LIVING THERAPY SERIES

# Workplace Counselling in the NHS

## PERSON-CENTRED DIALOGUES

RICHARD BRYANT-JEFFERIES

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# Foreword

Working in a stressful environment is bad for your health and increases accidents. In recent years this has been recognised and steps have been taken to reduce the physical and psychosocial hazards that cause stress at work. However, there will always be some stress at work and it is therefore important to understand how much is an essential part of day-to-day activities associated with getting the job done and how much is unnecessary or imported from outside the workplace.

The benefits of workplace counselling have recently been illustrated in a major study by Professor John McLeod in *A Systematic Study of the Research Evidence: the facts* where he reviewed over 80 studies covering the experiences of 10 000 clients over 45 years. Thus, it is clear that many companies and organisations now recognise the need for stress counselling. For example, Astra Zeneca offers its workforce a confidential programme of Counselling and Life Management (CaLM) (Corporate Responsibility Report 2003).

A recent study on managing the risk of work-related stress by Clarke and Cooper (2004) suggests three levels of management intervention to reduce stress. Primary, where the action is preventative and aimed at the work environment; secondary, where the interventions have a preventative/reactive nature aimed at improving responses to stressors through, for example, stress management training; and tertiary, where the focus is on the treatment of employees already suffering illness. All these are aimed at minimising the damage done by stress and use employee assistance programmes or offer in-house stress counselling.

Stress counselling in the workplace is at the heart of Richard Bryant-Jefferies' latest book, and he has chosen to locate his timely and informative study in the NHS.

The NHS is the largest single employer in Europe and it is undergoing radical change due to the introduction of many new policies and targets, as well as the new pay scales and terms and conditions of service for staff covered in 'Agenda for Change', which became operational on 1 December 2004. All this is having a stressful impact on much of its workforce. Change, with its associated stress, is not new to NHS employees. Over its history political decisions have been taken that have resulted in numerous documents outlining ways to improve the NHS and, ultimately, services to patients. All of which is commendable but the implementation of such initiatives, usually within a short timeframe, has not been without cost to NHS managers and other healthcare staff.

Richard Bryant-Jefferies shows an understanding of these stresses and strains, demonstrated through his case presentation. His style of writing is successful because it speaks of the real experience of counsellors. Although the workplace setting may be unfamiliar to the reader, it is likely that they will recognise the situations and will have had clients who have experienced some of the problems he illustrates. He manages to bring his cases alive in such a way as to enable the reader to be an invisible observer of the counselling process. This allows the practitioner to compare and contrast his or her own practice with the work of the counsellor in the case studies. For example, an exchange between one of the counsellors and his supervisor using the person-centred approach was useful to me and illuminating for my own practice.

I enjoyed reading this book and hope that you get as much out of it as I did. The author has a clear, informative and accessible style and his way of presenting material will be of special interest to trainers and trainees because it is rooted in a particular theory and practice, and arises out of his clinical experience. It builds on his previous work and leads one to hope for further explorations in this field.

**Pat Seber**
***April 2005***

**Pat Seber** has had a varied counselling career. Her first introduction to counselling was with Relate. She then moved on to managing services within the voluntary and private sector. Pat has a long association with the NHS as an employee and a private practitioner in both primary and secondary care. She is currently employed by a Mental Health Trust as lead counsellor and manager for a Primary Care Counselling Service in central Liverpool. Previously she worked in a large teaching hospital where she set up and ran a counselling service for pregnant women. Pat is a Fellow of the British Association for Counselling and Psychotherapy (BACP) and Deputy Chair of the Faculty of Healthcare Counsellors and Psychotherapists (FHCP), the Healthcare Division of BACP. Within FHCP she has the role of Employment Advisor and has worked closely with Unison in the preparation and development of profiles for counsellors employed in the NHS as part of 'Agenda for Change'. She holds a Masters degree in Counselling.

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# Preface

The aim of the *Living Therapy* series is to offer the reader an opportunity to experience and to appreciate, through the use of dialogue, some of the diverse and challenging issues that can arise during counselling (Bryant-Jefferies, 2003a, b; 2004). The success of the preceding books, and the appreciative comments received from readers and independent reviewers, is encouragement enough to seek to extend this style into other issues and areas of person-centred counselling. Again and again people remark on how readable these books are, how much they bring the therapeutic process alive. In particular, students of counselling and psychotherapy have remarked on how accessible the text is. Trainers and others who are experienced in the field have indicated to me the timeliness of a series that focuses the application of the person-centred approach to working therapeutically with clients having particular issues. This is both heartening and encouraging. I want the style to draw people into the narrative and feel engaged with the characters and the therapeutic process. I want this series to be what I would term 'an experiential read'.

As with the other books in the *Living Therapy* series (Radcliffe Publishing), this book is composed of fictitious dialogues between fictitious clients and their counsellors, both working in the NHS, and between the counsellors and their supervisors. Within the dialogues are woven the reflective thoughts and feelings of the clients, the counsellors and the supervisors, along with boxed comments on the process and references to person-centred theory. I do not seek to provide all the answers. Rather I want to convey something of the process of working with representative material that can arise so that the reader may be stimulated into processing their own reactions, and reflecting on the relevance and effectiveness of the therapeutic responses, to thereby gain insight into themselves and their practice. Often it will simply lead to more questions which I hope will prove stimulating to the reader and encourage them to think through their own theoretical, philosophical and ethical positions and their boundary of competence.

Recent years have seen a tremendous growth in the number of organisations that have developed counselling facilities for staff. Some have employed their own counsellor or counsellors, to work with staff members, others have contracted out to agencies offering 'Employee Assistance Programmes'. These services are a response to the recognition that staff are affected by experiences related to their work (and sometimes linked to difficulties from outside of work) and that the most constructive way forward is to offer therapeutic assistance to help them resolve the problems and once again contribute to the organisation.

The NHS has been chosen as the setting for the counsellor and client in this title in the *Living Therapy* series for a number of reasons. First, the NHS is the largest UK employer. It is an organisation in which staff may feel they have very little say in what goes on as directives come from so far above, and it seems to be in a constant state of flux. Compared with other workplace settings, employees are under an extra level of strain that comes from dealing with patients and families at very stressful times in their lives. It also employs a tremendous range of professionals who are required to work together within the NHS healthcare system, and has an ethnic mix probably greater than any other employing organisation in the UK. It brings together people from so many personal and professional backgrounds and for the counsellor there has to be a readiness and an ability to work with clients from all levels of the organisation, on a range of issues that affect their NHS workplace performance.

In their report for The Nuffield Provincial Hospitals Trust, Williams *et al.* (1998) highlighted the significantly high levels of psychological distress experienced by the doctors, nurses and managers, and the risks that this, in turn, posed not only for the staff themselves, but also the service and the patients. The Report draws attention to areas of particular concern, which have been summarised in the Department of Health's guidance entitled *The Provision of Counselling Services for Staff in the NHS* as follows.

- Stress in health service staff is substantially higher than in employees in general in the United Kingdom.
- NHS managers are twice as likely to be above the threshold for psychological distress as other British managers.
- New stressors are occurring with the perceived rise of violence to staff and with fears of contamination by HIV/HEP. B/C.
- Nursing and medicine have some of the highest rates of suicide amongst professional staff groups.
- Stress at work is a widespread problem not only for nurses and doctors but also for managers (DoH, 2000, p. 7).

The Nuffield Report (Williams *et al.*, 1998) also highlighted the high human and financial costs, and the positive fact that many NHS trusts were establishing counselling services as a result of concerns for staff health, welfare and the high and increasing levels of stress. The provision of counselling services has become more widespread within the NHS in line with meeting the target in the NHS Human Resources Framework, *Working Together: securing a quality workforce for the NHS*, for all NHS staff to have access to counselling services by April 2000. Increasing numbers of staff can now gain access to an NHS workplace scheme. The actual nature of the counselling services that have been established varies from site to site. Some, as mentioned above, buy in outside agencies, some set-up their own services and employ new staff, still others use existing staff with the necessary skills, to run the counselling service.

*Workplace Counselling in the NHS: person-centred dialogues* is intended as much for experienced workplace counsellors as it is for trainees. It provides real insight

into what can occur during counselling sessions. I hope it will raise awareness of, and inform, not only person-centred practice within this context, but also contribute to other theoretical approaches within the world of counselling, psychotherapy, and the various branches of psychology. Reflections on the therapeutic process and points for discussion are included to stimulate further thought and debate. Included in this book is material to inform the training process of counsellors and others who seek to work in the NHS setting.

*Workplace Counselling in the NHS: person-centred dialogues* is an essential resource for NHS managers, supervisors, team leaders and human resources staff, providing them with greater insight and understanding of the counselling process, from a person-centred theoretical perspective. It will have value, too, for the many professionals from all healthcare and allied services working within the NHS who may themselves be feeling a need to seek workplace counselling. The text demystifies what can occur in therapy within an NHS context. The issues presented are relevant to the NHS as it stands today, and affect everyone who works within it, at whatever level and in whatever speciality.

**Richard Bryant-Jefferies**
***April 2005***

# About the author

**Richard Bryant-Jefferies** qualified as a person-centred counsellor/therapist in 1994 and remains passionate about the application and effectiveness of this approach. Between early 1995 and mid-2003 Richard worked at a community drug and alcohol service in Surrey as an alcohol counsellor. Since 2003 he has worked for the Central and North West London Mental Health NHS Trust, managing substance misuse service within the Royal Borough of Kensington and Chelsea in London. He has experience of offering both counselling and supervision in NHS, GP and private settings, and has provided training through 'alcohol awareness and response' workshops. He also offers workshops based on the use of written dialogue as a contribution to continuing professional development and within training programmes. His website address is: www.bryant-jefferies.freeserve.co.uk

Richard had his first book on a counselling theme published in 2001, *Counselling the Person Beyond the Alcohol Problem* (Jessica Kingsley Publishers), providing theoretical yet practical insights into the application of the person-centred approach within the context of the 'cycle of change' model that has been widely adopted to describe the process of change in the field of addiction. Since then he was been writing for the *Living Therapy* series, producing an on-going series of person-centred dialogues: *Problem Drinking, Time Limited Therapy in Primary Care, Counselling a Survivor of Child Sexual Abuse, Counselling a Recovering Drug User, Counselling Young People, Counselling for Progressive Disability, Relationship Counselling: sons and their mothers, Responding to a Serious Mental Health Problem, Person-Centred Counselling Supervision: personal and professional, Counselling Victims of Warfare, Counselling for Eating Disorders in Men, Counselling for Obesity* and *Counselling for Problem Gambling.* The aim of the series is to bring the reader a direct experience of the counselling process, an exposure to the thoughts and feelings of both client and counsellor as they encounter each other on the therapeutic journey, and an insight into the value and importance of supervision.

Richard is also writing his first novel, 'Dying to Live', a story of traumatic loss, alcohol use and the therapeutic and has also adapted one of his books as a stage or radio play, and plans to do the same to other books in the series if the first is successful. However, he is currently seeking an opportunity for it to be recorded or staged.

Richard is keen to bring the experience of the therapeutic process, from the standpoint and application of the person-centred approach, to a wider audience.

He is convinced that the principles and attitudinal values of this approach and the emphasis it places on the therapeutic relationship are key to helping people create greater authenticity both in themselves and in their lives, leading to a fuller and more satisfying human experience. By writing fictional accounts to try and bring the therapeutic process alive, to help readers engage with the characters within the narrative – client, counsellor and supervisor – he hopes to take the reader on a journey into the counselling room. Whether we think of it as pulling back the curtains or opening a door, it is about enabling people to access what can and does occur within the therapeutic process.

# Acknowledgements

I would like to thank Pat Seber and Janet Thomas, both of whom are counsellors in the NHS, who kindly read through the first draft of this book and provided many helpful comments on the two cases. I also wish to thank the many people who I have met over the years, or worked with in various capacities within the NHS, who have contributed to my experience of the challenges that staff face and their dedication to providing quality healthcare.

Finally, once again, my thanks to everyone at Radcliffe Publishing for their support for this on-going series of books.

# Introduction

The NHS is a vast and complex organisation that encompasses an incredibly diverse range of professions. All staff members are required to interface daily with people from very different backgrounds and with very different roles. From junior nursing staff to consultants, from secretaries to business managers, from technicians to site and services managers, the NHS brings together people in a myriad of relationships with the purpose of providing a healthcare system that meets the needs of patients now and in the future.

The NHS has unique tensions. Perhaps the major one relates to the way in which most NHS employees undertake their work out of a sense of vocation, from a sense of wanting to help others and to alleviate suffering and to cure the sick. Many NHS employees could obtain higher salaries in the private sector. But they choose to stay because there is something about being part of the NHS, something about working for an organisation founded on the principle of offering free healthcare to all.

The emotional and physical tolls of being confronted with the emotions of patients and relatives can become overwhelming. National health service staff members are expected to cope and maintain a professional service to patients at all times. But NHS staff members are human. What is 'soaked up' by them can get played out in group dynamics within teams, or in the family. To understand the intensity of these kinds of processes it is important to understand the NHS as a system, an interactive, some might say, 'living system'. Stress in any one area impacts on surrounding areas and can induce critical states in which distress, despair and frustration can no longer be contained. National health service staff members need space in which to 'let go'. This can occur through line-management, through supervision and sometimes within peer-support groups, but there can be times when a member of staff simply needs space away from managers, supervisors and anyone else in the team, to talk about how they are feeling, to release their pent-up feelings of sadness, frustration; whatever it is that has become too much to bear. And they will need to be able to feed back their experience so that the risk of future build-ups of pressure in the system can be minimised or avoided altogether.

The NHS is also a multi-cultural employer, with staff from probably every black minority ethnic group. It is a melting-pot of ethnic diversity within the UK. This brings challenges, yet also opportunities, for people to break down barriers and

work together towards a common goal, drawing on individual's talents and skills to achieve a successful outcome.

Against this background, the need for suitable and appropriate staff support systems is critical, and in recent years the provision of staff counselling is an important element in ensuring that staff are psychologically and emotionally fit to play their part in the NHS.

# Counselling in the NHS

Workplace counselling in the NHS has grown in scope over the last few decades, with many different areas of concern deserving of focus, and a growing number of published surveys and research papers. In 1998 Leeds and Sheffield universities conducted a large-scale study into stress in the NHS that demonstrated a link between stress and sickness absence (Borrill *et al.*, 1998). The Royal College of Nursing in its report *Counselling for Staff in Health Service Settings: a guide for employers and managers* cites its 'Working Well' survey of 6000 members saying 'staff experiencing significant levels of psychological distress report twice the mean level of shifts taken off sick than other colleagues' (RCN, 2002, p. 2).

Coles (2003, p. 31) draws on the experience of the North Staffordshire Combined NHS Healthcare Trust Staff Counselling Service, which was established in 1994. He lists the main work-related presentations as:

- work stress
- disciplinary matters
- harassment
- work relationships
- depression/anxiety (diagnosed by GP)
- lack of support/resources
- organisational change
- complaints
- violence/aggression.

However, the figures from the service also show that 'the majority of employees attending presented with personal problems', which Coles lists as follows:

- health problems
- personal relationship problems
- bereavement and loss
- domestic violence/aggression
- family problems
- alcohol
- sexual abuse
- depression/anxiety (diagnosed by GP) (Coles, 2003, p. 32).

An important question in the counselling of NHS staff is what is appropriate for an NHS staff counsellor to work with, given such a wide range of presenting problems? It is more a perceived difficulty, perhaps originating from the fact that we try to differentiate between problems based on what may be a false view that a particular issue can be treated in isolation – perhaps a reflection of the way in which medical models indicate a specific treatment for a particular condition. The difficulty is that psychological problems are not specific, and overlap. Stress at work and stress at home may be arising from two different sets of causes, but the symptoms experienced and presenting are likely to be the same. What, then, is the role of the NHS staff counsellor?

The Department of Health recommends three approaches to workplace counselling (DOH, 2000, pp. 7–8).

1 *Provision of face-to-face counselling*, within the framework of a 'short-term model of consultation' (i.e. approximately five to eight sessions).
2 *Telephone counselling*, allowing for self-referral and allowing clients choice as to whether to take it further is sometimes appropriate. (This should not be seen as an alternative to face-to-face contact but as a 'second means of accessing help'.)
3 *Response to traumatic incidents*, involving defusing, debriefing and post-trauma counselling.

It is interesting, as a counsellor, to read the language of this guidance as it refers to consultation – very much a medical view. However, and particularly from a person-centred perspective, clients do not consult their counsellor. It is much more of a relationship-based process with the very act of meeting up becoming and being the therapeutic process. Whilst there are, of course, specific issues to be dealt with, the counselling process is likely to extend beyond the presenting issues. This then raises the question of how far should this go, and whether time limited working is appropriate. I have discussed the matter of time limited counselling from a person-centred perspective elsewhere (Bryant-Jefferies, 2003b).

# Workplace counselling

This book aims to demonstrate the application of the person-centred approach (PCA) – a theoretical approach to counselling that has, at its heart, the power of the relational experience – in the context of staff counselling in the NHS. It is this relational experience that I believe to be at the core of effective therapy, contributing to the possibility of releasing the client to realise their greater potential for authentic living. The approach is widely used by counsellors working in the UK today. In a membership survey in 2001 by the British Association for Counselling and Psychotherapy, 35.6 per cent of those responding claimed to work to the person-centred approach, whilst 25.4 per cent identified themselves as psychodynamic practitioners. However, whatever the approach, it seems to me that the

relationship is the key factor in contributing to a successful outcome – though this must remain a very subjective concept for who, other than the client, can really define what experience is to be taken as a measure of a successful outcome?

The reader who has not read other titles in the *Living Therapy* (Radcliffe Publishing) series may find it takes a while to adjust to the dialogue format. Many of the responses offered by the counsellors, Alec and Barbara, are reflections of what their respective clients, Merle and Gerald, have said. This is not to be read as conveying a simple repetition of the clients' words. Rather, the counsellor seeks to voice empathic responses, often with a sense of 'checking out' that they are hearing accurately what the clients are saying. The client says something; the counsellor then conveys what they have heard, what they sense the client as having sought to communicate to them, sometimes with the same words, sometimes with words that include a sense of what they feel is being communicated through the client's tone of voice, facial expression, or simply the relational atmosphere of the moment. The client is then enabled to confirm that they have been heard accurately, or correct the counsellor in their perception. The client may then explore more deeply what they have been saying or move on, in either case with a sense that they have been heard and warmly accepted. To draw this to the reader's attention, I have included some of the inner thoughts and feelings that are present within the individuals who form the narrative.

The sessions are a little compressed. It is also fair to say that clients will take different periods of time before choosing to disclose particular issues, and will also take varying lengths of time in working with their own process. This book is not intended to in any way indicate the length of time that may be needed to work with the kinds of issues that are being addressed. The counsellor needs to be open and flexible to the needs of the client. For some clients, the process would take a lot longer. But there are also clients who are ready to talk about difficult experiences almost immediately – sometimes not feeling that they have much choice in the matter, as their own organismic processes are already driving memories, feelings, thoughts and experiences to the surface and into daily awareness.

The client (Merle) in Part 1 is experiencing being a target for oppression and possibly racism in her relationship with her manager. She is also experiencing work-related stress, partly as a result of the demands of her job as a community psychiatric nurse within a community mental health team, and also linked to the work that her manager requires her to undertake. She has also suffered a recent bereavement that has reduced her external support system and made it more difficult for her to cope with what is happening in her team. She feels exhausted and low in spirits.

The second client (Gerald) is experiencing work-related stress due to under-resourcing and the stress of his work as a service manager in the Accident and Emergency Department of a large NHS hospital trust. Staff shortages have added to his problems, along with a recent serious untoward incident (SUI). Whilst he has a supportive manager, his working life has had an adverse effect on his home life. He has begun drinking more heavily at home and on the way home, and his relationships with his wife and children have become problematic. He is not sleeping well and feels exhausted.

Both these clients are evidencing symptoms of depression and anxiety. Not all the sessions are included in the second dialogue. The aim is to convey a flavour of issues that can arise within an NHS managerial context (though there will, of course, be many others that could arise) and how the person-centred counsellor might respond to them.

The early sessions in each of the two cases in this book do not include lengthy assessment. The counsellor seeks to work towards building the therapeutic relationship by allowing the client to communicate what is pressing for him or her, although some information has previously been exchanged over the telephone. Untimely assessment can cut across a person-centred way of working, which is rooted in a trust that the client will bring to sessions what material he or she feels a need and a readiness to address. It is also a fact that this approach is more concerned with building a therapeutic relationship with the person and allowing the presence of the therapeutic conditions to effect constructive personality change rather than the counsellor 'doing' something specific to alleviate a given set of symptoms or focusing solely on a specific problem.

Some clients will need more than, say, six or eight counselling sessions and the staff counselling service will need to be clear as to how it is to respond, particularly as clients may not always know, or be able to convey at the start, how deep-seated a problem is, or what other issues may be associated with it which could arise during the counselling process. Time may need to be spent discussing options for on-going counselling or other forms of support.

What this book does not attempt to include is post-traumatic work, specifically processes of de-briefing that may be offered following a serious incident that has had a significant psychological effect on the client. I have discussed trauma and the person-centred approach elsewhere in the context of working with victims of warfare (Bryant-Jefferies, 2005) and a wealth of material has been written on therapeutic processes to help people deal with trauma and the issues that can arise. It is important to note, however, that counsellors in an NHS workplace setting may be drawn more into this kind of work, and they may feel that they need to undergo specific training to extend their competence in that area. It should not, however, be assumed by an organisation that staff employed as counsellors are therefore appropriate to work with teams, for instance, who have been affected by a serious incident.

For the person-centred counsellor there will also be questions around the assumptions made regarding trauma, the expectations that people will be affected in predictable ways and will need to work through it in a certain way. The person-centred approach affirms the uniqueness of the individual. The way they react and deal with dangerous and disturbing situations will depend on many factors, and these need to be taken into account.

I am also very mindful of employee attitudes to the NHS itself. This is particularly so in the case of Gerald, the second client, as he explores at length in one session his feelings towards the NHS as an organisation. Some might argue whether or not this is a therapeutic focus. However, for the manager working in the NHS, the organisational tensions will be contributing to NHS workplace stress. There will be clients who will need to air their views about the NHS, and