Counselling placements: an organisation's guide

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Contents

Context

This resource is one of a suite prepared by BACP to enable members to engage with BACP's *Ethical Framework for the Counselling Professions.*

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. 'Trainer' to mean any organisation providing counselling training and placement provider to describe an organisation providing placements for counselling trainees on core training placements, and 'trainee' any student on a qualification level counselling training course.

1 Introduction

A core component of counsellor training is the completion of a supervised placement where the trainee works with clients within the counselling professions. This moves the trainee from the conceptual world of academia to the reality of clinical practice. This is one of a series of three resources, which have been produced to consider placements from the perspective of the trainee, the training organisation and the placement provider. While the content of this resource has been informed by all sides of the placement triad, it is focused on the perspective of a counselling service providing placements.

The content has also been informed by a range of different processes and procedures within BACP. These include the *Ethical Framework* (BACP, 2018 https://www.bacp.co.uk/events-and-resources/ethics-and-standards/ethical-framework-for-the-counselling-professions/), BACP accredited course criteria; these include specific requirements regarding placements as set out in section B of *Accreditation of training courses – 5th edition* (sometimes referred to as 'the gold book') https://www.bacp.co.uk/membership/organisational-membership/course-accreditation/apply/) and the criteria for both member (BACP, https://www.bacp.co.uk/membership/accredited-membership/apply-for-accreditation/) and service accreditation (BACP, https://www.bacp.co.uk/membership/organisational-membership/service-accreditation/).

As you read this resource, it is important to keep in mind that it outlines the minimum standards which can be expected, but accredited services and courses will strive to work to the higher standards outlined in the the gold book and Service Accreditation scheme guide https://www.bacp.co.uk/media/1533/bacp-service-accreditation-application-guide.pdf.

In order to make this resource as supportive as possible, its content begins with some consideration of the essential core components needed in the provision of a placement. This is followed by reflection on the different phases which can occur in a placement before concluding with consideration of its resonance with the *Ethical Framework*.

For the purpose of this resource, the core components of the placement have been split into two groups, those which precede a trainee starting to interact with clients, and what needs to be in place to support their client work. The resource will mirror the placement process of promotion and advertising, assessing applications, short listing and interviewing, induction, clinical practice, supporting therapists and endings. While the profile of each of these will vary depending on the clinical setting and the student's capacity to practise, they all retain a relevance in a trainee's transition through the placement.

2 Essential core components for effective placements

In order for a placement to be supportive of a trainee's growth as a practitioner, ensure their wellbeing and the safeguarding of both clients and our profession, many different elements need to be considered. While their comparative relevance will vary depending on the context within which the placement is taking place, there are some consistent themes of which we need to be mindful. Three essentials being: the maintenance of consistent and effective communication; actively monitoring a placement's effectiveness, and the creation of a sense of inclusion and participation for the placement holder.

Effective communication is vital and should be evident across the placement triad and beyond. At a professional level, the maintenance of effective communication with both professional and representative bodies, such as BACP, can aid in the maintenance of a service's profile often allowing placements to be promoted to wider audiences.

Equally important is the need for effective and consistent communication with training providers and the trainees' supervisors. Trainees are now required under the *Ethical Framework* to:

collaborate with their trainers, placement providers, supervisors and other professional advisers to provide services to their clients that satisfy professional standards by being undertaken with reasonable care and skill (Good Practice, point 83c).

This helps to support safe and professional practice. While communication with training providers and trainees may initially be grounded in raising the profile of the placement opportunity, once a trainee has begun to see clients, good communication can allow candid feedback if, for example, concerns have been raised with a student over their clinical practice, but no improvement has been noted. For trainees it can also be an effective means of facilitating the sense of inclusion and participation making them real such that trainees are able to reflect on their practice. It can then make it easier for them to raise issues of concern or uncertainty. It is important that we keep in mind though, that if this communication is not collaborative and participatory there is a risk that the trainee can begin to feel unsupported and a power imbalance develops which can erode their confidence.

There is also the need to monitor how effective the placement is proving to be for trainees, and how effective their interventions are for clients.

Monitoring trainees may include formal feedback opportunities throughout their placement in addition to providing anecdotal observations when appropriate. This feedback will give opportunity for the trainee to learn from their experiences and ensure that services to clients satisfy professional standards. Consideration should also be given as to whether client evaluation at the end of their sessions would help to assess the effectiveness, and learning needs, of the trainee. This can also feed into an ongoing review of future placement entry requirements and induction training.

3 Pre-practice process

Prior to considering offering placements to trainees, it is important to think about the benefits, challenges and practicalities. In many clinical settings having a trainee on placement, whilst adding to a service's administrative and managerial workload, can bring some genuine benefits. New recruits will enable the counselling service to evolve by including a diversity of theoretical approaches brought by those actively engaged with current studies. In addition, the service will develop the potential to be more responsive to client demand by having a larger pool of practitioners to call upon.

Organisations will need to carefully reflect on the practical aspects of having trainees working for them, to ensure that the placements are both effective and they avoid exploiting trainees or compromising the standards of service offered to clients. These reflections will vary between clinical settings, but some key questions could be:

- Does the service have the internal, external and financial resources to accommodate trainees?

- Is there sufficient client demand to warrant their recruitment?

- Is the physical space sufficient to accommodate additional sessions?

- How many placements can be offered?

- How will you make placements available to those with accessibility needs?

- What are the dates you will accept applications in either the academic or calendar year?

- Who, within the team, will hold supervisory and managerial responsibilities for the placement holders?

- What will the communication protocols be with the training provider and supervisor?

- How will placements be monitored for effectiveness?

- Will additional 'in-house' training be offered to trainees in order that they can work with your clients?

- How will you ensure that you meet appropriate Health and Safety criteria? (Trainees should never be expected to work alone or unsupported while on placement.)

The responses to the above questions will not necessarily preclude the provision of placements but, rather, will help to shape just what placements can be offered.

3.1 Promotion and marketing

Promotion of the placement is important in ensuring the best match between the trainees applying and the service offered to clients. This is especially important both when the service is first launched and if the remit and focus of the service change. A service could, for example decide to extend its opening hours to include Saturday mornings. It may provide specialist clinics for example, expanding its scope to include children and young people, or working online; both of which could spark interest in placements. This may, of course, need trainees with particular competence or skills.

It is really important that the placement opportunity is described with clarity, confirming not only what placements are available, and when applications can be submitted, but also the key information as to the placement's scope and remit.

It is important to include:

• a description of the counselling service's aims and operational structure

• clarification of any specialist area or the client group the service focuses on

• practical aspects of the placement such as where the service is based, the placement's duration, workload and times when a placement holder can see clients

• how clients are referred to the service.

Also, to ensure that interest is shown by those trainees with the skills and experience needed to fulfil the role, information should be provided about:

• training and experience necessary for the role – including minimum qualifications, whether specialist training is needed, and how many client hours worked prior to taking on the placement are needed

• details of any in-house training you provide

• particular skills or personal qualities you are looking for in placement holders.

How you present this information, and how you disseminate this will vary between settings but often it is presented either within, or together with a volunteer role profile and person specification. (See 3.2.) Historically, this information would have been printed off and circulated to training providers as well as being available within the counselling service. Now, this could be included on the service's website or Facebook profile, or via Twitter. In all cases it is important that the accuracy of the information is regularly monitored to ensure that a service's credibility and reputation are maintained.

The profile of a placement can also be raised via professional bodies such as BACP or via training providers. In the case of BACP, organisational members are able to include opportunities in its placement directory while training providers will often maintain a database of placements, which may be appropriate for their student cohort. See https://www.bacp.co.uk/about-us/advertise-to-bacp-members/student-placements/ for more details.

The level of active promotion will vary depending on both a service's longevity and profile with both trainees and training providers. New placement opportunities will need proactive marketing through virtual platforms and/or visits to colleges or student open days. However, once the opportunity to take on a placement has a wider profile, a more reactive approach can be adopted. A good placement opportunity will often be disseminated by 'word of mouth' following the positive experience of previous placement holders.

3.2 Assessing applications

The benefit of having a robust volunteer role profile and person specification is that they provide a clear outline of the criteria an applicant will need to meet in order to work effectively. As with all recruitment, applicants will be asked to demonstrate how they meet the criteria, usually by completing a formal application, or sending a CV.

Applicants may also be asked to provide a rationale for a particular aspect of their application. This could include questions like their reason for applying, the perception of their strengths and weaknesses or how they see the role they are applying for fitting into their career. The questions you ask an applicant should be shaped to allow them to demonstrate their competence within the context and modality that they will be working.

Once an application has been received, an evaluation and vetting phase will usually be completed. During this the application and supporting materials will be reviewed to see how they meet the role profile and person specification. Good practice would be to separate the applicant's personal information including their name, age, any information relating to a disability, gender, sexuality and race from the information relating to their training and skills. This way a short-list will be selected solely by how well applicants match the profile and person specifications.

3.3 Short-listing and interviewing

How to short-list and who to interview are decisions made all the harder because in most areas of the UK, applications for counselling placements exceed the number of placement opportunities. There may be a need, should this happen, to consider whether the criteria applied during the assessment of applications should be tightened. For example, increasing the level of pre-commencement client hours which are needed, or looking for trainees who have completed more of their core training. However, it is often more appropriate for all applicants who have made it through the initial application assessment to be invited for interview, as by doing so a more holistic view of them can evolve.

Offering an interview gives an opportunity for the service to gain a clearer view of the applicant. It allows the organisation to review an applicant's competence, interpersonal skills, and clarify anything that was unclear or flagged up for query during the application assessment. There are a variety of different approaches to interviewing which can be used, and this will depend on the particular context and setting of the service.

One approach to interviewing, which has been used for many years within the sector, is one-to-one interviewing. This approach still has relevance, especially when considering an application from a trainee who has no previous clinical experience. In this context, an applicant may be invited to talk about an aspect of their training which they are particularly proud of, or interested in. This can help provide insight into an applicant's rationale for practice and a sense of their communication style.

Whilst one-to-one interviews provide the opportunity to learn more about the trainee's motives for applying, and to reflect on their practice, many services have restructured their interview process to include either a task, presentation, or group process. This could include an observed group discussion focusing on an issue relevant to the counselling service and its clients. In this setting it becomes possible to evaluate an applicant's capacity to work collaboratively and interact with others. Alternatively, if this form of group interaction is not felt appropriate, an interview could include other activities such as giving a presentation on a subject relevant to the applicant, or the service, which can then be reviewed.

Whatever structure you choose for the interviews, it is important to ensure that through the interview process you are able to observe skills demonstrated by applicants, in order that you provide the best service for clients and have someone that works well within your existing team.

The interview is also the time when applicants will assess the placement provider to see if it is an organisation they wish to be part of, whether it mirrors and portrays what is stated within its promotional material in terms of ethics and service for clients. It is also a time for them to voice any questions or uncertainties they may have.

When interviewing, there is also a need to be mindful of any ethical conflicts. For example, where a trainee and placement provider are members of different professional bodies and abide by different ethical frameworks. If this were to be the case, it would be appropriate to discuss at interview what ethical conflicts may exist, and to put appropriate safeguards in place to protect service users, trainees and the reputation of the counselling professions.

3.4 Induction

All successful applicants should be given some form of induction training. This needs to be relevant to the particular context and setting of the placement provider.

Details given on application forms should be checked, including references, proof of identity, confirmation of qualifications, course progression, relevant professional membership and referencing. Criminal record checks are usually required. (For more information see: England and Wales: https://www.gov.uk/government/organisations/disclosure-and-barring-service. For Scotland: https://www.mygov.scot/disclosure-types/. For Northern Ireland: https://www.nidirect.gov.uk/articles/disclosure-and-barring-protecting-children-and-vulnerable-adults.) Until all checks on the application, and the appropriate documents are received, the trainee's offer of a placement will remain conditional and they will be unable to see clients.

While this can be a frustrating time for trainees, it does not prevent them from engaging with any service specific induction training, getting to know the team and how the service works, and meeting (or in some cases finding) the supervisor who will support their placement.

Induction training can be delivered in many ways, but could include:

• consideration of any particular theoretical concepts, which have both resonance and relevance to the clinical setting where the placement is taking place. For example, a bereavement counselling service may consider offering training on the different theoretical approaches to grief

• informing trainees of the policies and procedures applicable to both practitioners and their clients within the clinical setting. This would usually include information about safeguarding, client referral and evaluation, record keeping, data protection, who is within the circle of confidentiality, supervision arrangements, together with any administrative processes which a placement holder will need to follow, or what the trainee needs to do if they have any questions or concerns

- introduction to the counselling service team and explaining the day-to-day practicalities of a placement, which could be anything from health and safety policies and procedures, to how to book clients into the diary, where to find the tissues, and coffee to make a drink and how to control the heating.

The more open and interactive the placement provider is, the more this can facilitate the trainee feeling welcomed and involved.

4 Practice Process

4.1 Clients

In sections 3.1 to 3.4, the focus has been on the pre-practice phases of a placement but now the focus moves onto the trainee's interaction with clients.

All referrals would usually be assessed by a counselling service provider to ensure they are referred to an appropriate practitioner. Referral notes often only include core summarised information, but an initial assessment can give further information, and the creation of a more holistic view of the client, clarifying their needs and whether the service is able to support them.

Allocations can then be made based on practitioner availability, level of competence and relevant experience. This matching process can also be useful in ensuring fair allocations among trainees, which can be an effective means of facilitating a sense of collaboration and team working. However, while this can be an aspiration, it is essential that the allocation is driven by the kind of intervention the service can offer, client need, safeguarding and ensuring the safety of practitioners, and that they are working within their competence. This may mean that it may not always be possible to find a suitable practitioner for every client who applies to the service.

Once trainees are allocated clients, communication between them, the training provider, supervisor and service continues to be essential, and there need to be compatible contracts and understandings of what is expected of all parties as they work together. Trainees will have established communications networks with their trainers and other trainees, but as they take on clinical work, they need to begin to interact with the service and their supervisors. Whilst discussions within supervision may be focused on the trainee's clinical engagement, it is equally important that they are able to develop the confidence to engage in informal reflections with both colleagues and staff within the agreed

circle of confidentiality at the service. (For more information about the circle of confidentiality see the *Ethical Framework*, Good Practice, point 55b). These can both be equally effective in sustaining the trainee's practice, and ensuring clients get the best possible service.

Whilst informal reflections with the service can be supportive of a trainee, there will also be a need to have structures in place to support more formal monitoring and feedback. The risk faced if these structures are not in place is that the service will lose its ability to ensure that the trainee is working safely, and within their competence. However, it is equally useful in supporting their growth as a practitioner, as their experience and confidence build. It will provide the opportunity to broaden the scope of their placement, which could see them working with more complex and challenging clients.

The case load which a trainee is allocated will vary depending on the particular service, client group, course requirements, and level of training and experience of the trainee. Some services apply a maximum and minimum case load, which each placement holder can carry, in order to ensure equanimity of allocation while being protective of their wellbeing. However, the presence of regular monitoring will flag up how the case load can evolve in line with a placement holder's growing competence.

Whilst monitoring a trainee's performance from within a service's operational structure is important, it is also important that the client's perspective is not lost. The use of evaluation tools has grown within the talking therapies over the last decade and can provide an evidence base for the effectiveness of practice. While these data are usually used to support either third sector funding or the provision of commissioned services, some tools can also provide valuable data on individual trainee's performance.

4.2 Supervision

The provision of appropriate and sufficient supervision is an essential part of trainee placements, providing as it does, a safe space to consider their practice. When thinking about the provision of supervision for trainees, there are a number of different elements which we need to consider, how supervision is to be delivered, the amount of supervision which is to be provided, along with the person who will be fulfilling the supervisory role.

How supervision is to be provided to trainees needs some reflection, as both one-to-one and group supervision bring different advantages and disadvantages; the ideal may be a mixture of both. Although peer supervision can be supportive, it is not usually appropriate for trainees to only have supervision in this form as it would be difficult in a 'peer' group of trainees to comply with the *Ethical Framework* as:

'*supervision requires additional skills and knowledge to those used for providing services directly to clients...*' (Good Practice, point 61) and, '*trainee supervision will require the supervisor to collaborate with training and placement providers in order to ensure that the trainee's work with clients satisfies professional standards...*' (Good Practice, point 66 for more information).

It is important that you clarify with trainees whether the service will be providing supervision, or whether they will need to find and finance their own supervisor; and how this supervisor will need to interact and give feedback to the service.

One-to-one supervision provides:

- a close collaborative relationship for the trainee to develop the skill of putting theory into practice

- trainees may be more willing to explore their unknowing and unease

- disadvantages may be that it could be more expensive than group supervision and more time consuming.

Facilitated group supervision brings advantages that:

- it is less time consuming and expensive than one-to-one supervision

- trainees can learn from, and support each other

- group process can strengthen team building.

Disadvantages may be:

- trainees may not be so willing or able to share their unknowing or unease, or things that have gone wrong in front of their peers or colleagues

- group dynamics and size may limit the time allocated and whether all clients can be discussed

- taking part in group supervision, trainees will only be able to claim a proportion of the meeting time of the group as supervision hours (this would usually be half the supervision time for a group of four or less, and for larger groups the total time divided by the number in the group)

- trainees on placement may need to consider their role, competence, training and capacity to practice. This can be an uncomfortable area of consideration within group supervision. In this case, within an organisational setting some thought should be given to providing a flexible approach to trainee support within which their concerns can be confidentially raised. Further Good Practice in Action resources on supervision can be found at: https://www.bacp.co.uk/search?q=supervision&SortOrder=0&RecordTypes=GoodPractice

For trainees, there is also the added complication of the supervisor usually having to provide a report about them to their course provider and sometimes the service. Peer supervision therefore can be a useful supplementary source of support where trainees can support each other. However, it should not be seen as a replacement for facilitated one-to-one or group supervision.

It is important that the structure and duration of the in-house supervision which is to be provided is confirmed during trainee induction. This may also be an appropriate opportunity to encourage placement holders to give some thought as to what additional supervisory structures they may wish to put in place, and whether you would be agreeable to them speaking about clients from your service to an independent supervisor.

It is also important to keep in mind that in BACP's *Ethical Framework* it confirms that 'a substantial part or preferably all of supervision needs to be independent of line management' (Good Practice, point 61) if it is to be genuinely effective in supporting practitioners. The aspiration to provide independent supervision is bringing additional challenges across counselling services as their resources are becoming increasingly stretched, with staff often undertaking multiple roles, making genuinely independent supervision an increasing struggle. This can also be compounded where, due to shrinking resources, the service limits what types of issues can be raised in supervision. The risk of this is that issues of concern and uncertainty may go unaddressed, leaving trainees unable to deliver work that satisfies professional standards.

If your service offers counselling to children and young people (CYP), and the trainee is studying on a generic adult training course then the trainee would need additional skills and training in order that they were competent to work safely with this client group.

The trainee's course provider would also need to agree that the placement was suitable as many providers stipulate that the placement has to be for work with adult clients.

Competence would include for example, a good working knowledge of child protection legislation and safeguarding procedures, ethical and legal issues such as capacity and consent, knowledge of child and adolescent development and the ability to communicate appropriately with CYP. If the trainee's training course is not providing this specialist training, then the placement provider may wish to consider offering this as part of their induction programme. In such cases, the placement service may need to demonstrate to the course, that BACP's requirements for CYP placements are being met. See https://www.bacp.co.uk/membership/organisational-membership/course-accreditation/student-placements-with-children-and-young-people/ for more information on trainee placements with children and young people.

4.3 Supporting trainees on placement

Supporting trainees through formal means, such as providing supervision and line management and formal reviews are essential, as is creating a sense of inclusion through less formal means. This will empower trainees to participate fully in the service and feel able to talk about any challenges they face, including safeguarding issues, which in turn will improve the quality of service they are able to deliver to clients and enable you to support them in appropriate ways. How informal support is provided, is of course dependent on the service's setting, the roles staff fulfil and the individual trainee, but it can be as simple as a brief conversation, unconnected with their practice which demonstrates an interest in them and their lives. For many placement holders, this sense of being part of a team is as important as the supervision of their client work as it creates a sense of being visible and their contribution acknowledged and valued.

Services should also recognise that they need to be open to receiving feedback from trainees on how the placement is being experienced by them, or even observations, and suggestions for improvements.

At a more social level, a sense of inclusion can also stem from ensuring that placement holders are given the opportunity to attend social events. Whether this is a celebration meal or a summer barbecue, the opportunity needs to be promoted in a way which is accessible to all and scheduled to maximise attendance as in so doing the contribution of the entire service can be acknowledged.

4.4 Endings

Placement endings can be both planned and unplanned.

Planned endings

The service will have included within promotional materials the length of the placement. Careful thought is needed therefore to ensure that there is a clear process for the ending of a placement holder's client work. From the client's perspective, there can be a risk, if the ending is not managed well, that it could detrimentally impact on their wellbeing.

However, this can be mitigated by ensuring that clients are made aware of end dates during the initial contracting process. It can also be helpful to consider a phased ending to the trainee's client allocation if the interventions are time limited. For longer, or open-ended work, it is important that the client's re-allocation to another counsellor is explored in good time with the client.

In addition to managing the end of client work, the end of the placement also brings the opportunity for the trainee to reflect with the service on their work throughout the placement. This can be the ideal opportunity to review what information may need to be included in any reports required by the training provider in addition to positively flagging up a placement holder's achievements.

In some services whilst the placement may end, the trainee may continue as a volunteer practitioner, or a member of staff with the same service. If this is the case, it would still be important to review with the trainee their placement, and outline what the new role will involve, any differences in your expectations of them and to manage the transition in respect of any current clients.

Whether a placement holder continues being part of a service or their involvement comes to an end, the consistent theme is that of communication, clarity, monitoring and honestly reflecting on the work and achievements. This can give the trainee a clearer appreciation of their competence and areas for development. The service also has the opportunity to develop greater clarity over how their placements are being experienced and any aspects which may need to be reviewed.

Unplanned endings

Unfortunately, whilst planned and structured endings may always be desirable, in practice, they are not always possible due to unforeseen circumstances. A trainee may need to suddenly step back from their client work, or the service may lose its funding or client base. Very occasionally the service may need to terminate a placement – perhaps due to competence issues, or failure to comply with policies and procedures.

The service will need to ensure that should an unplanned ending occur, it has appropriate policies and processes in place meaning that clients are appropriately supported and reallocated. If a trainee ends their placement prematurely, then the service should also update the trainee's training provider.

5 Ethical responsibilities

When we think about the application of the *Ethical Framework*, there is a risk that this is limited only to how it applies to client work. However, it needs to be considered much more broadly as it applies also to practitioners, supervisors, trainers, trainees and organisational members of BACP. As organisational members of BACP, services should be offered, and trainees supported, in line with the commitments set out in the *Ethical Framework*.

Good collaboration between the service, the trainer and the trainee, is vital to ensure that the work with clients 'satisfies professional standards'. The *Ethical Framework* goes on to confirm that '...the arrangements for collaboration will usually be agreed and discussed with the trainee in advance of working with clients' (Good Practice, point 66). Responsibilities and commitments for trainees are set out between Good Practice, points 81-83. As a service these may have implications for trainee placements – for example the trainee will need to 'inform clients (or ensure that clients have been informed) that they are trainees'. The service can help facilitate this.

These are just provided as illustrative examples of which aspects of the *Ethical Framework* may have relevance when considering trainee placements. It should not be seen as either a definitive list or the only aspects that have relevance.

Further clarification on the requirements in respect of supervision can be found in the *Ethical Framework* at between Good Practice, points 60-73.

Summary

The aim of this resource has been to offer information to services about the different phases of the trainee placement. However, a placement needs to be shaped to ensure that it reflects the counselling context, size, clinical setting and type of intervention that can be offered, together with the trainee cohort it wishes to attract and can support.

Clear processes and policies need to be in place to support and monitor effectiveness for the client, the trainee and the service. It is important that the organisation be willing and able to revise the structures and processes as the needs of clients and trainees change.

The need for effective communication, monitoring and an inclusive and participatory relationship with trainees is fundamental to the process. If absent, there is a genuine risk that issues of practitioner competence may go unaddressed, undermining the reputation of a service while also putting at risk client and practitioner wellbeing.

Whilst the resource has been written to support BACP members, the approach and process outlined can be equally relevant to non-BACP members as it has been written to be both supportive and inclusive for a genuine diversity of trainees and clinical settings.

About the author

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