

Palace Gate Counselling Service:

Our internal Service Ethos Statement – this is part of what we tell therapists who come to work here about how we operate and what to expect....

14 May 2015

A Different Pathway: how our community of therapists works

Structure

We are a person-centred service, staffed by volunteers (with no employees). Our therapists each volunteer at least 4 hours, which allows us to operate an ‘according to means’ service without external funding. We don’t compromise on quality. At least 80% of our therapists are qualified to Diploma or M.A. level - highly skilled, experienced therapists; up to 20% are on placement in their Diploma final year (already qualified to Certificate level).

We are a private ‘not for profit company limited by guarantee’ (like many organisations, e.g. BACP). ‘Not for profit’ doesn’t mean we aim for the red. It means no money can be taken out by the owners for themselves, so the company exists for benevolent and not profit motives. All companies are ‘owned’ by someone: shareholders, members or private individuals. Companies are run by their directors who have legal responsibility for this (currently John Clapham & Lindsey Talbott). Neither director receives payment for doing so. Both are volunteers, like everyone else here.

To support our client work, we have administrative and supervision teams. We don’t make sense of ourselves in terms of ‘management’ or hierarchical public sector models, but rather in terms of person-centred principles, and relationship.

The character of the service inevitably depends significantly on those who volunteer extra time taking responsibility for day-to-day decisions/service operation. We don’t operate on a consensus basis, or make decisions by committee, for a number of reasons - including practicality in a group of part-time volunteers, and because we think committee-based decision-making can result in a moribund organisation. At PG, therapists have a lot of autonomy. People tend to make decisions within their spheres of responsibility – with input from others as appropriate - for example, therapists within their own client work (with supervision input, and administrative input if decisions have operational/financial implications); supervisors/supervisees within supervision relationships; the administrative team on financial matters. It’s important to us everyone has a voice. If you want to get more involved, please ask.

Overall we function as a collaborative team of therapists, sharing a commitment to providing excellent quality, affordable, accessible therapy.

So how does ‘person-centred’ come in?

Not everyone here describes themselves this way. Not everyone had a person-centred training – we’re a diverse community, enriched by our varied perspectives, beliefs and experience. We seek therapists – and therapists come to us – who share some of what we see as core person-centred beliefs, values, ways of being and working. This core of ‘person-centredness’ is what we seek to describe in our client-facing ethos statement, and reworking of Rogers’ 19 Propositions. It makes no sense in terms of ‘fit’ for therapists to come here who – for example – have a strong external locus, or favour medical model cognitive-based approaches.

We offer our clients this person-centred way of being and working. Yalom describes the task of therapist and client as co-creating a new therapy each time, a unique way of working helpful to a unique human being in a unique therapeutic relationship.

We aim to bring similar qualities to how we run our community, and relate to each other – in supervision and out of it. We believe it incompatible with an in-depth understanding of ‘person-centredness’ to claim to offer this way of working to clients, within an organisation which is hierarchical, external locus and management-based, with ‘shoulds’, ‘musts’ and ‘oughts’ enshrined in formal policies and procedures. So we don’t do that.

We have nearly 20 years’ experience of operating this service. We make many decisions on a moment/circumstance-specific basis – so we tend to have flexible processes/procedures, not rules. Nothing is set in stone, and how we do things grows, shifts and changes. We want our theory and practice to be shaped by our experience, as individuals and as an organization, not the other way around. As Rogers puts it:-

“Experience is, for me, the highest authority. The touchstone of validity is my own experience. No other person’s ideas, and none of my own ideas, are as authoritative as my experience. It is to experience that I must return again and again, to discover a closer approximation to truth as it is in the process of becoming in me.”

Carl Rogers, On Becoming a Person

Supervision

- We ensure and underpin the quality of our client work through our in-house supervision.
- All our therapists commit to 1:1 supervision. Placement students commit to group (many of our qualified therapists also attend group by choice). The supervision we offer adds up to the hour and a half/month recommended by some training & membership bodies. It is commonplace for us to provide additional supervision at times when this is needed.
- Therapists almost always have two internal supervisors – one for group and another for 1:1. It is possible to change supervisors within the supervision team on request, and people sometimes do, usually for diary compatibility!
- Most of our therapists have day jobs/private practices in therapy or allied fields, and many have additional external supervision. We have no issue with that (so long as it’s ‘alongside’, not ‘instead of’). We see a variety of perspectives in supervision as potentially valuable. As a not-for-profit service, we are not usually able to assist with the costs of external supervision.
- To ensure we are not a ‘closed system’, both John and Lindsey (as the two directors of our operating company) have always had external supervisors with no involvement in this service, as well as availing themselves of peer supervision within this service.

Person-centred supervision, as we practice it – whether group or 1:1 - is a collaborative peer-peer clinical exploration of each therapist’s process and client work. At the centre is a commitment to client healing and growth, and therapist learning and growth (and the belief that what serves one human being, serves us all). We do not see our supervision process as hierarchical, or about telling therapists how to work, or identifying what is ‘wrong’ with their practice, or as ‘accountability’ in the prevailing cultural sense of ascribing blame, nor is it ‘management’. None of those are person-centred concepts, and we don’t do it that way. We understand these ideas are currently in favour in our society, and that some therapists want to work like that. Obviously there are many organisations for them to choose besides PGCS. We value client choice, and we offer something different both to

our clients and to our therapists. That difference is important to us. We do our best to choose therapists who will feel at home in this environment.

As supervisors, we bring person-centred principles to our work:-

1. Our in-house supervision process is how we maintain contact with our therapists and our clients – and so the quality of our service. Clients come here because of our reputation as a service. They see themselves as service clients (as well as of their individual therapist). For this reason, we see it as ethically essential to stay close to our therapists and client work. Therapists often cite the quality of our supervision as a reason for choosing to come.
2. We trust our clients to bring to therapy the material on which they need to work. We trust therapists to know what they need to bring to supervision. We do not tell our therapists what is ‘supervision’ and what is ‘therapy’ (although we will look together at how we spend supervision time and what is useful). You are what you take into sessions with clients. In our view, whatever serves therapist process will also serve client work;
3. All our therapists are autonomous mature adults and qualified therapists (even our newest placement student has already done a certificate course/equivalent, and usually at least a year’s diploma training). We will relate accordingly. We have a core value around self-responsibility;
4. Our supervision process is about:-
 - I. supporting therapists in exploring their own unique personal way of making sense of therapeutic process and working with clients;
 - II. identifying and working with learning edges, in service of clients, and therapist development;
 - III. self care (we agree with Brian Thorne effective self care is a primary responsibility – therapists cannot offer clients a way of being they do not first offer themselves, and we best support our clients if we are sufficiently resourced);
 - IV. sharing and developing experience, insights, resources, wisdom, ideas.
5. What we look for, value and seek to foster in our therapists is captured in the BACP Ethical Framework, which outlines ‘moral qualities’ desirable in a therapist (such as integrity, courage, sincerity and wisdom) and states: ‘...it is fundamental...these personal qualities are deeply rooted in the person concerned and developed out of personal commitment rather than the requirement of an external authority’. We ask therapists to make that personal commitment – as fallible human beings, always in process, always learning;
6. In supervision, we balance responsibilities to clients, to the service, to ourselves, to each other. Sometimes these conflict. As with an ethical question, we see the task as considering relevant factors, and finding a way through. Sometimes, there’s an overriding service requirement – e.g. we usually don’t agree client sessions fortnightly, instead of weekly, as ‘empty hours’ are unsustainable on our self-funding model (it’s in clients’ wider interests we continue to exist!). We do not see operational ‘no’s’ as incompatible with person-centred – it’s about defining boundaries, clear, congruent communication, and a commitment from supervisor/supervisee to work through issues and consequences;
7. We make sense of supervision similarly to how we make sense of therapy. Our supervisors bring extensive experience of client work, supervision and this service - also their unique perspective, offered in the service of supervisee process (not as an external locus instead of the therapist’s internal one, nor as the ‘right’ way to see things). As supervisors, we seek to offer presence, the core conditions, and to welcome both supervisor and supervisee as we are in each moment;

8. Our invitation is for therapists to approach supervision in this spirit – bringing presence, and your *authentic experiencing of yourself* (including your vulnerable, messy, unfinished, spiky, crunchy, ashamed, frightened bits). We will not judge you or punish you. Our concerns tend to arise not around therapists who do this, but rather those who show a need to ‘present’ as ‘competent’ – i.e. around inauthenticity and incongruence;
9. We know inauthenticity and incongruence arise in fear. We think the core conditions are a more useful response than culturally prevalent, broken models of fault/blame. If we identify development needs, our intention is to come alongside and support therapists, in ways we work out between us based on circumstances. Very occasionally this results in someone taking a break in client work, or even in a recognition this is not the right service for the therapist. Such outcomes are rare. Those decisions usually arise through collaborative process;
10. Our way of working involves trust, and willingness to work with flexibility and complexity. It’s more demanding than a simple rule-based way of seeing/doing, and it’s counter-cultural. We understand people arrive (especially on placement) with cultural expectations they’ll be told what to do. A perceived need to conceal vulnerabilities and uncertainties, and present themselves as ‘competent’ practitioners. We invite therapists to lay this down, and engage in person-centred supervision without fear, as much as possible;

Raising issues

Because we do not rely on rules and formal structures, what makes our person-centred way of working *work* is **we talk to each other about what is really going on!** This means paying attention to how we communicate, and how well we understand each other, and how able we are to meet/connect (rather than miss each other).

In our 2013 feedback exercise, our therapists overwhelmingly said:-

- they know who to talk to, if they have a problem;
- they feel they have plenty of choice about who to talk to (besides their supervisor, although we find that people tend to choose to talk primarily to their own supervisor(s)); and
- they find this a supportive, open, trustworthy and non-threatening place to work (rather than feeling frozen, inhibited or unable to speak out).

So that is the invitation. If you have a worry, or something you need to say, bring it to us. Talk to:-

- your supervisor(s); or if you prefer
- another member of the supervision team; or if you prefer
- Chris or Susie.

Talk to each other first and then to one of those people (with support if you want it). Do it however works for you – but do it! Current supervisors/admin team are listed in our ‘Office Information’ ring-binder in the office, with contact details.

As with client work, a key element in effective supervision is the quality of the relationship. If the ‘fit’ does not feel right, we ask therapists to raise it – with their supervisor or with another member of the supervision or admin teams. Our feedback exercise in 2013 indicates people are getting what they need from our supervision. But people can and do change supervisors (historically usually because of diary clashes, rather than lack of ‘fit’, but could be any reason)!

Counselling Regulation

Counselling is not state regulated in the UK. Various organisations exist offering voluntary places to be registered, & professional conduct processes. One of these is the BACP (British Association for Counselling & Psychotherapy), and there are a number of others. The BACP, like others of its competitors, is a private company operating as a membership association for therapists.

You may also be aware of ongoing debate in the therapeutic world between those who favour regulation & those who do not. Clearly there are ethical, effective therapists who belong to one of these organisations, and ethical, effective therapists who do not (just as there are ineffective and/or unethical counsellors in both camps). We are cautious about therapists with a flat, 'black & white' view of this complex question. Here are a few links, which offer some food for thought, if you want that:-

<http://matthewbowespsychotherapy.co.uk/emergence-state-endorsed-therapy/>

<http://www.nepenthe.org.uk/ethics/>

There is also a thoughtful and carefully considered exploration of this subject by Brian Thorne. It features in his book: *Counselling and Spiritual Accompaniment: Bridging Faith and Person-Centred Therapy*, and was originally published as an article called 'A Collision of Worlds (2009)'. We have this in our library, if you would like to read it.

We belonged to the BACP as organisational members for over a decade. We never experienced a client complaint. We decided not to renew our membership when it came up for renewal in October 2013. This is not about the BACP Ethical Framework, which we think is a sensible and useful set of principles in its current form (although we have serious question marks about its *application*, and serious issues with the proposed revisions). However, we had increasing concerns about the 'fit' between us as a person-centred service, & the BACP as an organisation with a radically different world view & values. We have seen this gap widen over the years. We are also profoundly dissatisfied with the BACP's handling of a conflict arising between us & two therapists who used to work here, and its unreasonable/unsafe decisions on their complaints.

In the wake of our departure from the BACP, we wrote initial versions of this Ethos Statement, and the parallel Client-Facing Ethos Statement.

Plenty of our individual therapists belong to BACP or an alternative like UKCP or the Association for Humanistic Psychology Practitioners. We gladly support them in that choice (as we have for many years). We have lots of experience working with therapists who have committed to regulatory parameters, or who are working towards registration/accreditation.

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