



## **Psychological Professions Spotlight: Counselling Psychologists**

**Showcasing the Diversity of  
Counselling Psychologists in the  
East of England**

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present) of the East of England  
Counselling Psychologists  
Community of Practice**



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# Executive Summary

It has been both fascinating and inspiring to read about the varied roles of Counselling Psychologists and trainees who are working or have been working recently across the East of England region. Counselling Psychologists are employed in diverse settings including health psychology, paediatric medicine, perinatal, CAMHS, learning disability, neurodevelopmental, mental health, early psychosis, forensic community, prison, and high secure teams.

The descriptions highlight the underlying principles and values held in counselling psychology such as a person-centred, formulation-led, pluralistic and individualised practice plus reflexivity, personal development, and a focus on the therapeutic relationship. Counselling Psychologists and trainees are able to effectively apply the reflective scientist practitioner model to the needs of the NHS by implementing NICE Guidelines and by evaluating promising practice. The use of psychometric, neurodevelopmental and sensory assessments were listed as well as a wide range of therapeutic approaches.

These approaches include cognitive behavioural, humanistic, psychodynamic, trauma-informed, compassion focused, systemic, schema, sensory motor, narrative exposure, mentalisation dialectical behaviour, eye movement desensitisation reprocessing, and cognitive analytic, acceptance and commitment, and interpersonal psychotherapy (plus an integrative approach).

A wide range of other important aspects of counselling psychology roles are mentioned such as facilitating reflective staff groups, clinical group work, service development, widening access for marginalised groups, risk assessment, professional consultation, working in multi-disciplinary teams and alongside partner agencies in child and adult settings. Counselling Psychologists are further doing valuable work alongside and supporting NHS services such as providing training, supervising trainees, expert witness provision for the family court, providing talking therapies in the community and to those in prison.

Counselling Psychologists are also successfully holding senior roles as consultants, clinical leads and in strategic or professional leadership roles. They are supervising counselling, clinical and forensic trainees, as well as other qualified staff from a range of disciplines. Line management, recruitment, service design, development and evaluation were all identified as components of a number of the positions outlined.

The training route has allowed Counselling Psychologists to develop competence in a range of therapeutic models, whilst completing a rigorous academic practitioner course and doctorate (or doctorate-level) research study. This route to qualify as a Practitioner Psychologist is often chosen because of its philosophical and theoretical underpinnings, as well as for its flexibility to train part time or full-time. Many trainees are mature students from diverse backgrounds, who already have significant personal and professional experience relevant to the field. Whilst there is the opportunity to choose placements in a variety of settings, some trainees will complete most or all of their placements in the NHS so are well-placed to be recruited as a newly qualified or more senior Practitioner Psychologist.

What is evident in the region is that Counselling Psychologists and trainees are passionate and committed to providing the highest standards of psychological services, and are working across a wide range of populations and settings. The NHS benefits considerably from having Counselling Psychologists and trainees in the workforce who are most importantly basing their practice on the quality of human relationships, working collaboratively and personal / professional development.

Dr Rebecca Morland

Consultant Counselling Psychologist and Systemic Practitioner, Co-Chair of the East of England Counselling Psychology Community of Practice

# Introduction

Last year, 2024, was the 30th Anniversary of the formation of the BPS Division of Counselling Psychology. With 4000 members, our thriving community is the second largest Division in the BPS. Data from the HCPC also indicates that Counselling Psychologists are the most diverse community of applied psychologists who typically work in health, care and forensic settings.

While our counselling psychology roots are in humanistic and relational therapeutic practice, our core training continues to evolve, ensuring we are able to positively address the challenges faced by individuals, their families, communities and society as a whole. Alongside our training in at least two core therapeutic modalities, research and evaluation, underpinnings of neuropsychology and psychometric measurement, leadership and lifespan applications are all now aspects of our training, cementing our reflective and scientist practitioner identity. As our training has evolved, we are encouraged by the adoption of a number of our core philosophical strengths by our colleagues in other domains. A shift from pathologisation to exploration and collaboration, and narrative understandings of distress; the awareness and use of the self in therapeutic encounters; social justice, advocacy and creativity.

This wonderful publication makes visible our practice and leadership across a wide range of clinical settings. We have, in the past, appeared somewhat hidden, yet in plain sight. From the public's perspective, there is no distinction between psychologists who are from the health domain, clinical or counselling. And this is as it should be. Quite often too, our colleagues may not know that we are counselling psychologists. Have we arrived at a position where, as Practitioner Psychologists, we have more in common than differentiates us? Perhaps we are now able to acknowledge our shared expertise and skills, while championing our unique identities and philosophical underpinnings.

I am grateful to the East of England Psychological Professions Network for their vision and support, and all of our colleagues from the East of England for their contributions to this excellent account of Counselling Psychology in practice.



Dr Sue Whitcombe  
Past Chair BPS Division of Counselling Psychology

# Purpose

The purpose of this Counselling Psychology showcasing document is to illustrate the excellent and meaningful contributions being made to our Psychological Professions family by Counselling Psychologists across the East of England, every day. As a community of practice, we are keen to show that Counselling Psychologists are valued and welcomed across the region, by employers, services, patients, carers and the public more generally.

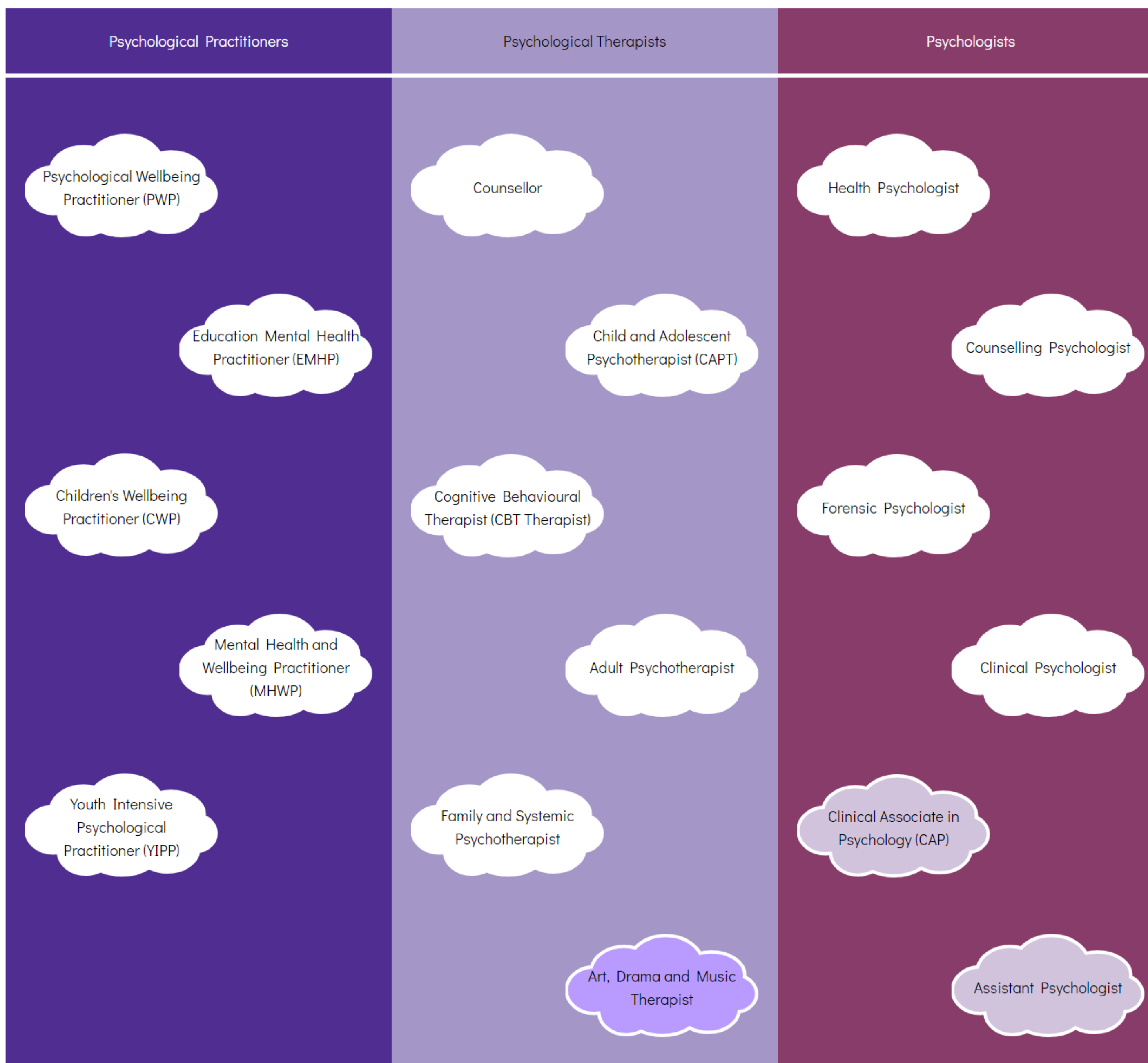
Whilst the vast majority of counselling psychologists in this document are working within the NHS, the community of practice would also like to recognise the voluntary, community, faith, social enterprise and independent organisations working alongside and / or in support of the NHS and providing additional sources of training and placement opportunities and expertise of benefit to the whole of society, including the NHS.

The perspectives and opinions voiced in this document are those of the contributors themselves.

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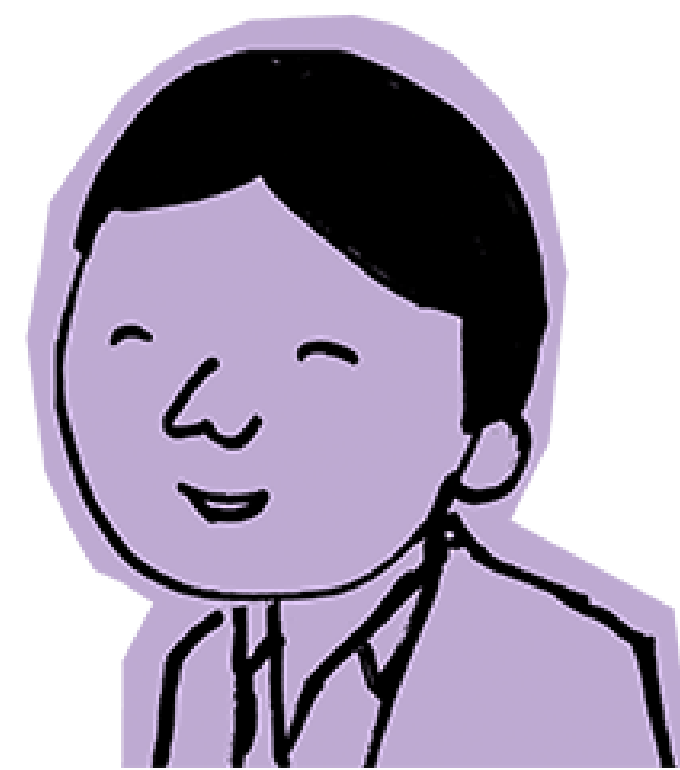
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The Psychological Professions are a diverse group of professions whose work is informed by the disciplines of psychology and psychological therapy. These are shown in the psychological professions career map below ([www.ppn.nhs.uk/resources-url/careers-map](http://www.ppn.nhs.uk/resources-url/careers-map)).





# The Role of Counselling Psychologists



## Becoming a Counselling Psychologist

Counselling Psychologists will usually have completed an undergraduate degree or master's degree in psychology accredited by the British Psychological Society (BPS) to confer the Graduate Basis for Chartered Membership (usually 2:1 or higher).

This will be followed by further training and some experience of face-to-face work with adults or children. Finally, Counselling Psychologists complete a BPS accredited practitioner doctoral degree in Counselling Psychology at a university, or the independent doctoral level qualification in Counselling Psychology which is awarded by the BPS. Both of these pathways lead to eligibility to register with HCPC using the protected title of Counselling Psychologist and Chartership with the BPS.

The courses require supervised therapy practice of a minimum of 450 hours over three or more years in a variety of settings. Trainees are required to receive personal therapy during training.

For further information, please see the PPN website ([www.ppn.nhs.uk/resources-url/careers-map/counselling-psychologist#read-career-path](http://www.ppn.nhs.uk/resources-url/careers-map/counselling-psychologist#read-career-path)).

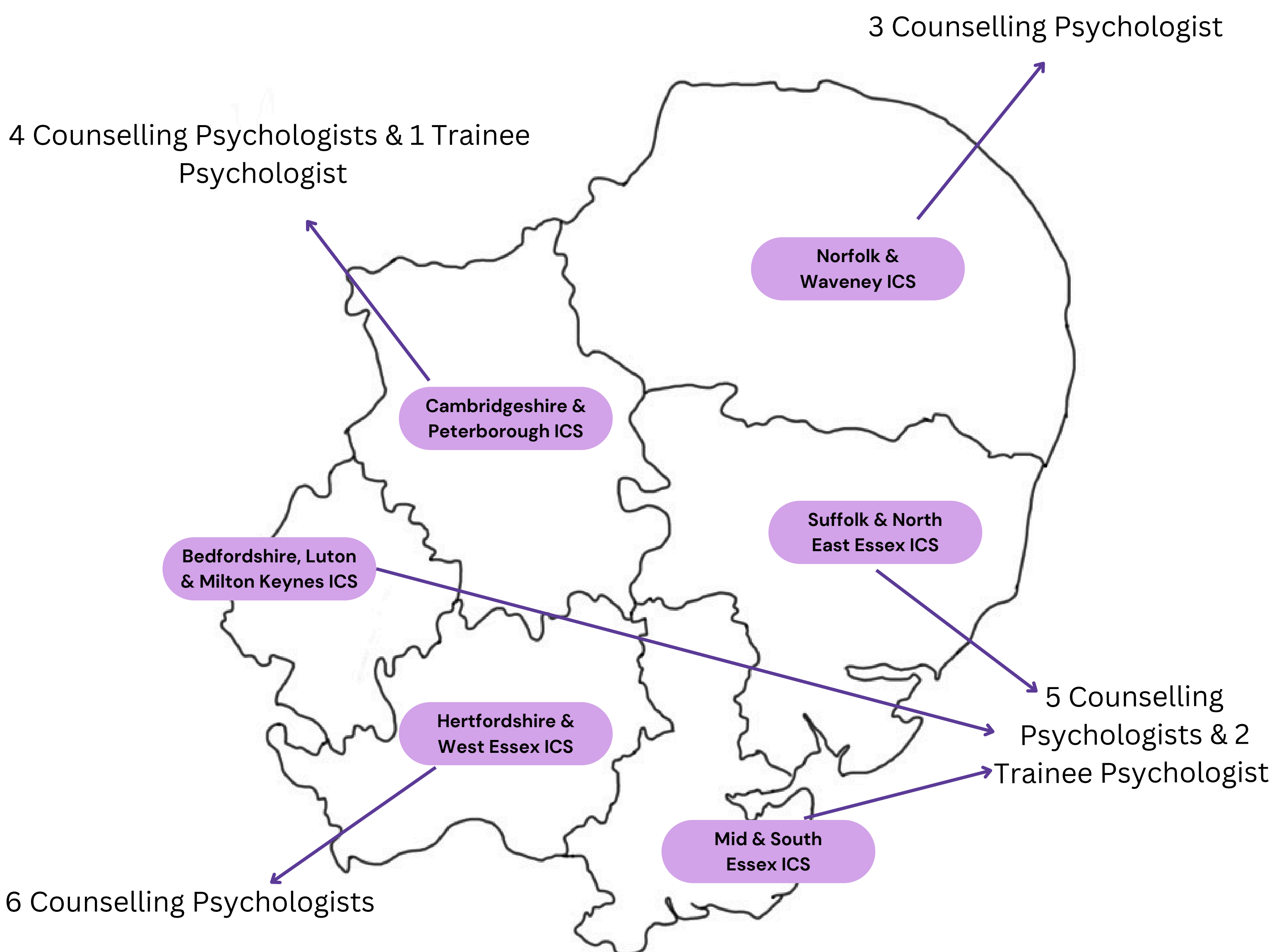
## Working as a Counselling Psychologist

Counselling Psychologists work with people who experience a range of psychological difficulties in physical and mental health. This includes anxiety, depression and adjusting to and managing long term physical health conditions, as well as other specialist areas like substance misuse, eating disorders, psychosis, complex trauma, self-harm, attachment and relationship issues.

Counselling Psychologists are trained in at least three major theoretical approaches to psychological therapy models, commonly including psychodynamic therapy, cognitive behavioural therapy, and person-centred therapy with competency in utilising these. They consider how people relate, how they think and behave, their experiences of the world and how they make meaning from this. This will include exploring people's social, economic, cultural, spiritual and physical health experiences. A Counselling Psychologist's primary focus is on understanding individual and contextual factors (both difficulties and strengths) that helps inform a collaborative psychological formulation. They use psychometric assessments along with their training in psychological therapy approaches to discover a way forward in the best interest of the individual or group.

The quality of relationships is central to Counselling Psychology, especially regarding the therapeutic relationship and relationships in a person's social world. Counselling Psychologists also engage with research facilitating the development of psychological and psychotherapeutic theory, plus evidence-based practice. They teach, mentor and supervise a range of professional groups, provide clinical leadership to multi-disciplinary teams, and engage in service development, audit, and evaluation.

The East of England region includes six Integrated Care Systems (ICSs), and additionally some services are provided by Trusts outside of the region. In total, 21 Counselling Psychologists/Trainees provided insights into their roles. Their locations can be seen on the map below.



# Counselling Psychologists in Health

# Health Psychology

## Samantha - Trauma & Chronic Pain

I'm a Counselling Psychologist and Psychotherapist, and I work within the Health Psychology department at the Queen Elizabeth Hospital in King's Lynn. I work mainly in trauma and in chronic pain. I also do some inpatient work, and I work in the ITU. Currently, we are setting up a major trauma pathway as well. All of my work is Health Psychology based.

On a typical day, I see outpatients and I might supervise other staff members or training Clinical Psychologists. I might take some time to do some training and teaching, and I go onto the ward sometimes. I also have regular CPD meetings, but mainly spend a lot of my time seeing patients.

I was trained in an integrative framework, but because of the work we do, I do lots of trauma focused therapy. This involves EMDR, and a little bit of trauma focused CBT. I use a compassionate focused form of therapy as well, and within the pain service, I use acceptance and commitment therapy. Then in terms of my approach, I draw on my roots as a Counselling Psychologist and utilise mostly the psychodynamic and humanistic approach. They are the models I like to go to.

In terms of what I enjoy most about my role, everyday is different. I enjoy getting to work one-to-one with patients and forming therapeutic relationships, and helping people to address traumatic events they may have experienced. I really enjoy the supervision work as well. I also think that as a Counselling Psychologist, I come back to the philosophy of thinking about an individual who has been thrown into a chaotic world, and that there is no one truth to what they have experienced.

I still remember from my training that we all hold multiple truths; we're not here to fix people but to sit with difficulties and uncertainty. I find using this approach really helpful, whether it be when working in ITU or when in an outpatient clinic with patients. It allows me to hold multiple perspectives and thoughts about the person in front of me. This then helps me to draw on different theories that are much more tailored to the individual, rather than adopting a one-size-fits-all approach. I think, as a Counselling Psychologist, I can see the individuality of a client against the context of their lives.

# Clinical Health Psychology

## Lelanie - Community Stroke & Long Covid Assessment and Rehabilitation

I was formerly based within a Clinical Health Psychology service in Essex as a Principal Counselling Psychologist. Clinical Health Psychology presents a variety of opportunities in both inpatient and community settings. I have worked in both, across a number of services supporting clients with renal difficulties, cardiac concerns or strokes, Chronic Fatigue Syndrome, persistent pain and neurological conditions.

I worked within two teams in the East of England, these being Community Stroke and Long Covid Assessment and Rehabilitation. I worked alongside Psychologist colleagues within both services, specifically in the Long Covid team, where different pathways exist to meet the needs of children and young people or to support particular cognitive difficulties. I offered psychological assessment and support to adult survivors of strokes, their loved ones, and individuals living with the after-effects of a Covid infection. Our work focused on a variety of distress, including trauma, loss, and adaptation to change. We offered both individual and group options for ongoing psychological input.

We acknowledged the interchange between cognitive and psychological factors potentially influencing a clients' ability to participate and flourish in sessions, as such, we adapted our approaches to suit individual need. All our input followed a holistic perspective, and we worked alongside colleagues from other professions (Physiotherapy, Occupational Therapy, Nursing, and Speech and Language Therapy), in both virtual- and face-to-face sessions.

Within our service, we offered placements to trainees from Clinical and Counselling Doctorate programmes and our team included qualified Psychology colleagues and Assistants. My role included the day-to-day running of the service, service development, supervision provision, caseload management, training and consultation with colleagues. I formed part of a wide-ranging MDT, where formulation and discussion are key. Our team often took the lead on projects including pathway development, staff support initiatives and training sessions. I am a qualified Schwartz round facilitator and co-facilitated rounds on a regular basis. I also co-facilitated a group for clinicians working in Long Covid services, to exchange ideas and support each other in a very new and developing field. Within the Long-Covid team we offered daily debrief sessions to staff, as well as complex case discussion meetings, to explore at depth any multi-faceted case presentations.

Clinical Health Psychology is very dynamic, with lots of potential roles for Counselling Psychologists. Opportunities for working "across conditions" allows knowledge to be applied in a more generalised sense, and co-creation sits at the heart of the practice. I would encourage all Counselling Psychologists to consider working within this exciting field.

*Lelanie has since moved on to a new role outside of the East of England but kindly gave permission for us to include this role summary.*

# Children and Young People's Services

# Paediatric Psychological Medicine

## Viktoria - Complication of Excess Weight Service

As a qualified and registered Chartered Counselling Psychologist, I benefited from extensive experience within the field of psychology. I use psychological theory and research in my therapeutic work to help clients with a wide range of difficult life issues and mental health conditions such as anxiety, depression and PTSD. For many years I worked clinically with young people of 0-18 age range, as well as supporting and strengthening children's mental health services by consulting and training midwives, health visitors, paediatricians and school nurses in identifying and treating emerging mental health problems. I am trained in numerous interventions; e.g. Video Interaction Guidance, Watch Wait and Wonder, the Dynamic Maturational Model DMM, Interpersonal Psychotherapy, Cognitive Behavioural Therapy for PTSD and many others. I have extensive experience of specialist psychological assessment and therapy for children, adolescents, young adults and families with complex medical needs in hospital based settings as well as in CAMHS services.

Currently, I am the Lead Counselling Psychologist in a newly set up service called Complication of Excess Weight (CEW). This service is part of larger paediatric psychological medicine team based at Addenbrookes hospital. This role provides specialist psychology services to patients accessing CEW clinics, taking a multi-disciplinary team, biopsychosocial approach. Working in a multidisciplinary clinic offers a holistic view of the medical, wellbeing, and mental health needs of children and families.

The work also involves linking up with other teams to provide psychological advice, guidance and consultation, both within hospital and community settings. Moreover it involves undertaking research that is clinically relevant and will guide the evidence base to support further direction to CEW clinics.

I am also an Interpersonal Psychotherapist (IPT), supervisor and trainer. I am a member of the training committee, IPT UK and executive committee as IPTUK research lead. I work with colleagues on many aspects of IPT training delivery in the UK.

I am also an Honorary Lecturer at University College London and King's College London. I contribute to delivery of Interpersonal Psychotherapy on Postgraduate courses as well as wider topics relevant to the field of mental health, such as therapeutic relationships and attachment theory. I am also on the CYP IAPT supervisors' course at King's College London. I am a co-developer of Interpersonal counselling IPC for adolescents IPC-A. I am also co-applicant on a current NIHR funded Feasibility Randomized Controlled trial for IPC-A.

In the last 6 years, I have delivered trainings to tier 2 professionals in Interpersonal Counselling, working towards making IPC available to non-mental health professionals. This helps to increase access to evidence based psychological interventions to many young people who do not reach thresholds of specialist service. Moreover, I am involved in the pilot IPT for PTSD for adolescents in specialist child and adolescents services. I liaised with the developer of IPT-A, Prof. Laura Mufson about this project.

# Perinatal Service

## Michelle - Community Perinatal Team & Perinatal Trauma & Loss Care

I work as a Perinatal Psychologist in HPFT, and prior to this I worked as a child and adolescent psychotherapeutic counsellor for many years. I then decided to become a Counselling Psychologist which I did through the doctoral programme at City, University of London. I completed clinical placements in adult mental health services and perinatal health services, which is where I found my love for perinatal psychology. I've been in this team for three years, and just recently we have had another Counselling Psychologist join our team. The rest of our psychology team is largely made up of Clinical Psychologists, and we work alongside perinatal therapists and other multidisciplinary team members.

I work across two perinatal services, the one-to-one psychology team within the Community Perinatal Team (CPT) and I work in the new MMHS service, called Perinatal Trauma and Loss Care (P-TLC). The one-to-one psychology team is focused on the mother's mental health, so we'll be looking at an individual who might present with anxiety, depression, OCD, birth trauma, tokophobia (fear of childbirth), for example. We may also help people who have not only had a traumatic childbirth but historically have also experienced abuse as a child. We focus on the mother in terms of her 'here and now' and current mental health struggles, but also her historic experiences and how her past has contributed to where she is now. I use compassion focused therapy, EMDR for trauma and CBT, and CBT for OCD, if that is the presentation; the use of these interventions or modalities depends on the case formulation, and collaboration with the clients.

The Perinatal Trauma and Loss Care service is new, starting January 2024, and within that we will be supporting individuals who have experienced birth trauma, perinatal loss, and we will also support mothers who have had their child removed by social services.

Within both services I am also involved in facilitating groups such as the CFT group. I supervise psychology trainees and assistant psychologists. I run a reflective practise supervision group, which is like a peer support group, for colleagues to have a safe space to talk about the stressors that come with our jobs.

In my clinical work I makes use of a systemic and a psychodynamic lens when I approach a case formulation and I build on that as I collaborate with a client about the most appropriate modality for their case. This enables me to consider what 'has happened' to a person, rather than focusing on 'what is wrong' with a person. It shifts the focus from diagnosis to the individual's experiences, enabling a more trauma-informed or systemic approach. As a Counselling Psychologist, I feel able to build sound therapeutic relationships with clients, at relational depth, in a person-centred way. We are trained to be integrative, and this gives us 'permission' to step away from a restrictive singular model way of working, in the service of the client.

I thoroughly love my job; it is a privileged role because I get to work with mums and babies at a crucial time of life. Our team is team led by a superb psychiatrist who has a positive approach to risk; she is very respectful of our team's abilities, and in general we are a team that hold the same respect for our clients as we do for each other. I also enjoy the variety of my work in that each client may be experiencing vastly different mental health difficulties, and I appreciate that I get to work at great emotional depth too. I am fortunate to have access to amazing training within our service, which I appreciate.

# CAMHS Learning Disabilities

## Wilana - Learning Disability Specialist Service

I'm a Consultant Counselling Psychologist based in NELFT. I initially trained in South Africa and qualified in 1992 (before doctorate titles). I initially worked for the South African Government and then I had a private practice from the mid-90s to early 2000s. At that point in South Africa, the training for a Counselling Psychologist was very similar to Clinical Psychology. Due to this, I had experience in inpatient units and in psychometric testing, which is very different to Counselling Psychology in the UK. I came to the UK in 2001 and registered with the BPS as a Chartered Counselling Psychologist. I started to work in CAMHS in 2002, and I am still working in CAMHS in Essex.

In 2006 I was appointed as a Consultant Counselling Psychologist to set up a learning disabilities (LD) specialist team in Essex CAMHS to support the mental health of children with severe to profound LD. The team was very small and South Essex based until 2015 when we became part of NELFT and a county wide team. Since 2018 my role in the team has changed from manager to being more focussed on clinical and strategic leadership. I have also got wider strategic responsibilities across CAMHS. I deliver training and development across teams, supervise staff and trainees and I am the contact for the University of Essex Clinical Doctorate placements.

I maintain a small clinical case load. In my clinical work I do a lot of functional analysis, sensory assessments, and sleep assessments, which are not things I was originally trained in. Lots of my consultation work is systemic as I work with the special needs schools or social care teams and families. I run psychoeducation groups for parents too. As lots of the children we work with do not have verbal language, we work with the systems around them.

Working with children who have special needs has always been a passion of mine because they are so often marginalised in services, and I want to make a difference. 20 years ago, there was no service for children with LD in Essex, but now there is one with 15 members of staff. Creating that has been a big part of my life and knowing that I've made a difference is great. When working with this client group you have to be creative and the freedom that this brings is satisfying and challenging. I enjoy working in the community and see the children in their daily lives. I really enjoy supervising trainees and giving them the opportunity to access to LD children services. Not many training programmes have access to child LD placements and the bulk of my trainees are on Clinical psychology doctorate courses.

# CAMHS Learning Disabilities

Kerry-Jayne - Trainee Counselling Psychologist, Learning Disability Specialist Service

I'm currently a part-time counselling psychology student at The University of Roehampton. I decided to access this pathway of study to support me to continue to work full-time. I am currently in my 5th year of study and working towards completing the write-up of my thesis.

I already worked for NELFT when I started my counselling psychology training (CAMHS Crisis Service), where I created a position within the team to work as a trainee counselling psychologist. This included working with young people 16-18yrs as part of a community treatment team, a position that was clinically supervised by a counselling psychologist in the service. I now work for the CAMHS-LD team with children/young people and their families. The role typically includes assessments, to formulate and plan appropriate intervention(s) as part of a wider multi-disciplinary team. As a service that works with severe to profound LD, this often requires a more systemic approach rather than working directly with the child/young person. This might include work with parents, the wider family (where appropriate) and schools to reduce the child's signs and symptoms of mental health.

The role also requires trainees to liaise with other professional services working with the family to co-ordinate care plans. This includes social care, education, paediatrics, psychiatry, speech & language, occupational therapy, behavioural specialists, among many different agencies, for example we often attend child education and training reviews (CETR's) to consider the specific risks/needs of young people who are struggling with their mental health and how best to support them in the community.

Working in a specialist service offers the opportunity to learn more about the specific difficulties experienced by identified groups, for example the difficulties experienced by children/young people and their families when living with complex presentations including LD and mental health. Being able to reflect on these issues both in clinical supervision and as part of a wider multi-disciplinary team have been invaluable as a trainee and supported me to develop both clinically and professionally as a counselling psychologist.

I have really enjoyed the variety of opportunities offered to me during this placement, specifically the opportunity to work with a large and varied network of professionals, alongside the child/young person and their family. This has enabled me to think more about particular issues such as loss experienced by these families.

# Forensic Services

# Criminal Justice Services

## Lloyd - Offender Personality Disorder Service

I am a specialist Counselling Psychologist based in an Offender Personality Disorder service in Cambridgeshire. I work in a high security prison with men who have committed serious offences and have a significant history of trauma. The service follows a three-year therapy model involving both individual and group therapy sessions. This is a forensic role that is informed by a range of different approaches. Our service is primarily focused on three aims: addressing trauma, improving mental wellbeing, and reducing the risk of reoffending. My working day involves working closely with clients who are currently in prison, as well as prison officers and other professionals involved in their care, and I work as part of a multidisciplinary team with other professionals.

I deliver both individual and group therapy sessions and provide support to clients on the prison landings. I also complete risk assessments, assess referrals to the service, work through progression and make onward referrals for individuals completing the programme. I primarily use schema-focused therapies, and integrate EMDR, sensory motor psychotherapy, person-centred, and psychodynamic approaches in my work.

Using a pluralistic approach has been a strength of being a counselling psychologist in this setting. The person-centred, humanistic ethos advocated by Counselling Psychologists can be missing in a lot of forensic institutions. My training has allowed me to understand and draw on a range of therapeutic approaches, which enables me to be flexible in meeting each client's needs and bringing a sense of each person as an individual. In my team we currently have two Counselling Psychologists and a trainee, which is nice as it is not uncommon for Counselling Psychologists to work independently or be the only one from their discipline within a service.

While my role involves working with quite a volatile client group, there is never a dull moment. I often work with individuals who are quite resistant, but they can also surprise you at the speed in which they make progress within themselves. I get the opportunity to offer support to a group of people who are often overlooked in society as they are hidden away and can sometimes be forgotten about, and that is what helps to keep me going.

# Criminal Justice Services

## Leon - Offender Personality Disorder Service & Here For You Service

I work as a Principal Psychologist across two roles. One of those is the staff support service called 'Here For You' where I work three days a week. I also work for the Essex Offender Personality Disorder (OPD) service where I am the lead psychologist as part of a jointly commissioned team working closely with probation.

In the staff support service we provide support to health, care and voluntary sector staff. People can reach into our service to get advice, support and/or assessment. If appropriate, we either see them for therapy in the service, or refer them to other support depending on the need. When seeing people in house, I can be involved in trauma-based work, often using EMDR and/or CBT. We get a wide variety of referrals however, so the interventions I provide are varied and designed according to need. I also do a lot of supervision of staff and outreach work where I attend other bases and teams to make them aware of our services, provide training, reflective practice or other interventions.

The OPD team consists of Psychologists, Occupational Therapists, Support Workers and Probation Practitioners. We support people with a likely, or diagnosed personality disorder. There are two main aspects to the service. The first is the Reintegration Assessment and Integration Service for Essex (RAISE), where we work with people with a personality disorder usually 6 months prior to release from prison and then support them in the community following this. This can include helping them with finding work, accommodation, engaging with local activities and support with their psychological difficulties. Supporting these individuals can be very rewarding and seeing them engage with appropriate services and find ways to overcome barriers and their own problems is something the whole team values.

The other main aspect to the service is what we call the Core service, which involves developing formulations with the probation practitioner. These formulations guide all the work we do with the person on probation. We might also engage in joint casework with the probation practitioner and the person on probation for up to six sessions, or we may give recommendations to the probation practitioner for their work with their service user. Sometimes we refer the people on probation into the RAISE team, but capacity is limited so we need to think broadly and work with other organisations to meet their needs.

The two roles are quite different but there are also similarities. I enjoy the variety and the way that the two roles can complement each other. I also really enjoy supervising and seeing people improve in their careers. Helping to be a part of that is very rewarding. Working with people on probation and supporting probation staff in one role and then supporting valued staff members in the NHS and other sectors is something that I feel very lucky to be a part of. My senior role enables me to think about the strategic aspects to this in addition to engaging in the clinical side. Keeping that clinical work remains important to understanding the more systemic aspects and broader considerations.

I think as Counselling Psychologists we often get a very varied experience, not just in our roles but also in training. My placements were quite broad, and I was lucky enough to be paid at band 6 throughout all of my training.

# Criminal Justice Services

## Becky - Stalking Intervention Partnership & Former BPS Executive Committee Member

I am a Consultant Counselling Psychologist in Cambridgeshire and Peterborough NHS Foundation Trust. I have worked in various roles across a range of mental health services, from primary and secondary care to rehabilitative and acute mental health services. I have also worked in an early psychosis service, youth offending team and forensic CAMHS.

Over the last few years, I've been working as part of a new initiative through the Home Office called the Cambridge Stalking Intervention Partnership. I work alongside police, probation and victim advocacy services, and we also have input from the Suzy Lamplugh Trust. We work as an inter-agency team, with the aim of intervening with individuals who have stalking behaviours to improve the safeguarding of victims.

My weeks are often varied as I work individually with people who have stalked in an attempt to reduce the likelihood that they will re-offend and also offer brief advice and in-depth consultation to professionals. I work closely with probation practitioners, as well as health colleagues as some of the individuals who commit stalking offences may have severe mental illnesses or experience complex psychological difficulties.

Together as a stalking team, we review cases that have recently been reported to the police, so appropriately share information and analyse the risk concerns.

Inter-agency work is one of the aspects of my role that I enjoy the most, because it is the best way to manage stalking risk or concerns in forensic services. I equally find satisfaction supporting someone to make positive changes, which not only help them but also reduce the likelihood further harm will be caused to victims and future victims (including children). It is both challenging and rewarding to work with people who stalk, so never a dull day!

In between my focus on stalking, I try to help the next generation of psychologists coming through training by offering supervision and providing placements. Until recently, I sat on the Executive Committee for Counselling Psychology with the British Psychological Society and continue to be the Counselling Psychology representative for the East of England Psychological Professions Network (PPN). As part of the PPN, I co-chair the Counselling Psychology Community of Practice which meets regularly to help trainees and qualified Counselling Psychologists to join up, share ideas, work on any professional difficulties, and to showcase the value our professional group can bring to the NHS.

# Adult Mental Health Services

# Adult Mental Health Services

## Mel - Adult Community Mental Health Service

My role is as a grade 8B Counselling Psychologist in HPFT, and I support the professional quadrant lead with the smooth running of the psychological therapy service. As part of my role, I am involved in selection and recruitment for a range of jobs including psychological therapists, CBT therapists, Clinical and Counselling Psychologists. I have line management and clinical supervision responsibilities for these individuals, and a number of trainees, including a Clinical Psychology trainee and a Clinical Associate in Psychology trainee. I am involved in triaging new referrals and look at allocations for assessment and treatments. I consult to both the psychological team and the wider multi-disciplinary team to make recommendations for individual service users needs.

I am also involved in direct clinical work which typically involves assessments at the more complex and severe end of client's needs. I work on reports and provide recommendations for treatment. I deliver treatment at a Senior Clinical level which tends to involve working with complex trauma and delivering CBT for psychosis. As a Counselling Psychologist, I apply integrative approaches and principles where clinically appropriate. I'm trained in a wide range of methods, such as CBT, Acceptance and Commitment Therapy, Compassion Focused Therapy, EMDR (Eye Movement Desensitisation and Reprocessing), Narrative Exposure Therapy, Trauma-focused CBT, and I recently completed training in Mentalisation Based Therapy at the Freud Training Centre.

The service users I see are all aged 18 and up, with no upper limit. The service (adult community mental health) is for people experiencing moderately severe to severe, enduring, and complex problems. This includes psychosis, personality disorders, severe anxiety, depression, and PTSD.

I also help with assessments, such as for ASD, and provide consultations to other teams where needed. I'm involved in a weekly psychology peer supervision reflective group where we discuss assessments and our work on a professional level.

I'm very busy, but I enjoy the variety of the 8b post. I think what I enjoy the most about my role is helping either service users or staff and colleagues to grow. As a Counselling Psychologist I focus on the relationships built with colleagues or service users. I consider the individual rather than their diagnosis or label, and this applies both clinically and as a supervisor. When I am working with clients, I take a holistic approach. For example, when working in a pure CBT for psychosis way I still consider the biological, social, and spiritual aspects of an individual and the journey they have been on. Taking this stance towards people is what I learned in my training, and I also focus on their goals and strengths rather than deficits. I'm not suggesting Clinical Psychologists don't do this however, and I think often now there is little difference between newly qualified Clinical and Counselling Psychologists. While the Counselling Psychology approach adopts the Humanistic, phenomenological approach, it is more common now that Counselling Psychologists are also training in CBT as their main modality too.

I think overall Counselling Psychology allows me to adopt an integrative approach, which is individually formulated and may involve me using counterintuitive approaches, either on a consulting level to teams or colleagues, or to service users. I can be thinking both in a CBT and psychodynamic frame at the same time.

*Mel has since retired from her post but kindly gave permission for us to include this role summary.*

# Adult Mental Health Services

## Amy - Adult Community Mental Health Service

My job title is Principal Counselling Psychologist within Adult Community Psychological Services in a large NHS trust. I took up this post having joined the NHS in 2017 as a band 8a Counselling Psychologist. As an 8a, I have worked in both general community psychology and perinatal psychology.

The variety involved in my job is one of the main reasons I enjoy it as much as I do. Day-to-day my work will involve a combination of direct and indirect clinical work. This includes providing therapy to clients as well as carrying out formulation-driven psychological assessments to inform clients' care and treatment plans. I am involved in a Dialectical Behavioural Therapy programme, which involves facilitating skills groups, screening clients for suitability for the programme and providing individual DBT therapy or coaching. Indirect clinical work includes being part of a multi-disciplinary consult within the DBT provision, leading locality-based psychology meetings, providing consultation to other members of the CMHT, running a reflective practice space for the wider CMHT to provide compassion focused staff support, providing supervision to Counselling Psychology trainees, qualified Psychologists and Clinical Associates in Psychology, and being involved in service development initiatives to improve the experiences of service users and staff.

My career progression has travelled a trajectory that has taken in a wide range of professional experiences. I started out in academia, completing a research-based PhD alongside teaching in Further Education and Higher Education. I spent many years working in the voluntary sector, particularly around domestic and sexual violence, before then transitioning into the NHS.

My clinical training is a dual training qualification in Counselling Psychology and Psychotherapy, and I started my clinical career identifying more with the psychotherapy side. I worked as a UKCP-registered psychotherapist before completing the research component of the training and gaining HCPC registration as a practitioner psychologist. It was at this point that I took up my first NHS post as an 8a Counselling Psychologist. Transitioning from a voluntary sector and private practice psychotherapist to an NHS psychologist was a steep learning curve in its own right! I experienced challenges around professional identity and systemic knowledge that at times left me feeling on the outside and somehow 'lacking'. It took time to gain my footing and embed myself in a very different way of working.

What stands out for me around this is the importance of having breadth of training placements and advocating for Counselling Psychology trainees to gain placements in the NHS where they can. I think it gives a different understanding and method of working in a team that can really facilitate development and offer variety that isn't necessarily the case in psychology roles outside the NHS.

How do I experience my job as a Counselling Psychologist now? It's hard, it's stressful, at times it can be pretty all-consuming. It is also so interesting, stimulating and rewarding. Counselling Psychology taught me the importance of being able to reflect and be reflexive, the ability to stay open and curious, and the value in both doing and being. And that's a pretty great place to be!

# Adult Mental Health Services

## Edyta - Specialist Community Mental Health Team

I'm a Principal Counselling Psychologist and the Psychology Team Lead within a Specialist Community Mental Health Team. I manage and supervise a small team of psychological professions including qualified and trainee Psychologists, Assistant Psychologist, Mental Health Wellbeing Practitioner, and placement students on placement and between 1 and 3 trainee Psychologists. The role is very varied and we provide consultations and training to the rest of the team instilling trauma-informed approach.

## Lara - Community Mental Health Team

I work as a Counselling Psychologist for a Community Mental Health Team, in a Band 7-8a developmental role. My typical workday might involve providing individual or group therapy to service-users and doing psychology assessments to work out whether a service-user might benefit from therapy. I also offer psychological consultation/ advice to the wider team, supervise and attend a variety of meetings where I aim to represent a psychological perspective. Whilst the individual therapy I provide is Cognitive Behavioural Therapy, this is always individually-formulated, meaning that treatment is not only shaped by the current evidence base, but by the unique experiences of my clients. I tend to work in a highly relational, trauma-informed, attachment focussed way and feel passionately about systemic issues interlinked with mental health issues (such as poverty & discrimination).

In sum, I love the variation, meaning and depth of my role and feel lucky to have trained in Counselling Psychology. As well as providing me with a solid foundation in three therapeutic approaches (humanistic, psychodynamic and CBT) it has also strengthened my capacity to reflect on myself and how this may come into the therapy room. I feel this awareness is integral to working relationally and to protecting my own well-being.

# Adult Mental Health Services

## Penny - Head of Service for Adult Community Psychology

I'm a Consultant Counselling Psychologist and my title is Head of Service for Adult Community Psychology Services in West Essex, which covers three bases in Stansted, Harlow, and Loughton. I lead psychological services that contain teams of both qualified and trainee Clinical and Counselling Psychologists, Clinical Associates in Psychology and Assistant Psychologists. These teams offer a fantastic range of individual and group interventions, including Cognitive Analytic Therapy, CBT, Schema therapy, EMDR, and Dialectical Behavioural therapy. Our psychologists work closely with multidisciplinary colleagues in the community services, offering consultations to support them to work psychologically with a service user. We also deliver training and workshops around things such as trauma-informed care to help other multidisciplinary team members understand the impact of adverse childhood experiences.

A few years ago, the 18-25 service was set up to offer interventions to people in this age range that fall somewhere in-between the criteria for primary and secondary services. This service has shown to be successful at changing the trajectory of someone's mental health journey before they get placed into secondary care services. I help develop services like this alongside our existing services where we are constantly evaluating the impact of the work that we do via outcomes measures and qualitative feedback from service users and clinicians. Psychologists in the teams offer both one to one therapies and a range of groups. We think together about the kinds of group interventions that we should offer, based on NICE guidelines and on our understanding of the needs of our complex service users. So for example, we have a DBT group for people with a diagnosis of personality disorder and trauma based groups around managing emotions which can be helpful for a wide number of our service users. I work very directly in these ways with my psychological therapies colleagues to create, run, evaluate and adjust these group offerings.

The other aspect of my role is much more Trust wide. One thing I consider is treatment pathways. There's currently quite a lot of work being done to ensure that the recovery journey through our services for individuals with a diagnosis of personality disorder is as good as it can be. I have a big role in that which feels really important. I'm involved in other Trust activities too, and I'm currently looking at the latest NHS long term plan and thinking about more integrated ways of working between mental and physical health. There is also quite an administrative element to my role. As a service lead, I'm involved in a lot of recruitment and HR issues, such as people going on maternity leave or managing sickness and annual leave.

This role is a big change from being an 8b as there is less focus on delivering therapeutic interventions. I work directly with far fewer service users, but I do work with some to maintain my accreditation in my specialisms: Cognitive Analytical Therapy and EMDR. However I offer a lot more management and clinical supervision, as I supervise the staff who come directly under me, but also support them in their management of more junior staff.

I really enjoy how varied and interesting my role is. I help to shape services for people to access psychological high quality treatment. I've always enjoyed developing staff too and now I can take a wider view and develop whole teams whilst considering individual staff members' needs. To be able to have a voice and contribute to how the Trust positions the provision of psychology services is very important to me.

I think one huge benefit of going through Counselling Psychology training is that we have to have our own therapy. I think that really allowed me to develop an understanding of myself, the experiences I carry and how this might impact my work. Having our own therapy means we have experience of what it is like to be a client and this enriches our work in how we set up and run our therapy sessions. I think West Essex is incredibly fortunate to have both Clinical and Counselling Psychologists working alongside each other as this provides a wide range of skills, so I would always be keen to have both in a service.

If I could give advice to trainees or those considering Counselling Psychology, it would be to keep placements as broad as possible and not to specialise too early. Try to use the training as an opportunity to go out and find different placements to get the breadth of experience that would be most useful post-training. I would also say that if your goal is to work in the NHS, knock on as many doors as possible to carve out a placement in the NHS during training. Most importantly, always be curious and open to new experiences. Over the course of my career in the NHS I've had quite a few roles. I've mainly worked in secondary services, but I did a placement in primary care and decided that it wasn't really for me as I realised I preferred the more complex presentations. I've worked in community mental health teams, a stand-alone secondary psychology service, an assessment service, crisis team, and an acute day unit. I think these different experiences have really helped me to understand how different bits of the services pull together. I would encourage people to always go out of their comfort zone and seek different opportunities.

# Adult Mental Health Services

## Patrick - Associate Director of Psychology / Consultant Counselling Psychologist, Adult Community Psychology

I work in a clinical leadership role which oversees the delivery of psychology services in the community. This includes community mental health team psychology and pathways within that setting, but I am also involved in specialist pathways outside of secondary care and psychology within the Primary Care Network. I also offer some limited input into an inpatient setting when needed.

The role is variable, which I enjoy, and includes being involved in Trust-wide strategy and development, as well as more service-specific day-to-day activities within adult community psychology, such as referral meetings, line management and clinical supervision, liaison with others, and monitoring outcomes. The role is both operational and clinical in nature. Another important part of my role is service development, which involves both the clinical development of the team and of the service in terms of performance, for example considering whether we are delivering in accordance with KPIs. I also do a lot of ad hoc work around clinical queries and jump between tasks as they come in.

I really enjoy the variety of my work as I get to move between a variety of different things, and often get involved in Trust-wide initiatives which have an impact on the services I oversee. It's important to be involved in these as I can help steer developments, but I also like being involved in the day to day running of the teams. I enjoy that there is a sense of autonomy. I get to work on the things I need to do, and I am free to steer the pathways in the direction needed – although this is often done with the involvement of the psychology team, as change needs to be owned by everyone. There is lots of freedom to develop too, if you have the capacity to do so, which is great. I also really enjoy being able to get involved with, and conduct, research.

I think as a Counselling Psychologist I have a good level of therapeutic depth. The depth is a big part of the counselling psychology training and I think that has been very useful to bring into the services I've been working in. I have worked in Talking Therapies services since I qualified and even though that involves working in a CBT dominated environment, I am still able to bring perspectives such as psychodynamic or Rogerian thinking into those services, which I think can make you a more well-rounded clinician. Especially being in a senior clinical role, it's your responsibility to bring that kind of thinking into a service and being a Counselling Psychologist has encouraged me to do that. There has also been the introduction of more counselling-based approaches in the service more recently, like dynamic interpersonal therapy and interpersonal psychotherapy. In my current setting, which spans both primary and secondary care, there is need to have a breadth of understanding as there are so many different therapeutic modalities within the teams, and the presentations that come into the service are varied as well, so having a wide understanding of clinical presentations and how they might be treated is crucial. Counselling Psychology training has helped me prepare for this.

I initially worked in the NHS with psychosis, and I pursued Counselling Psychology because I was interested in doing more therapeutic work. I also wanted to do the research component, which is another reason why I pursued the training. When I first qualified is when the IAPT (Talking Therapies) service was taking off, so I completed CBT training after qualifying. I ended up in primary care, and I liked the way that primary care has allowed me to use different approaches and be more flexible. Sometimes people might come into the service for CBT, but this may not be right for them. Being a Counselling Psychologist allows me to be more flexible and to try different approaches with clients which I enjoy. Especially in a senior role, I definitely have a bit more autonomy to bring in counselling approaches in my work.

# Adult Mental Health Services

## Ruth - Deputy Clinical Lead, Talking Therapies

I have had a slightly long and unusual route to get to Counselling Psychology. I initially studied French and History as an undergrad at the University of Warwick and enjoyed the process of making sense of history and using my language skills to communicate. I then went on to live in Japan for a few years as part of the Japan Exchange teaching programme and taught English to High School students there. Once I returned to the UK I was head hunted for a job as a television news producer for the largest commercial network in Japan (equivalent to ITV) due to my language skills and experience of living in Japan. I loved interviewing people and coordinating filming locations to pull together visually appealing and compelling news stories. I was used to broadcasting our news bulletins to an audience of 11 million people 5 times a day, often from hostile environments such as covering the second Iraq war and Arafat's funeral in the Palestinian territories. I decided it was time for me to change jobs after the London bombings, where I began to feel really dissatisfied with putting a microphone into people's faces and asking how they feel without being able to offer any options to support or comfort them in times of high distress.

I completed a post-graduate conversion course for 2 years at London South Bank University to gain my GBR and soon after got a place on the counselling psychology doctorate at London Metropolitan University. During this time I started placements with Victim Support and the Samaritans. As part of my training I did a number of different clinical placements including what was then IAPT, Mind, a drug and alcohol service, a medium secure forensic ward, a domestic violence perpetrators service and a psychotherapy service. I completed my doctoral research on the topic of female journalists experiences of covering potentially traumatic news stories, which nicely linked the two parts of my career together to date.

I am the Deputy Clinical Lead of the NHS Hertfordshire and Mid Essex Talking Therapies Digital Team. My day to day life is very busy and includes offering clinical and case management supervision to HIWs, modality therapists (CfD, DIT, CTFD and IPT) and all of the senior clinicians in our team, including SPWP. I also supervise all of the APs in our team and their digital projects which include developing whiteboard animations, videos, podcasts and webinars to improve access to our service for members of the general public. I also hold my own small CBT caseload and I am currently undertaking training with Oxcatat to deliver a new form of online PTSD treatment. I also take a lead on perinatal activity in our service by chairing the perinatal working group. I supervise the perinatal treatment group that runs constantly throughout the year. I also chair the digital working group, and attend a Trust wide steering group about digitally enabled therapy. I meet with Digital leads nationally and work closely with our service manager to ensure the smooth running of our team. I also work closely with our Access/ Comms team and a variety of working groups to make sure that the digital innovations we are working on are in line with their objectives.

I enjoy the variety and the opportunities for innovation. I like working closely with clinicians to improve their skills so our service users can get the most out of their treatment. I love seeing how therapy can transform lives and feel exceptionally proud of all of the clinical activity within our team.

I feel that counselling psychology offers the perfect combination of both science practitioner and reflective practitioner. The ability to stand back and think about what is going on in a situation, to consider what you are bringing yourself and how this might be influencing any given scenario is very useful. So the ability to reflect on, analyse and apply learning is vital.

# Adult Mental Health Services

Tominsin - Trainee Counselling Psychologist, Adult Autism Service & Critical Care Unit

I'm a final year Counselling Psychology trainee. I work full time in the adult autism service (EPUT) as my regular job and then I'm currently completing my final placement within the psychology team of the critical care unit (ESNEFT). My previous placements were in the Talking Therapies service, Early Intervention Psychosis service, and the Therapy for You Plus service where I provided high intensity therapy.

On a day-to-day basis in my role within the adult autism service, I complete autism assessments. The service is strictly focused on diagnosis, so I am not commissioned to offer therapy post diagnosis. However, I run groups for people who have completed their initial assessments and are waiting for the diagnostic assessment. I manage referrals and conduct initial assessments and then complete diagnosis assessments with a Practitioner Psychologist. I then work one and a half days a week in my placement in the critical care unit. In my placement I provide integrative therapy and intervention for individuals in the hospital right through to the community, meaning, I listen to the client in front of me and deliver an intervention that is appropriate for them and what they might be bringing. This fits quite nicely as the focus in this final year of my training is my model of integration.

I love being able to help people. I've always been passionate about helping people this way. I love listening to people tell their stories, and I consider it a privilege to get to do this- seeing people at their worst and most vulnerable and being able to help them through their journey. This is so rewarding!

Because of my values, personal experiences, and my training, I am able to see people as are without the need to place them in a box, which I know may sound contradictory when I work in a diagnostic service. I generally don't agree with the idea of labels, especially in terms of mental health diagnoses. My training and values help me to listen in assessments not just for signs of ASD, but also listen to individual experiences like you would in a conversation. This allows me to relate to people, support them and help them to feel heard in assessments. I think it is important to do this, as even if an individual does not meet the criteria for ASD, by listening I may be able to signpost them to other services that might be able to support them.

I am very passionate about Counselling Psychology, and I think that often people do not know how intense our training is. We must bring our whole self into the training, and this is so valuable for growth not only as a professional but as an individual. I'm constantly reflecting, and I know that this training will help me to develop even more. The ability and space to see people as people and not make assumptions about them is also something that I love about Counselling Psychology. It doesn't feel enough to just put a label on people, and Counselling Psychology gives me the space to see people as they are, within their context, and everything else that might be impacting their wellbeing.

# Services Working Alongside and Supporting the NHS

## Mark - Expert Witness Provision

I am one of two clinical directors of an independent clinical practice in the East of England where we have a strong focus on supporting psychologists to develop effective practices as expert witnesses and in other areas of specialist assessment and treatment. Primarily, we provide expert witness services to courts and professionals. I have personally completed several hundred full psychological assessments as an expert witness and have given evidence in person in both family and criminal courts on many occasions.

My own practice is focused on the following areas of family court work; the assessment of high conflict post separation parenting, including issues of contact resistance, domestic violence, and allegations of parental alienation; working with parents, children and families involved in public law child protection proceedings or pre-proceedings; undertaking a range of specialist assessments including cognitive, capacity and autism diagnosis assessments. The clinic also has a growing neuro assessment and autism/ ADHD pathway, as well as a growing therapy provision focused principally on supporting local authorities etc to source therapy for parents, children and families involved in child protection processes.

Prior to training as a Counselling Psychologist I worked in financial services. I chose to make a career change to move into a profession where I could feel that I was making a difference to the lives of the people that I was working with. To an extent, Counselling Psychology chose me as I was fortunate enough to be offered an opportunity for funded training whilst working as an assistant psychologist. Sadly, this route is not routinely available.

My day to day role can be quite flexible. I spend many days working from home or from our offices with freedom to choose which days I spend where. These days will involve report writing or online assessments. I also support and supervise other psychologists who work with us. Additionally, I have management responsibilities as one of two co-owners of the business. On other days, I may travel across much of the east of England to complete face to face assessments of families I am working with. I also have days when I may attend court, this is normally done remotely nowadays.

My role gives me a real chance to help families in times of difficulty. Being formulation driven and always putting the child first allows me to hold a clear focus on what interventions will really help the family. My role is varied and certainly never dull. Both myself and a number of colleagues all appreciate the opportunity that this role gives us to take the time needed to understand a family's difficulties and to make recommendations that can be properly targeted on the family's unique individual needs. We are not as rushed as in some areas of NHS practice for instance, with space to really develop a deep understanding of the difficulties the family have faced in a way that more pressured services may not always be able to do sadly.

Counselling psychologists can be really well placed to do this work I think. Anyone coming into this area of work will need support to help them develop their skills. But the essentially relational model which is core to counselling psychology is in my view a really strong starting point to understand the most important relationship of them all, that of parent and child.

## Ruth - Trainer and Committee Member

I am involved in counselling psychology, MH nursing and CBT training at various universities over several decades chartered since 1993 when the Division was formed. Involved in the CP Divisional Committee over the years. IAPT Clinical Lead in NE Essex from 09-14, also clinical lead for a regional IAPT network at that time. Currently working in independent practice in Cambridge, practicing mainly CBT and EMDR. Supporting a number of CP trainees on doctoral programmes and the QCoP with clinical and coordinating supervision. Very happy to be a part of this network and available to support CP colleagues

## Sara - Clinic Working in Partnership with the NHS and Prison services

Our clinic delivers Talking Therapies to clients in prison, and we have teams of psychotherapists and psychologists in the clinical team. We work as part of the wider mental health teams in an integrated model. Counselling psychologists, typically work as senior practitioners or assistant managers combining 121 case load of clients with referral meetings and support to the wider system. Psychologists are expected to undertake assessments and formulations with clients, plan therapeutic interventions and deliver them with clients and contribute to data collection to support evaluation of service outcomes and the service user journey. Clinical supervision is mandatory and risk management is particularly important with priority clients in a complex context of work. Experience of volunteering or placement in prison is required. Our clinic also accepts counselling psychologist trainees into placement with us but planning is required so that secure vetting processes can take place which can take up to 6 months.

The clinic also delivers Talking Therapies to individuals, through GP surgery pathways, community projects, clinically and care focused workplace services. Counselling psychologists are part of a team available to assess, formulate and plan interventions as well as delivering services directly to clients face-to-face or online. Trainee placements are also available. We currently have 5 counselling psychologists on placement with us in community and forensic pathways. Many of them will stay for the duration of their courses switching pathways to get the experience they need in our NHS subcontractor areas.

## Tony - Counselling Psychologist in Training (Doctoral Candidate)

I'm a Counselling Psychologist in training at Middlesex University through the New School of Psychotherapy and Counselling, training in existentially focused Counselling. I have completed my training components and am awaiting my Viva.

I am from South Africa, where I was a Clinical Psychologist and ran employee assistant programmes and other large programmes for corporates. I decided to immigrate, and my previous qualifications did not afford parity, which is why I completed the DCPsych. I chose this instead of remaining in Clinical Psychology due to the difficulties of applying in the UK, if felt like there may be barriers as a more senior student that were not the case in Counselling Psychology.

As a trainee, my work is split into three parts. One of those is the academic part which I really enjoyed. I enjoyed being exposed to different theories and ways of working with clients from an existential perspective which is new to me. In South Africa, I trained as a systemic therapist, so it was interesting to build on my knowledge.

My placements were another aspect, and this is where I got to apply the theories I learned practically, which really excited and pushed me. I think I really enjoyed working with clients to get to a space where they felt more competent and comfortable with their difficulties. A significant part of my training was on placement at a private practice, involving a network of therapists of many different types. As I was not based in the NHS, I could work in a slightly different way, and do formulations in a different way, which I found quite freeing. I saw clients that were termed 'low cost' clients (people that could not afford the full fee and paid a reduced rate). I saw anybody from 17 years and up from a broad range of backgrounds. I saw both university students and those who live and/or work in Cambridge more generally. I also saw clients with a wide range of difficulties, from OCD to people with existential concerns trying to make sense of life. I saw clients on a Sunday which was interesting and allows me to see clients who could not attend sessions during the week due to their jobs. I did initial assessments and ran open-ended sessions. I also saw some of my clients for the full two years I was at the service, which was quite nice.

My final year placement was at Maggie's Cambridge, the cancer support charity. This was a profound experience where I could deeply apply my existential training, working with individuals and families facing a life-altering diagnosis, mortality, and grief. It allowed me to move beyond symptom reduction and support clients in making sense of life amidst health crisis.

The third aspect, which I have the biggest love-hate relationship with, is research. I have completed the doctoral thesis and am now preparing for the Viva.

The BPS states that as part of the DCPsych we need to have three different modalities and work from an integrative approach. I've done a lot of work around CBT, which I now have a good grounding in. I use it for certain things, for example when working with someone with OCD. I also have a psychodynamic background and I adopt a psychodynamic way of thinking quite often, particularly regarding family history or experience of abuse. My overarching methodology is the existential approach which tries to meet clients at a phenomenological level, for example I try to go into a conversation not knowing, rather than trying to make a particular methodology or technique fit.

Reflecting on the private practice setting, it could get lonely. I saw my clients and didn't necessarily have team meetings which I missed somewhat. Although, I found that working in this private practice allowed me to break down barriers and not have to define myself as a certain type of psychologist. In contrast, my time at Maggie's offered the team environment I had missed. Working alongside colleagues to support individuals facing their health concerns created a shared sense of purpose. It was a heavy but incredibly meaningful environment where the existential approach felt most at home, and I valued having a team to share that weight with. Supervision over the course of the training was so important, particularly group supervision. Here we tended to focus not on the qualification I had or how I got to where I was, but very much more about a sharing of ideas with where you were at with a client. I found that useful. I think I brought all the knowledge that came with Counselling Psychology training to those settings, but I felt in those spaces I learned a lot from people that may not have been registered as a psychologist but who still had crucial and important contributions to make.

# Closing Summary

As Rebecca and Sue have stressed in their forewords, this is a tremendously important document capturing the outstanding contributions made by a selection of our local counselling psychologists throughout our regional workforce. Beyond these twenty one contributors, we find many more counselling psychologists, working every day to support their services and to improve the lives of patients or clients.

This document has been quite some months in the making, however, throughout the process, I have been extraordinarily impressed by the enthusiasm, resourcefulness and dedication of our wonderful Community of Practice members. This work has been accompanied by a number of additional projects running alongside; for example, our efforts to gradually review and update the electronic staff record (ESR) to accurately capture counselling psychologist numbers amongst our NHS workforce, and our jobs audit to explore consistency across job vacancy details, to ensure that counselling psychologists feel encouraged and welcomed to apply, reinforcing the message that the East of England welcomes counselling psychologists. We have also delivered a presentation for psychological professions week, similar to this document, showcasing the roles of counselling psychologists regionally and nationally, and introducing routes into the profession.

We are hugely grateful to everyone who contributed to this “showcasing” document and to Sue Whitcombe, for her support and encouragement. Thank you also to my co-chair, Rebecca, and to the many PPN assistant psychologists who have developed and honed this work.

Dr Maggie Rosairo  
Chair of the East of England Psychological Professions Network

# Closing Page