic content of the article.

However, there can be a risk in exposing issues with self-care and the researchers were mindful of how some practitioners may judge or feel exposed when exploring what others might perceive as deficits or dysfunctions. Both researchers were interested in gathering in-depth personal and reflexive stories from counsellors to hear about their experiences and perceptions of self-care and how they approached concurrently dealing with distress and clinical practice. The British Association of Counselling and Psychotherapy describe self-care as:

> … 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 … 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. (2018)

When the research for this paper was undertaken, we were not living and working in the midst of a coronavirus pandemic, as we were at the time of final edits. Early in the pandemic, therapists found themselves forced into new ways of working; be it through a secure online video platform or via the telephone. Faced with the prospect of ending of client work for the foreseeable future, the pandemic added further layers of complexity to self-care, with many practitioners working from home alongside other family members and facing the challenge of having to manage boundaries between work and home life.

When searching for studies via Google Scholar and journal databases (psychinfo and medline) for papers on practitioner self-care, few results yielded the information sought. Of the 907 results returned when searching the terms "counsellor" and "self-care" only one linked to the line of research being investigated. Results returned were largely in the format of books and were of a prescriptive nature. Research studies on the specific topic of therapist self-care in times of personal distress were limited, reinforcing the importance of pursuing the present project. Widening the search to include additional search terms "therapist", or "wounded healer" did elicit material on psychotherapeutic and psychoanalytic practice. However, the present study aimed to explore the experiences, perceptions and practices of *counsellors*; a growing body of practitioners in the UK psychological professions whose self-care attempts are under-represented in the literature.

Norcross and Guy (2018), Rothschild (2006) and Bush (2015) have shared self-care strategies and techniques that worked for them, including mindfulness and self-compassion, offering self-care more as a form of prevention from stress. Adams (2014) research offered an in-depth look at expelling the myth of the "untroubled therapist" and considered the impact personal strains have on practitioners and the notion that therapists are immune to troubles and strife. Adams interviewed 40 therapists and explored how they coped during times of personal stress. The research found that more than half of the participants admitted to suffering from depression and many continued to practice whilst ill or under great stress. Adams noted that some of the therapists interviewed used their work as a distraction to avoid facing their own pain, believing they were able to bracket off their distress and keep it out of the therapy room. Whilst there is no specific mention of self-care in the study, it is evident by implication.

In McLeod's (2014) work on strategies for coping with the stress of the therapist role, he usefully explores the issue of burnout and the difference between general stress and post-traumatic stress. Further dimensions of care are offered by Reeves (2018) who encourages practitioners to explore three key aspects of self-care: care for the therapeutic self, care for the managerial self and care for the career self. He notes the challenge of being perceived as constantly accessible in the context of digital technology. Reeves recognizes the potential for compassion fatigue and vicarious trauma and calls for clear boundaries between work and non-work life. Both McLeod and Reeves highlight the potential for trauma to arise when working as a therapist and emphasize the need for practitioners to take care of themselves. Within counselling and psychotherapy, it is common for trainee psychotherapists to be required to undertake personal therapy during their training. For those practitioners able to reflexively process their personal and professional challenges in the

context of personal therapy and supervision, this offers appropriate settings where the practitioner can explore their work and make informed decisions about when, where, how and in what circumstances, they would need to temporarily pause their practice.

Brownlee (2016) investigated how practitioners perceived and practiced self-care. Using thematic analysis, seven participants were interviewed to explore what counsellor self-care meant to them, what barriers existed, and their experiences of ideal vs real-life aims to implement self-care. The study identified a range of internal and external factors as causes of counsellor impairment, burnout and compassion fatigue, and explored avenues such as physical activities, diet and spirituality, as well as childhood experiences and family background, to identify perceptions and practices of self-care.

Conversely, Turp (2002) work on hidden self-harm offers a detailed exploration of dynamics and drives underpinning ways in which people may cause harm to themselves. There are implicit and overt messages in her work that can translate to therapist self-care and which could offer indicators of practitioners' hidden harm. In light of Adams (2014) assertion that therapists are not immune to the stresses and strains of life and relationships, it is possible that they exhibit self-harm in a range of acceptable or taboo ways. This implied spectrum of self-harming through to self-caring is an area of practitioners lives that deserves further research.

The literature considers self-care as a form of preservation and prevention, yet what if the therapist is already past the point of preventative measures and is in the midst of significant personal distress whilst continuing to work with clients? What then? With minimal literature on this topic, we can turn to cognate disciplines or allied health professions. Recently, Andrews, Tierney, and Seers (2020) explored self-compassion and self-care in nursing and found that nurses were "hard-wired" to provide care; to the degree that they were at risk of burnout or compassion fatigue. They also found that nurses needed permission from others and from themselves, to undertake acts of self-care. Similar perhaps to practitioners in the counselling professions?

Given the limited evidence on lived experiences of counsellors dealing with distress, the present project sought to gain an understanding of the ways in which counsellors managed their self-care in times of stress; to explore how self-care was implemented, and to consider what may be missing or needed to help encourage or facilitate better self-care for those working within the counselling professions.

Methodology

To access counsellors' subjective experiences and to ascertain their perspectives and meanings associated with responses to their own stress and distress, the researchers adopted an in-depth qualitative approach (Creswell, 2009; McLeod, 2015), using semi-structured interviews lasting up to sixty minutes. The approach was underpinned by phenomenology (McLeod, 2015) and supported through the use of an Interpretive Phenomenological Analysis (IPA) informed approach to the data analyses. Verbatim transcripts were prepared, utilising a grid format to frame the interview transcripts. Themes were identified and refined through a process of abstraction and deeper analysis of the participants' contributions. Thematic analyses and all aspects of the research process were shared within a peer-researcher group context and within research supervision.

Ethical approval for the study was granted by the Cross-School Research Ethics committee at York St John University. Participants were recruited through an online forum for counsellors on Facebook and a regional counselling organisation. The target population were counsellors who had been affected by significant experiences or events that generated personal distress. In relation to inclusion criteria, the significance in terms of the practitioners' distressing experience or events was to be defined by the participants themselves. The researchers were seeking counsellors who had struggled with managing their own personal distress whilst also continuing to work therapeutically.

Of the 14,086 members of the online Facebook forum in which the research notice was posted, eight responses were received. An additional eight responses were received from counsellors

working within the regional counselling organisation. From the 16 responses, participants were chosen based on the following criteria: they had worked or continued to work, within a therapeutic role (regardless of modality); they had experienced a significant event or period of stress that had resulted in a personal and professional re-assessment of self-care and, they were not currently experiencing the event or distress in order to maintain their emotional safety. Three met the criteria and agreed to be interviewed. All three were women and all trained and worked as humanistic integrative counsellors.

Results

The project aimed to address the research question "How do therapists engage in self-care in times of personal distress?" Data analyses identified key themes which are presented below in Table 1.

Self-care attitudes and activities

Participants' ways of undertaking self-care included supervision and the use of this context for both personal and professional check-ins. Participant one states:

> I quite like to have extra supervision and be able to use it for a mixture of things so like self-care, and how I can keep myself in a good place as well as the work that I'm doing.

All participants reported taking their personal distress to supervision to ensure both the safety of their clients and self-efficacy, and all three stressed they made a conscious decision to stay at work.

All three highlighted that self-care was not something that was focused upon or included within their counsellor training, so was not a topic they specifically learned about as a trainee. Two of the three participants are integrative-humanistic therapists and the third, a cognitive behavioural therapist. All three deemed self-care as something that has evolved for them over time; and it transpired across all three interviews that the longer the participants had been working as therapists, the more aware they became earlier on. The need to implement self-care, and that self-care itself was something that continued to evolve, with an emphasis on self, relationships and physical activity.

Each participant acknowledged that when on the edge of burnout, seeking what they needed was difficult. Accessing support or caring for oneself was much easier for them when they were not nearing that point of burnout. Feelings of guilt and shame were expressed as reasons as to why they would not ordinarily be able to ask for what they need unless they were at a time of "almost crisis" according to one participant.

None of the participants stopped seeing clients during their own times of personal distress. Two of the three stated that when they worked in private practice, they felt "guilty" for turning clients away when they have reached out for help, and worried about the impact this would have on them obtaining further work in the future; at times resulting in taking on more clients than they felt able or comfortable with at that time.

Participant two captured a compelling ethos of self-care when she said it was:

> … about keeping myself emotionally and mentally intact, for the benefit of my clients and myself because it's that kind of analogy isn't it, of the aeroplane, where they say in an emergency, put your own oxygen mask on first before you help anyone else. So, it's like if I'm not equipped, then I can't facilitate anyone else in that process.

Table 1. Key themes.

Self-care attitudes and activities
Relationships
Work context
Barriers
Physical activity

All three stated that rather than ceasing client work temporarily, they instead chose to lower their caseload and all of them stated that they felt that work was a "positive distraction". They felt able to "bracket off" their own issues when working with clients and none of them believed that what was going on for them at that time impacted in any way on their client work. They all used supervision for self-support, management of their caseloads and for maintaining self-efficacy. Additionally, each expressed the importance of personal therapy for additional support. Other self-care activities described included personal therapy, supervision, physical activities including yoga or Pilates, being out in nature and allowing themselves "down-time". The participants conveyed the challenge of fully extracting themselves from counselling work and the complexity of their decision-making to decide how or whether to remain in practice.

Relationships

The importance of personal and professional relationships was evident in all the interviews. Relationships with family, friends, co-workers, supervisors, and team leaders were all discussed at length.

> I've always just reached out really, to colleagues, managers and people in my personal life. I think maintaining good professional relationships as far as possible is the best way and that can be anything from having a laugh over a cup of tea, to actually saying – right, I need to share this, I can't sort of do anything extra. I'm in this space where I'm just about managing and anything else would be too much. I'm just being open and honest.

The two participants employed within an organisational context stressed the importance of not isolating themselves and reaching out to colleagues when needed. As participant three states:

> As soon as I reached out, things changed. When you think about it, practicing as a therapist, you can be working with someone who has a mental health problem, and that's great because I do love my job, and I can't imagine doing anything different, however, I think it's important to speak to people to counterbalance that as much as possible, especially if I am ever feeling vulnerable for personal reasons.

One participant stated the importance to her of keeping the lines of communication open within all relationships and that this was not always necessarily talking about work or any stress that she may be feeling in her working context, but that just enjoying the company of other people outside of a therapeutic context was valuable.

Interestingly, another discussed at length the impact of seeing her mother, who was also a counsellor, not practice self-care. It encouraged her to reflect on why she found it easier to compartmentalise her "stuff" when with clients and how she had learned the mentality from a very young age that "you just have to get on with it". This attitude may have positive and negative connotations and the counsellor highlights both aspects.

Work context

All participants had worked in a professional capacity as a lone worker in private practice at some point in their career. Only one of the three continued to work in private practice at the time of the interviews; the other two worked in organisational settings. For the one participant interviewed who worked in private practice, there was a real conflict between not wanting to turn clients away for fear of them not coming back and feeling guilty for turning people away who had found the courage to ask for her help and taking on more work than she was comfortable with. They noted that during times of personal distress, they were more able to assert their needs, and felt this was down to the fact that they had "good reason" to say no to new clients and avoiding taking on more work than they felt able to manage.

During participant one's time of personal distress, she decided not to take on any further clients to allow her the time she needed to process her own feelings surrounding her experience. She feared that in the background there would be financial repercussions as she was self-employed, however, she knew this was what she needed at that time, and she allowed herself the flexibility to lower

her caseload. She found it helpful to continue working with the existing clients she had during her time of personal distress, stating:

> … I'm providing some sort of support and in that moment, I'm really in that moment and I think about meditation and it's almost being like really mindful and present. I sort of take my stuff that I'm currently dealing with and leave it in the background.

Participant one stated that although she could never be 100% sure that her own personal distress at that time was not impacting upon her client work, she felt that she utilised supervision to check this out frequently and felt that she could be "very focused and present" when with her clients.

Participant two stated that she had learned from a young age to "compartmentalise" and stated that this was a skill she was able to utilise when dealing with personal distress that enables her to continue working with her clients. Her background in teaching also taught her that she had to quickly develop the ability to "leave that behind and move on to the next thing". She too lowered her caseload in her own times of distress, after taking this possibility to supervision, and she used "compartmentalisation" to enable her to be with and focus on her clients.

> I think part of the reason that I didn't stop working was that I didn't want to explain to anyone what was happening and that was about me wanting to have some sense of normality when things were not normal … I'm quite guarded in that way, but I think, because I compartmentalize, I like that ability to go to work and just concentrate on work.

Participant three stated that she discussed with her supervisor and workplace team leader whether she should be working with clients or not during her times of personal distress and was deemed fit to do so. She also stated that after reviewing her caseload, it was thought that although they could never be certain, she was not at that time working therapeutically with anyone who had presented with directly related issues. She had support from her manager who encouraged her to lower her client caseload at that time and keep her caseload and responsibilities under review for as long as was necessary. As she states:

> I think it's getting that balance isn't it and I think the reduction in caseload was a positive response to what was happening, and I think that to be sat at home ruminating would have been as bad as having a full caseload. It was about finding that middle where I could be functional and maintain my self-efficacy as a therapist and a human being and take care of myself at that time.

Tensions between generating income, fear of losing clients and over-committing oneself during times of distress were evident for all participants and there were instances of anxiety around maintaining appropriate personal-professional role boundaries. Counsellor self-efficacy was evident, especially for participant three, who positively and proactively utilised supervision and workplace support to help her manage her caseload during a period of personal stress, whilst remaining sufficiently "fit enough" to practice.

Barriers

When discussing barriers to self-care, common themes emerged in each interview. A financial barrier was most prevalent, in that many of the self-care activities that were being discussed by participants as important in maintaining physical and emotional wellbeing, cost money. Exercise classes, personal therapy and supervision were all noted here as imperative to maintaining wellbeing but acknowledged as expensive and their finances could be a barrier to them accessing what they needed in that moment of distress.

Time was another barrier noted by all three participants. Participant one stated that for her, self-care had to be something that does not take up too much time and add an extra half an hour or hour on to the end of an already busy and long day. Participant two stated that it is only now that her children were older, was she able to take time to practice self-care, although she still battles with feeling "selfish" when doing so.

Feelings of guilt and selfishness when discussing the practicing of self-care and potential barriers to this, came up in all three interviews, with one participant stating several times that she felt selfish for thinking about her own wants and needs and practicing self-care.

Participant three stated that a key barrier for her were service demands, which brought the pressure to meet the target client contacts per day and per week, leaving little room for self-care between clients. They also poignantly stated:

> So I find that, any personal barriers, so I don't have any physical barriers, the only barriers are of my own creation – so they might be that I can't be bothered, it's too dark, it's too cold, I don't want to go out tonight.

This awareness of intentionality and personal responsibility for the implementation of self-care was highlighted within two of the three interviews.

Physical activity

For all three participants, some form of physical activity was paramount in maintaining their well-being. All three shared an interest in yoga and in practicing this regularly. All three participants also talk of their joy of being outdoors, whether that be horse riding, walking the dog, hiking or running. Being out in nature was an evident theme across the board when it came to maintaining their physical and emotional wellbeing.

Two of the three participants interviewed stated that they practice regular meditation. Other physical activities explored included Pilates, cardio classes, knitting, reading and journaling.

Discussion

This small-scale and in-depth study highlights the value of self-care for counsellors' emotional and physical wellbeing during times of personal distress. Significantly, the study identifies the importance of maintaining a degree of self-efficacy by being able to work effectively with clients during times of personal distress or difficulty. Importantly, the study found that although self-care is often talked about within the workplace, it is seldom practiced until the therapist is already at the point of prolonged stress or burnout. Of significance for participants during times of distress were the multifaceted and supportive role of supervision, the value of personal therapy, the importance of personal and professional relationships, and the positive impact of physical exercise and being out in nature.

The findings indicate the diverse yet novel ways in which self-care may be implemented by individual therapists in order to support themselves through times of distress. As a recent study by Posluns and Gall (2019) found:

> While there is a growing abundance of empirical studies and expert commentaries on self-care, less is written about how to integrate holistic self-care into the lives of mental health practitioners. Just as therapists incorporate research on therapeutic interventions into their practice with clients, findings on self-care need to be promulgated more actively to practitioners in the mental health field.

Posluns and Gall's (2019) review affirms the findings from this study, highlighting the importance of awareness, balance, physical health and social support when it comes to self-care. Both studies highlight the need for self-efficacy and personal responsibility. Building trainee capacity for this early on in training is an essential part of developing strong self-caring skills among mental health practitioners. From a clinical psychology perspective, Bamonti et al. (2014) found that only 8.4% of the general psychology textbooks and 24.8% of clinical psychology handbooks include any reference to self-care, further highlighting the paucity of meaningful information for trainees and clinical practitioners. Whilst this might be changing within the wider psychological therapies training field, including clinical or counselling psychology, there continues to be a paucity of evidence on the role and significance of *counsellor* self-care in education and practice settings; particularly in relation to decision-making on practitioners working through personal issues whilst maintaining a clinical practice. The UK counselling field faces the contentious issue of tiles, status and scope of practice of counsellors

and psychotherapists. This is evidenced through the SCoPED project, a collaboration between BACP, BCP and UKCP which has now extended its steering group to include several other providers of PSA approved voluntary registers. The framework in development does, significantly, include competencies related to self-care.

In common with Brownlee's (2016) study, the present findings echo that self-care is a vague term and that a practitioner's personality, self-concept, upbringing and significant life events all can play a role in what self-care looks like to the individual, and to how assertive they are, or can be, when implementing it. As noted previously, Brownlee's study identified two categories of self-care, personal and professional (Table 2).

Similarly, participants' self-care activities could be categorised as personal or professional in nature. A personal self-care activity noted as important by Brownlee, but that got no mention within any of the interviews in the present study, was that of a healthy diet. On the contrary, of importance in this study were being outdoors, seeing friends and family, and physical activities. These findings concur with Brownlee's work in that the participants from both studies stated that their understanding and views about self-care had changed over time. The data obtained from this study also supports the notion that time and money can be barriers to practicing self-care (Brownlee, 2016).

Contrary to Brownlee's study, which identified class and religion as barriers to self-care, they were not alluded to in any of the interviews for the present study. Notably, one of Brownlee's participants stated that within her religious upbringing, she was taught to always put others' needs before her own. This mindset resonates with one of the participants interviewed for the present study, who discussed intrinsic messages picked up from parents about "just getting on with it".

The key finding that therapists continued seeing clients during their own times of personal distress, is notable. These results replicate Adams's (2014) research which found that all therapists interviewed continued to work therapeutically and used work as a positive distraction, during times of personal stress. Significantly, in the present study, all the therapists lowered their caseloads when experiencing distressing periods in their lives. What could be construed as intentional practice, supervision supports a counsellor to engage in appropriate self-management (Willig, 2019) through reduction in cases. Other than planned annual leave, or caseload reduction, none of the participants took time out or felt the need to do so. Participants did not believe there were any implications for their client work as a result of this and expressed that whilst they could not be absolutely certain, through the use of personal therapy and supervision as a medium for self-support and self-management, they felt aware of their limits of competence and able to carry on working at that time. The value of supervision and personal therapy was emphasised several times by all three participants, with all accessing additional supervision during their own times of personal distress. Equally, they highlighted the need to include practitioner self-care as a core theme in counsellor education and training.

Arguably, self-care is only possible when therapists actively help themselves (Rothschild, 2006). The findings from this study indicate the role and impact of intentionally and thoughtfully undertaking self-caring activities, with two of the three participants interviewed specifically naming their

Table 2. Brownlee (2016).

Personal self-care activities	Professional self-care activities
Physical self-care activities	Supervision
Healthy diet	Group supervision
Exercising	Peer support
Being outdoors	Tutorials
Psychological and self-care activities	Conferences and workshops
Seeing friends and family	Personal therapy
Spending time alone	Check-ins
Watching tv/films	Skills group
Reading and writing	Journal writing
Mindfulness exercises	
Music	

personal responsibility for implementing self-care. As one participant stated, if she was not practicing self-care, then that was through her own choice and was no-one else's responsibility other than her own. So, whilst the study supports research undertaken by Posluns and Gall (2019), Brownlee (2016) and Adams (2014), it also presents novel results. Specifically, it highlights the importance of personal and professional relationships and of utilising personal therapy and supervision in times of personal distress, to support reflection, decision-making and ongoing development and management of effective reflexive practice. As Beetham (2019) posits, reflexivity is a process that counsellors and psychotherapists engage in, as a way of looking inwards. The importance of reflection and reflexivity in relation to care of self and others is highlighted within this small-scale study. Although both are likely to feature in counsellor education and training, the role and significance of reflexivity for the dynamics of self-care during periods of personal distress warrants further research.

Both the lead and co-researcher recognise the value and importance of self-care. Physical and emotional needs and ways of addressing these varied for each researcher; however, the capacity to access resources or activities could be impaired when anxious or distressed. When relating the research findings to the researchers' own experiences, the need to reach out and let others know when they were struggling was important; as was the need to ensure that they were able to still be of service to clients. The importance of supervision as a multi-faceted tool and the importance of relationships, both personal and professional, are all central aspects and themes that both researchers relate to. Self-care is a fluid term, often used to describe ways in which someone can show themselves care and compassion, but all too often, is not something that is practiced regularly, due to time limitations, financial constraints or service demands.

This was a small-scale study and therefore may be limited in its transferability. The response rate was low; with only three meeting the criteria and agreeing to be interviewed. What might this convey about the prominence or standing of counsellor self-care? Notwithstanding the small sample, the study identified key findings of value to counsellors and signals areas for further inquiry. Research could help to identify how each counsellor might gauge what is "tolerable distress" or how we might support our reflexive selves to remain in client work during times of personal or professional distress.

Conclusion

The findings from this small-scale, in-depth study bring into sharp relief the need for action. The study highlights the need for practitioner self-care to be better promoted and encouraged within the workplace and, even earlier than that, by training institutions. There needs to be a strong emphasis on early intervention rather than attempting to treat burnout and emotional exhaustion. A preventative and proactive approach to self-care could help reduce the prevalence and possibility of burnout and stress for therapists, whilst also improving services to clients. There is a need for further research on the process and practice of self-care, including the finer details of how counsellors make decisions about their personal and professional wellbeing and decide whether, when and how, they need to step away from their practice.

Intentionality and personal responsibility will be central when it comes to self-care. It is the individual's responsibility to take care of their emotional and physical well-being and make informed decisions about being well enough to work. Making self-care a priority for those of us training and working as counsellors is imperative to prevent stress and burnout and enable us to continue to be of optimum service to our clients; particularly in pandemics when are services are likely to be in greater demand. Arguably, practitioner self-care is now more critical than ever.

Notes on contributors

Charli Baker is an integratively trained therapist and registered member of the British Association for Counselling and Psychotherapy. She currently works in private practice and has worked in various settings since qualifying, including

IAPT (Improving Access to Psychological Therapies), further and higher education and for Employee Assistance Programmes. She achieved her MA in Counselling from York St. John University, UK, in 2019 where she also obtained her Postgraduate Diploma in Counselling and Psychotherapy (2016) and her BA (Hons) Counselling Studies degree (2013). Charli is now set to embark upon her Doctor of Professional Studies Counselling and Psychotherapy in October 2021 at the University of Chester, UK. She is a passionate advocate of self-care and increasing the awareness of the importance of self-care not just with her clients, but with her colleagues and students alike.

Lynne Gabriel is Professor of Counselling and Mental Health at York St. John University, UK, and a Senior Fellow of the Higher Education Academy. She is currently engaged in research on sexual and domestic violence, bereavement, relational and life skills group work, and practice ethics. She is founding Director of York St John's CMHC Counselling and Mental Health Clinic, working with colleagues and students from counselling, education, psychology, and occupational therapy, as well as external partners. Lynne has served as a member City of York's Domestic Violence Strategy Group, a Board member of Respect, a national organisation that works with perpetrators and victims of relational, familial and domestic violence and as a member of York Making Safe forum, hosted by North Yorkshire police. Lynne is a Fellow of the BACP and has served as the Association's Chair (2008–2011), Immediate Past Chair (2012–2014) and now Emeritus Chair.

Disclosure statement

No potential conflict of interest was reported by the authors.

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