Reflections
on the
HearMe Counselling Project

January 2020 - March 2023

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And to anyone I've omitted to mention here, I apologise. There have been so many people who have played a role behind the scenes over the past three years. Please know that, if my memory has failed you, I deeply appreciated your efforts at the time, nonetheless.

Edith Barrowcliffe
March 2023

Introduction

The vision behind the HearMe Counselling Project was to offer a counselling service to those whose support and communication needs would not be met by mainstream counselling. It did this for over three years, with a highly adaptive approach, seeking to tailor the work to each individual who accessed it. The reality of the project exceeded anything I had envisioned – in terms of length, scope, the challenges involved and the power of what was offered. As it comes to an end, this report seeks to set out my intentions, the challenges and successes of the project; what I learned from it; how it worked (and why it was special); what could have been done better; and possible visions for future services that could be offered.

The result is a lengthy document, but I hope it can serve as something that can be dipped into or referred to, as sections seem relevant.

Intentions and Expectations

As a support worker I regularly encountered people who had mental health difficulties alongside their learning disabilities. When I began training as a counsellor, I wondered whether my learning could help people who would struggle to engage in mainstream counselling. The Talking Mats[1] system seemed to offer a means of emotional exploration. Excited by this idea, I took it to Linda Tuthill (Chief Executive of the Action Group) in 2019 after I had qualified. To my delight and surprise the Action Group sourced funding for me, and the HearMe Counselling Service began a pilot in January 2020.

Looking back, I have to recognise a degree of saviour mentality in myself. I approached the role with compassion, but also with some arrogance. Nonetheless, I believe the person-centred foundation of my counselling training kept me focused on understanding each client's perspective, and how best to make meaningful contact with them. In this way I began to dismantle the assumptions I'd brought to the work, and was able to learn as I progressed.

The nature of this writing

This is an informal reflection on my learning. I did not seek the consent of my clients to make this a research project as it felt like an additional layer of complication, but I may have succumbed to a common and unhelpful pitfall here. According to Taylor, Lindsay and Willner (2008) it seems that people with learning disabilities have been frequently excluded from research, meaning that there's a lack of evidence to support the use of therapy with them. [2]

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[1] PATTISON, S. (2005) Making a difference for young people with learning disabilities: A model for inclusive counselling practice. *Counselling and Psychotherapy Research.* 5(2). p.126 or PATTISON, S. (2010) Reaching out: a proactive process to include young people with learning disabilities in counselling in secondary schools in the UK. *British Journal of Guidance & Counselling.* 38(3). P.306 & 308

[2] JONES, R. A. (2013) Therapeutic relationships with individuals with learning disabilities: a qualitative study of the counselling psychologists' experience. *British Journal of Learning Disabilities.* 42. p.193-203, particularly p.198-199 in this context.

Client Consent

Although I didn't seek consent for research, I did seek to ensure clients understood and consented to the counselling process. This was not straightforward and my approach had to be different with each client depending on their needs and abilities. For some people I was able to use verbal explanations and illustrated "easy read" leaflets at the beginning of our work together. With others I needed to introduce the information repeatedly in small doses at relevant points throughout, and be sensitive to signs that the client might not be comfortable with our progress or direction. Many of the people I worked with were very used to giving way to others' views on what was best for them, meaning that they might verbally agree while giving contradictory signals. When I tentatively explored these, the client was able to express a different view.

The key issues that I addressed with clients were:

- **Making a complaint**, or telling me if they were uncomfortable or upset about anything that happened between us. I worked to convey this both verbally and with my actions and overall approach. The Quality Team also produced an easy read guide to making a complaint about the service.
- **Warning clients that they might feel upset during or after sessions**, exploring how they might care for themselves and making clear that we would find ways of helping them to feel safe before we ventured into distressing material.
- **Confidentiality**, what it meant, when it might not apply, and their right to control disclosure of information in general. Some clients actively wanted information to be shared with their staff. I checked in lightly each week about client preferences where this was the case.

Complications and Challenges

As I said, I approached the project with a degree of enthusiastic naivety and arrogance and met a number of unforeseen complications and challenges, which are itemised here.

Accessing the Service

Using Talking Mats was meant to provide an accessible form of counselling for adults with learning and/or communicative disabilities. However, I quickly realised that it was not just the *format* of the counselling that affected accessibility. My intended client group were heavily reliant on staff to access any services and, since many of them had little concept of counselling, whether or not they approached the service was heavily dependent on whether their support staff made them aware of it. This led to a variety of scenarios:

- Client referred and appointments arranged by a service manager, but then cancelled by support staff. One party was perhaps more aware than the other of the client's wishes, but it was hard for me to discern which when I had not met the client.

- Client booked in for counselling only for me to discover that they didn't actually want it, when I spoke to them. Or that the appointment time arranged didn't suit them.
- Clients possibly not referred when they would have appreciated it, because they were unaware of the service? I got an influx of referrals from some staff teams, and none from others, suggesting referrals were heavily dependent on support staff's perception of the potential value of the service.
- One referred client never progressed to appointments due to the complexity of making suitable arrangements, liaison with staff, risk assessments and gaining consent from family. An alternative was furnished before the service ended, in the form of guidance materials for support staff working with this person.

I began to ask referring staff to ensure the clients were involved in, and aware of, the referral where possible (e.g., provided they could manage the abstraction and uncertainty of an undefined period on the waiting list). I still offered initial interviews if staff felt that they needed help in explaining to the client what counselling involved. I tried to ensure staff still felt affirmed and welcomed in making referrals. The role of supporters/carers in enabling people with learning disabilities to access counselling seems to be key. Pattison (2005 & 2010), researching the inclusion of young people with Learning Disabilities in school counselling services, emphasised the importance of proactively informing and developing good rapport with supporters/carers.[3] Throughout the project I did not do much to promote the service to staff, as there was always a waiting list, but if the service had had more capacity I think this would have been worthwhile.

Often it was more intellectually or communicatively able clients who accessed the service, as they were able to self-refer. Referrals for people who were receiving Action Group Support solely in relation to severe mental health difficulties still came via staff, which makes me wonder whether more severe mental health difficulties might in itself be a barrier to accessing counselling services.

Open-ended ideal, vs time limited reality

This was intended to be an open-ended service that allowed as much time as the attendees needed. However, many clients wanted to continue indefinitely, for reasons I'll explore below. With an accumulating waiting list, I realised that if I did not impose endings the service would quickly fill up with a handful of permanent clients. This led to some difficult decisions, for which I found the support of my independent supervisor crucial. In the end I sometimes used funding changeovers to impose endings – since clients had been prepared for our work to end at that point anyway, due to the current funding expiring. In doing this I

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[3] JONES, R. A. (2013) Therapeutic relationships with individuals with learning disabilities: a qualitative study of the counselling psychologists' experience. *British Journal of Learning Disabilities.* 42. p.193-203
PATTISON, S. (2005) Making a difference for young people with learning disabilities: A model for inclusive counselling practice. *Counselling and Psychotherapy Research.* 5(2). p.120-130 or PATTISON, S. (2010) Reaching out: a proactive process to include young people with learning disabilities in counselling in secondary schools in the UK. *British Journal of Guidance & Counselling.* 38(3). P.301-311
TAYLOR, J. L., LINDSAY, W. R. & WILLNER, P. (2008) Client Group Applications CBT for People with Intellectual Disabilities: Emerging Evidence, Cognitive Ability and IQ Effects. *Behavioural and Cognitive Psychotherapy.* 36 p.723–733

was always honest about the fact that new funding had been sourced, but that we would not be continuing. I offered an explanation and made a point of giving them space and permission to be upset about my choice, and to acknowledge the inherent inequality of my ability to wield the power over our relationship in this way.

At times dramatic fluctuations in the level of funding demanded the termination of client work. One of the most extreme was in March 2021 when I had to pare a caseload of 11 clients down to 4. The choice of which clients to end with became a matter of triage and was a heart-breaking and difficult process. I had to terminate work with a number of engaged clients who were clearly in need, and getting a lot out of the service. With the support of my supervisor, I made selections based on the severity of mental health status, current vulnerability and risks, equity of provision and other supports available to each person.

Even when clients' needs clearly warranted continuation across funding changeovers, this could bring its own challenges. Ethically I had to prepare clients for the ending that loomed as funding ran out. Reprieves often only materialised within a few weeks of the planned ending and this required a major emotional adjustment. One client, though relieved to be able to continue, spoke afterwards about how hard they'd found it to come to terms with the idea of ending and then learn suddenly that they would not have to end after all.

Sourcing Funding

While the Action Group was able to supply some funding towards the service, HearMe was primarily dependent on charitable grants. This required continuous work behind the scenes to identify, and apply for, funds for the service. I am indebted to Helen Walton for the persistent work she put into this.

Managing Staff expectations

Sometimes it was clear that staff were referring clients in the hope of managing, or gaining insight into, behaviour that they found difficult. While such behaviour could certainly indicate emotional distress, I had to warn staff that I could not necessarily share anything I learned, and that emotional exploration with a person might not result in them being calmer and more compliant. In fact, it might have the opposite effect. To their credit, staff tended to readily take this on board when it was explained.

Managing Client expectations

Often clients – used to thinking of others as more capable than them – met me with the expectation that I could, and would, "fix" their distress. Accepting that I could not required us both to deal with frustration and disappointment. Nonetheless, in the end I believe there was greater value in trying to reframe the power balance between us to some degree, and looking to the client's own strengths and resources, constrained though they were by their life circumstances. Power dynamics will be explored more deeply below.

Safety Considerations

Many of the clients I worked with had additional health needs. My support work role furnished me with training – such as first aid and epilepsy awareness – that many

counsellors might not have. The interjection of COVID-19 into this pilot project meant that most of my counselling work was conducted remotely, but for a face-to-face practice with this (admittedly highly diverse) client group, I think such training would be an asset.

Counsellor safety also came under consideration as the client work moved in unexpected directions. Some clients presented a strong case for meeting outdoors, and in one case the client's particular situation made home visits the best option. This required additional risk assessment. Outdoor sessions became a regular part of my practice, underpinned by safety measures adapted from my support work role, such as the use of the PeopleSafe personal alarm app, seeking client consent to access existing risk assessments, and having a manager with contingency access to my calendar and a file on in-person meetings outside the office.

Prevalence of Trauma

This was perhaps the area where my naivety was most evident. I had not anticipated the number of clients I would encounter with traumatic backgrounds. Sadly, there is an extremely high incidence of trauma in this client population. Some clients' disabilities put them at higher risk. Other clients need support navigating the world *because* of the early life trauma they've experienced. Sometimes there's an interplay of both. Even when abuse has not occurred – and all too often, it has – being reliant on professional care can result in emotional deprivation, serial bereavement, and loss to an extent most of us never have to even contemplate. Difficulties in understanding can also make upsetting experiences exponentially more frightening.

There were a couple of early cases where clients came seeking help with severe distress rooted in material that felt too threatening to face, and sadly they chose to end the work – either by agreement with myself or simply by ceasing to attend sessions. I think I could offer them a better approach now than I did at the time. Realising that I needed to build up my skills and knowledge in trauma work as a priority, I undertook a lot of additional training and reading on the subject (outwith the service). The past few years have been a steep learning curve, in this regard.

The high proportion of traumatised clients can make even a small caseload quite demanding, which is worth bearing in mind. For this, as well as for the sake of session flexibility for some clients, it was helpful to be operating on a part time basis and I was grateful that the Action Group paid me at a rate which meant this was affordable.

Working through trauma for someone *without* additional learning needs can take years, it seems reasonable to expect it to take as long, or longer for people with learning disabilities. The funding constraints of the HearMe Service did not allow me to accompany any one for this length of time, although several clients with traumatic backgrounds made clear progress in the time we had.

COVID-19 & Lockdown

The rapid shift to remote working presented temporary difficulties to my use of Talking Mats, although I quickly managed to arrange a secondary video camera set-up that allowed me to use them remotely. An electronic "app" version of Talking Mats is available, but the

manual system offers me a degree of responsive flexibility and ability to spontaneously mix pictures from different sets that the app does not, even in the recently improved version.

Remote working requires a certain minimum quality of technology, especially given that the encrypted media required for confidentiality needs more internet bandwidth and computer processing power. I invested in a considerably more powerful laptop in order to make calls and access work servers efficiently, but clients often didn't have sufficiently strong technology available. This has noticeably improved over the past few years, as people's equipment, and the software, has got better. Access to technology has been helped by the Action Group offering grants to support the purchase of digital equipment.

Even with adequate technology, remote interaction isn't suitable for everyone and this provided an active barrier to some people accessing the service. It also limited my ability to work with client body language and posture, which was a part of my learning in terms of trauma work.

Confidentiality also became more challenging, as clients were calling from home and it could be harder for them to find private space.

As with the general population, many clients struggled with isolation, or the stress of being inescapably cooped up with family or flatmates, and fear of illness.

At the same time, the situation brought unexpected benefits and opportunities. I would never have considered making phone work a part of the service, but it turned out that some clients actively preferred it, finding a degree of safety in the anonymity of voice only interactions. Remote work excluded some, but opened the service to others who would never have made the journey into the office.

The use of messaging apps also resulted in an unexpected deepening of the work. Many clients seemed to find it beneficial to message me outwith sessions, sharing pictures, voice notes, or written messages about their achievements or stressors. This required me to be careful in managing the boundaries – keeping my responses within working hours, and ensuring clients understood that they would not get instantaneous replies – but it allowed clients to log their feelings in the moment and we could return to this material in the sessions that followed. One client opted to work with me exclusively via encrypted messaging during our allocated session times. Another client who worked with Talking Mats over video call used the chat window during sessions to send me supplementary messages.

In return, I had the option of sending pictures, infographics, links and illustrative sketches to clients, as well as messages. These were tangible artefacts that they could refer back to, and more than one client said they found this helpful.

The revolution in my practice demanded by lockdown meant I trained in online counselling work (undertaking an initial crash course and later a full certified cybertherapist qualification). This opened up a wealth of new ways of working to suit different clients.

Office Space

Once lockdown restrictions eased, and it was safe to do so, I moved to hybrid working. Some clients continued to work via phone or video call, and others came into the office, depending on their preference. Unfortunately, the rooms available were limited, meaning they could only be booked for face-to-face appointments, and there was no "base" from which I could work all day. Additionally, the Wi-Fi in the office was not sufficient to allow me to make video calls, and there was no wired-in computer in the meeting rooms, so even if the rooms had been available for all day use, I would still have had to return home to conduct remote appointments. This necessity of moving between the office and home during the day limited the number of appointments I could offer in a single day, though the part time nature of the service meant that I was still able to see the full complement of clients over the week. The Action Group will be moving to new premises this year, which I would hope would mean these issues wouldn't arise in a future scenario.

Personal challenges to the Counsellor

In any counselling service the counsellor will need to manage demands on their emotional resources, and HearMe was no different. However, there were challenges specific to the nature of this service.

- The fluctuations in funding and the pattern of last-minute reprieves that I touched on above was emotionally demanding for me as a counsellor, as well as for my clients.
- People entitled to access this service were those who received support from the Action Group – the agency for which I have also worked as a support worker for many years. This interrelatedness presented some issues, for example:
  - Client dissatisfaction with support provided required me to set aside any defensiveness I might feel as a support worker in order to give full space to their feelings.
  - Significant events within the organisation impacted on myself as well as clients. On more than one occasion I found myself holding clients as they worked through the impact of an incident that I had also had to grapple with.
  - Being part of the organisation's news network meant I received information about clients, past and present, in a way that I wouldn't have done in an independent agency. In one case I learned of a former client's death when their obituary arrived in my email inbox.
- The profound and lifelong challenges faced by people accessing the service produced ongoing pressures in their lives that could not be resolved. This left me grappling with the sense that whatever I offered could never be "enough". Research on the experience of other therapists working in this area indicates I'm not alone in this.[4]

Challenges are invitations to creativity, and I was able to grow as a practitioner, and improve the service, in response to those I met. However, this required conscious mental

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[4] TAYLOR, J.L., LINDSAY, W.R. & WILLNER, P. (2008) Client Group Applications CBT for People with Intellectual Disabilities: Emerging Evidence, Cognitive Ability and IQ Effects. *Behavioural and Cognitive Psychotherapy.* 36. p.723–733 https://doi:10.1017/S1352465808004906

adjustment, regular refreshment of my perspective, and a focus on maintaining my own resilience. Frequent counselling supervision was vital for me, and I think this would hold true for any future counsellor in a similar role

Positive Outcomes

Finding a voice

A theme that seemed to keep resurfacing in the HearMe Counselling project was people feeling encouraged to make themselves heard beyond the confines of the counselling relationship. For many, counselling seemed to effect a perspective shift where they began to view their voice as worth hearing, and to realise how much they wanted to be heard.

For example: -

- One of my early clients was accommodated in a shared home with 24-hour support, and often spoke of feeling "lost" within this busy environment. I concluded our work feeling that I had provided a temporary outlet, but that little had changed. However, I later discovered the person had a regular meeting set up with their Assistant Team Manager to address their sense of being overlooked – without me making any report or recommendation to the team.
- A client – who had seriously struggled to assert themself – considered the option of paying to continue sessions when funding ran out, but instead independently acquired an advocate – and independently argued the case for this when their relative carer expressed doubt that it was necessary.
- One of the first clients I worked with commented, towards the end of therapy, that they felt it had made them less inclined to "keep the peace" and more inclined to stick up for what they wanted.
- A client who began seeing an NHS psychotherapist while working with me initially found the psychotherapist unhelpful. They were tempted to stop seeing them, but instead took the risk of voicing their struggles to this psychotherapist, who changed tack so that their sessions felt more helpful.
- More than one client talked about feeling more able to express themselves to their support staff.

Taking Control

Over the course of my work with a number of clients I noticed a pattern where they seemed to take a greater degree of control of the sessions.

- A client who initially wanted me to arrange appointments through their staff changed to making arrangements with me directly, independently of their staff.
- Another client, initially referred by their staff team, contacted me independently after we had concluded our first run of sessions, to re-refer themselves for more. (More than one client re-referred themselves to the service, either directly with me, or by asking their staff to contact me).
- Several clients who began with little appreciation of confidentiality seemed to embrace it. Clients who began by asking me to pass session summaries on to their

staff stopped requesting this as they began to feel more able to talk to staff themselves (and perhaps choose what they shared). One client, who had not initially seemed to worry about the privacy of what they were saying, began signalling to me with a warning hand at the start of a video call, to indicate that I should wait until the staff member who had helped them log on was out of the room, and to ask the departing member of staff to close the door behind them.

- Several clients seemed to grow comfortable telling me when they felt sessions should end, timewise – i.e., when they had had enough. In more than one case a client told me when they felt that our work together had been "enough for now" and they would like to stop sessions altogether. This might be common practice in mainstream counselling, but I feel it's worth remembering that this client population are not accustomed to being able to terminate the services provided to them.
- Some clients, as we went on, began to take the initiative in telling me how and when they would like sessions to happen, when they had not been able to do this at the start of our work together.

Understanding themselves

I found it encouraging to see clients of different levels of ability appear to grow into a greater understanding of themselves. For example: -

- Understanding why they had reacted the way they did in a traumatic situation, and expressing that this made a difference to them, as they had not previously understood their reactions, and had blamed themselves.
- Being able to form more realistic, and kinder, expectations of themselves, and being able to celebrate their victories rather than constantly feeling like a failure.
- Moving from finding it hard to express their feelings (even with the use of Talking Mats), to a stage where they phone me and tell me they were having "a difficult time".

Engaging with services

I connected with more than one client who had previously struggled to engage or maintain contact with mental health professionals. While – as mentioned above – there were some clients who I did not manage to develop a firm ongoing relationship with, there were others where I did, and this seemed to provide a springboard to them accessing further support.

- A client whose chaotic life meant that initially they found it very hard to keep regular appointments began to be able to do so.
- A client whose "threatening" presentation meant they constantly found themself being assessed for the risk they posed to others, rather than heard for who they were, softened into being less confrontational when dealing with professionals.
- A client who had felt unable to go out to meet with people or attend appointments began face to face work with an NHS mental health professional after several months of phone work with me.
- A client who struggled to trust mental health professionals developed a positive relationship with a mental health nurse, which they credited to our work, and felt

able to tell their social worker about aspects of their mental health that they had never previously felt able to disclose.

Connecting with themselves and others

Many of the examples of clients connecting more with themselves have been outlined above – in their ability to express their feelings and grow in understanding of themselves. Alongside greater successes in engaging with other services, some clients reported more positive and fulfilling relationships with family and friends.

A valued relationship

While I often felt frustrated, or saddened, by the financial and service capacity constraints on the time I could give to each client, as my supervisor pointed out, the fact that so many clients wanted to continue longer demonstrated that they had received something they valued. Limited though the work was, the people who used it seemed to find it worthwhile while it lasted and often appeared to reap tangible benefits (some small, some large) even in cases where the issues they faced were ongoing and beyond their control. In one case a client passed my number to a friend in the wake of a recent relationship break up, advising their friend to contact me. I feel this demonstrates how helpful they felt the service was.

Ways of Working

HearMe was intended to reach clients who might struggle to access mainstream counselling, and it did so. As such, it required to offer a far more tailored approach than most counselling services. This had several aspects to it.

Power dynamics & Counsellor self-awareness

My person-centred training primed me to reflect on the power dynamics of working with these clients. I knew that I would have to challenge my own ablest prejudices, my tendency to feel that I "knew best", in order to accord the genuine respect due to learning disabled clients as the experts on their own lives. Further training post qualification (on issues of class, but with transferrable application) had reinforced the importance of practising humility, and acknowledging my own ignorance, when working with clients whose lives and background lay far outside my personal experience.

However, it was only while I worked in HearMe, and in my accompanying supervision sessions, that I began to grasp just how fundamental these issues were. For many clients the *key* work centred around their ability to control and direct the session, because such an opportunity to exert power was so rare for them. Those who depended on a high level of support in their daily lives often entered the therapeutic relationship willing to hand me total power. A key part of the work involved allowing them to experience a space where their voice was heard uncontradicted. I needed to consciously shrink, in order to allow them space to be. Often this, in itself, was the work – allowing them to hear themselves, and to develop the idea that they might be listened to.

I could not equalise our relationship, but I constantly worked to minimise the power imbalance. Early on I realised that clients were unable to judge how far through the session we were in the way that I could. So I bought hourglasses (in light wood, with brightly coloured sand, to avoid looking too ominous), that would visually represent the time we had left. I also paid attention to how each client communicated in order to "speak their language" as much as possible. In this way I tried to ensure that it was me – rather than them – putting in the work to connect us.

I made a point of openly acknowledging my mistakes, and actively inviting clients' views when I suspected they might have felt let down by me. Sometimes this was not the case, but when it was, I found that having the courage to affirm a client who felt aggrieved with me seemed to have a powerfully positive impact, both on them and on our relationship. These situations required sensitive handling, however, to make clear that my acknowledgement of their right to be upset was not a request that they give me absolution.

My impression was that this recognition of their right to experience feelings of blame, anger, or disappointment, towards me, by me, was rare – possibly completely new – for them. Many, especially those with higher support needs, lived lives where they had limited control and were surrounded by people who they knew meant well, but who were often stressed – resulting in human mistakes, or hurtful interactions, that the clients were left to carry the impact of. Their own sense of injury was muted by the conflicting sense that it was unfair, or wrong, to blame their carers. The concept, acted out in our interactions, that feeling upset with someone could co-exist with valuing them, and being valued by them, appeared to land like a revelation.

Recognising and explicitly sitting with the fact that someone feels disappointed by you is uncomfortable, but I think my commitment to actively seeking out and inviting these moments was an important facet of the work, particularly when clients were most disempowered – for example, in cases where I was telling them that we had to cease working together, despite their wishes to continue. I'd argue that emotional courage and the resilience to sit with this sort of discomfort is indispensable for any counsellor, but particularly one working with people who have support needs beyond those of the mainstream population – and not just those used to subordinating their own feelings to those of others, but also for those whose volatile traumatised responses habitually induce discomfort and defensiveness in those around them. Taking responsibility for managing my discomfort, rather than displacing it onto those I was working with, was a vital part of clarifying the boundaries between us.

Deeper listening

Many clients brought material that superficially appeared mundane and not laden with much emotional content. Detecting the emotional weight within it required a commitment to looking for it, being prepared to read between the lines, and exercise imagination – often informed by a knowledge of the person's living situation and tendencies.

For example, a client in a house with 24-hour support spent much of one session repeatedly going over their housemate's care needs and routine. Knowing that severe staff shortages

meant an influx of agency staff, who would be less familiar with what was needed, and that repetition for this client was a clear indicator of stress, I realised that they might be carrying the weight of responsibility for ensuring that their housemate was receiving the right care. When I tentatively asked about this, the client agreed and was able to move on in what they were communicating.

In another instance the same client repeated, during a session at the end of October, that they had thought I would be off for Hallowe'en. (They had not been logged on for their diaried weekly session, though when I phoned the house, the client had wanted to attend and staff quickly remedied this). Acknowledging the session had been unexpected that day didn't cease the repetition, but when I suggested it might be helpful for me to call the house shortly before each session, to remind the staff on duty, the client was clear that they wanted me to do this. In effect, their repetition of the fact that they had thought I was off contained a request that they had been unable to voice. For the remainder of our work together I phoned a reminder to the staff beforehand.

Working with many of the people who used HearMe required me to remind myself that whatever they brought would have emotional importance for them, no matter how it looked to me. It was a lesson repeatedly driven home – not least when I asked one client how they felt about our approaching ending. This person had spent each week doing a Talking Mat on the minutiae of their daily life, addressing subject matter that had often seemed comparatively trivial to me. However, when I asked how they felt about ending, they told me they were proud of how hard they had worked. Until that moment I hadn't appreciated the weight of what they were doing in our sessions.

Adaptability

Perhaps the keystone of this service was its adaptability. The diversity of the client group required me to tailor my approach to each individual, and I enjoyed this need for creativity in my work, although I found it needed to be underpinned by deliberate self-awareness and self-care. I was encouraged and interested to find that my adaptive approach, and many of the ways I found myself deviating from traditional modes of counselling, aligned with what other practitioners had also found to be helpful.[5]

In fact, Pattison (2005 & 2010)[6] - identified several features which I also found to be key.

- Flexibility in both timing and approach.
- Simple language.
- Non-verbal work.

Within sessions I paced our proceedings to suit the client, and we varied the length of session to match what felt comfortable for them. I adapted my language and how I communicated. We used different media: phone, video call, (encrypted) instant messaging,

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[5] https://www.talkingmats.com/
[6] PATTISON, S. (2005) Making a difference for young people with learning disabilities: A model for inclusive counselling practice. *Counselling and Psychotherapy Research.* 5(2). p.120-130 & PATTISON, S. (2010) Reaching out: a proactive process to include young people with learning disabilities in counselling in secondary schools in the UK. *British Journal of Guidance & Counselling.* 38(3). P.301-311

in person conversation, some clients moved between media, others used the same medium throughout. I drew pictures, used communication aids, and body language (even remotely).

Around sessions I also varied how I communicated. One client initiated the use of WhatsApp voice notes as a way of leaving me short messages and receiving them back.

This flexibility of approach was so fundamental to the work that it will resurface as a theme in many of the other areas that follow.

Session Reminders (before and after)

Memory support was important for many clients. The majority opted to have reminders of their sessions the day before – either by phone call, or text message. Some clients also wanted text reminders when I was off – I was able to set this up with the "scheduled message" function on my phone. As noted above, staff reminders were sometimes helpful for clients receiving 24-hour support, even when appointments had been diaried. These reminder calls were only put in place with the permission of the client themselves, but generally I found they welcomed the idea if there had been problems with staff forgetting.

One client, who said they found our sessions helpful, but struggled to remember what had been said in them, liked me to message them with a summary of the key points afterwards. Clients who used talking mats generally liked to receive a picture of the mat(s) completed in each session.

Involving supportive companions

This was such a departure from the traditional counselling model, that I was initially wary of it. It challenged my desire to protect a confidential space for clients, and potentially threatened to bring in external pressures that clients experience from the people in their lives. However, I came to realise that my protective impulse could be an over-protective one. For some clients, having a safe space meant being accompanied by a supportive person – e.g., a trusted support worker. Several said they wanted this from the outset, while in one case a client kept cancelling our sessions, as they found the prospect too threatening, but was later able to engage when a particular support worker was present. This meant liaising with team managers to try to arrange for the trusted worker to be on shift for the sessions, and sometimes required me to move the session times about.

Weighing whether a companion was a source of support or pressure was something I, as therapist, had to gauge. Sometimes the most trusted people in clients' lives were both, and this was something to be gently navigated in the work. Ultimately, I sought to respect the client's choice about having someone present, while seeking to ensure their feelings were prioritised and upheld in three-way interactions. Part of the contracting process, when a supportive companion was present, was explaining confidentiality – not just to the client, but to their companion, and ensuring that their companion understood the need to respect this, and how to look after themselves around what they might hear while doing so.

Research I came across also affirmed that involving others in the counselling of people with Learning Disabilities had emerged as a feature for many practitioners,[7] but this was not necessarily confined to their presence in the counselling room. I was introduced to the idea that a supportive team around an individual could provide far more immersive and thorough therapeutic support than an individual counsellor could alone. During this period, I refreshed my training in Intensive Interaction, and was interested to note the importance laid on not confining it to a "once a week" therapeutic intervention, but ensuring all staff were involved in deploying it. This idea was echoed in an article I read on CBT rescripting of recurring nightmares for a man with learning disabilities, where staff were involved in supporting him to practice the rescripting morning and evening, and recording the results – with striking success.[8] Given the importance of frequent repetition for anyone in learning new habits of thought, it is makes sense that people who need additional support with learning will benefit from prompted and supported repetition of what is covered in therapy. Where painful or traumatic thought patterns are at play, therefore, I believe staff involvement can be crucial to supporting therapeutic change, but this was not an option that was used extensively within the HearMe service. Where individual members of staff accompanied clients to sessions, they picked up on helpful approaches for the people they were accompanying, but teams as a whole were not briefed. There was one exception to this as the service came to a close. One client with 24-hour support had been unable to access the service due to delays in risk assessment and seeking consent from their guardian. In this case I liaised with the Team Manager, who knew the client well, to produce psychoeducational resources for the staff supporting this person. I would be interested to know how this plays out. I think that, for some clients, this could be an important approach.

Flexible timing (and implications of practitioner remuneration and location)

The service facilitated client involvement by being unusually flexible in terms of time. At its most basic, this meant adjusting the length of session depending upon what each client felt comfortable with. Some valued having a whole hour, some found 25 minutes to half an hour to be the limit of what felt manageable. In a handful of crisis cases, sessions lasted 90 minutes to 2 hours. However, the need for flexible timing went far beyond this. Depending on my work with each client, additional preparation and follow up time could be required – for example in preparing Talking Mats sets or typing up summaries for staff, requested by clients. Also, sometimes it was helpful to allow the appointment times to move, where this was possible. For example, one client who relied on staff to physically get them out of bed asked to move a session because one of their staff had not turned up in the morning, meaning that they couldn't get up until later in the day. Other clients struggled with regular appointment times, especially where there was trauma in their backgrounds and their lives were somewhat chaotic. In building a relationship with them I found it was helpful to be flexible in offering different times and allowing them to reschedule at short notice especially

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[7] WILLNER, P. (2004) Brief cognitive therapy of nightmares and posttraumatic ruminations in a man with a learning disability. *British Journal of Clinical Psychology.* 43. p.459-464
[8] KROESE, B. S. and THOMAS, G. (2006) Treating Chronic Nightmares of Sexual Assault Survivors with an Intellectual Disability – Two Descriptive Case Studies. *Journal of Applied Research in Intellectual Disabilities.* 19. p.75-80, particularly p.78-79 in this context.

in the early stages. Clients who might otherwise have remained elusive evolved into more regular attenders.

In a few cases the solution that seemed to work for clients was to be able to access me for one off sessions, arranged at comparatively short notice, rather than engaging in weekly work when space for such became available. I hadn't initially envisaged the service being used in this way, but some clients only seemed able to engage at points when they felt ready. For other clients it provided a swift response when they were grappling with sudden changes such as a bereavement or a break up, reassuring them that their reactions were normal, and looking at ways in which they could take care of themselves in the aftermath. Such clients found they didn't need more than one session, but clearly benefited from prompt input. Thirdly, it provided a degree of assessment and support to clients on the waiting list, for those who wanted it. This particular style of work was supported by my reading on Windy Dryden's single session counselling approach.[9]

This service undoubtedly offered a much higher degree of temporal flexibility than most counselling services. I was able to offer this for 3 main reasons: -

- Cancellations by some clients allowed me to be more available for others.
- COVID-19 and lockdown precautions meant that I was mostly able to work from home and could easily arrange my day around sessions. Face to face appointments in the office had to be more rigid, because of the necessity of booking rooms.
- The pay I received for this work was generous compared, on a per hour basis, with other counselling roles. (£15,642.90 per annum for 12 hours a week potentially equates to a FTE of £48,884.06). This made it affordable for me to keep space free around my working hours and so relocate them week to week as required, which would not have been possible had I needed to work more hours in another role.

In a scenario where I was primarily office based this flexibility would be reduced – or, were I to be on site for three full days, the service would be considerably more costly (unless the per hour pay was reduced). However, wherever the limits to flexibility fall, they can be worked with. Operating in the way that I did required me to reflect on how far it was wise for me to flex, balancing the needs/desires of my clients with the demands of my own wellbeing, as well as the "hard limits" imposed by my other working hours. Self-awareness, reflective capacity, and the support of supervision were all important for maintaining a healthy and sustainable balance. Where I was not available to clients, I made a point of exploring with them – in a way that fitted their capacities – what that was like for them. It became part of our work together, and at least one client identified this as an area they felt themself to be developing increased resilience.

Cancellations

Many clients engaged on a committed weekly basis but there were a number of cancellations over the service. Sometimes this was for straightforward reasons – e.g., holidays, conflicting appointments, last minute changes to their support rotas. Sometimes they needed deeper examination. Tolerating a degree of cancellation could be an important

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[9] BROWN, S. (2017) Burnout... the high cost of caring? *Therapy Today.* 28(9). p.8-11

part of building relationships with some clients, but by "tolerating" I don't mean "ignoring". I found it important to reflect on what might lie behind cancellations and – where possible – explore this with the client. One client tended to cancel before and after weeks when I was off myself. This turned out to be linked to them feeling painfully abandoned by me, once we had talked this through the pattern stopped. For some clients, cancellation reflected their fear about engaging with their emotional material. In some cases, it was possible to find ways of working that felt safer – such as having a supportive person present, or being available at points when they felt ready. Others simply disengaged from the service – either by dropping out of contact, or by letting me know that they wanted to stop. In some cases, frequent cancellation was an indication that the client was perhaps ready to move on from counselling, but apprehensive of "letting go". In such cases I offered the client the option to go back on the waiting list for a while, with the offer of phoning me if they wanted to arrange a one-off session. This allowed clients to continue with a sense of having a safety net. In general, when they reached the top of the waiting list again, they felt able to tell me just to take them off the list.

Making allowance for the various additional challenges faced by my client groups, I think that I tolerated a higher degree of cancellation, for longer, than most counselling services would. Although there were cases where I did make the decision to discontinue with clients who had repeatedly missed sessions for several weeks, I tried to make this a last resort. Ensuring that the cancelled session time was well used required motivation and initiative on my part – mostly I used it to make space for one off sessions, to reflect on how I could better work with the client who had cancelled, to look up and create resources and materials for other clients, and to read research.

Towards the end of the service, as I moved back into hybrid work, I found that the clients who opted for sessions in the office cancelled far, far, more frequently than the clients engaging in remote sessions. Whether this was coincidence or not, I'm not certain. There were other potential explanations (eg avoidance of traumatic material, and physical health challenges), but I wonder if the effort of getting to the office also played a role, even though the clients wanted the option of face-to-face work? It's worth noting that this pattern didn't occur with the clients who first engaged in the service in 2020 before lockdown, so it is hard to draw any general conclusions from this.

Talking Mats and assisted communication

The idea of using Talking Mats was what had inspired my idea for the service. I received invaluable support from one of our Talking Mats trainers in setting up the initial assessment images and labels – for example, replacing the term "worthless" with "not important" and splitting the notion of "life feels out of control" into "feel like too much is going on" and "feeling under pressure from other people". This "feeling like you're not important" card proved particularly powerful. One client stopped when it appeared, held the card, was overcome with tears, and indicated that they felt it applied to them. So deep was the impact that they felt unable to proceed further with the assessment, and the rest of the session was spent sitting with the impact of that feeling.

Some clients used Talking Mats for the initial assessment, but preferred not to use them for ongoing work. Others absolutely depended on them. The majority of clients opted not to use them – I think mostly because those attending for counselling were more communicatively capable than I anticipated. Doing a "practice mat" was always important in order to assess whether the client would find the system helpful – in one case it was actually counterproductive. I'm going to list a variety of responses below, to indicate the range.

- Client required Talking Mats to hold topics we were discussing in attention, and relied on this throughout our work together.
- Talking Mats images were used to honour or emphasise key aspects of the clients' experience, even when they were not required for communication.
- One client was quite able to verbalise a range of positive and negative feelings, but when presented with a talking mat, found a way to make every item "positive" as if they felt this was the desired response. In this case simple reflective language was used for our work, rather than Talking Mats.
- Another client was the inverse – the referring manager explained they would verbalise what they felt was the desired response, while placing pictures in a way that expressed their true feelings.
- A client whose disability meant they struggled with coordinated movement found it frustrating and difficult to place the cards, and preferred just to talk.
- One client who had initially seemed very dependent on Talking Mats became less so – expressing a preference for seeing my face rather than the mat over video call. As our sessions continued successfully, I'd tentatively suggest this might indicate an increased ability to hold things in awareness?
- Many verbally capable clients found the mat slowed them down and limited their expression, and preferred to do without it. It was obviously not suitable for phone work.

Clients who did use Talking Mats almost always wanted to retain a picture of each mat afterwards – either sent by post, email or encrypted electronic messaging (e.g., WhatsApp).

Sessions with clients who did use Talking Mats required more surrounding time, in order to set up and tidy up the mat and cards before and after. However, in most cases these clients found a full hour "too much" and ended sessions after around half an hour. This meant that time commitment balanced out, but it masked the amount of time given to these clients, though my preparation and tidying up got faster as I became more practised.

Communication support extended beyond the use of Talking Mats, however. One client found counselling via synchronous messaging to be the most helpful medium for them to work in, as opposed to talking. (This was always done via encrypted messaging app, for confidentiality). Other clients, who were less able to read, found pictogram resources and audio files helpful.

Endings

Endings with clients were much more tailored than in mainstream counselling services. Often, I prepared specific resources – always in discussion with the clients. For some it was a

book summarising their work, or things that they wanted to remember. A couple of clients requested audio recordings – e.g., of me reading a relaxation exercise, or summarising their counselling journey. In one case we agreed an exchange of letters. In another, the client requested a certificate to commemorate their achievement in working with me.

Sometimes, rather than any tangible souvenir, the client wanted to do the final session in a different way – one client, ending just before Christmas one year, asked that we both bring and read cracker jokes to each other.

For some there was onward signposting, or even referrals, to other counselling services. Other clients chose simply to end, without any other input, but every ending was individually crafted according to the client's wishes as much as possible.

This clearly took time, research and work. Once again, the generous admin time allowance per client – and, sometimes, the time afforded by cancelled sessions – allowed me to do this.

Learning and Skills Acquired

Working on the HearMe Project demanded a steep learning curve from me but, this was also a gift.

Insights

The client group I worked with was immensely diverse, and many of the issues they brought mirrored those found in the general population, but I became more aware of the particular challenges that they were more likely to face.

- The strain of supported living – clients who received 24-hour support seemed to feel a particular need for ongoing counselling, irrespective of whether or not they had a learning disability. Their living situation was often a major feature of their material. There was often a constant pressure in living with the omnipresent opinions and feelings of support staff and/or family members, even when these were well intentioned. Their dependence on others could also leave them at the mercy of destabilising and unpredictable changes to their routines. Counselling for this group often served as a "pressure valve", rather than a time limited opportunity to work through specific issues – although some did use it this way.
- Chronic pain, illness and disability – these are all known to have an understandable impact on mental health in themselves, and they were a common feature for almost all the people I worked with.
- Serial bereavement – depending on support staff required a continuous and painful process of meeting new people, building up trust in them, and then losing them, as they moved on.
- Abuse & Trauma – As I alluded to earlier in the report, many clients had experienced trauma in the form of repeated abuse (physical, sexual, emotional, financial) or instances of assault. 42% of clients explicitly disclosed such experiences. Overall 56%

disclosed trauma of some form or another (e.g., abuse, traumatic bereavement, life changing injuries). A further 5% appeared to present traumatised patterns of behaviour but made no disclosures.

- <u>Lack of supportive relationships</u> - the efforts of carers and supporters are often (understandably) focused on meeting physical and practical needs, leaving little space for attending to the person's emotional experience. Friends may have limited experience of empathic and emotional support themselves, and therefore be unsure how to offer it, and people with learning disabilities and communicative difficulties are often more socially isolated anyway.

Skills acquired/developed

- Familiarisation with trauma work
  - Safety & Stabilisation
  - Processing Trauma
  - Looking to the future.
- Exploring theory
  - Interpersonal Neurobiology (how relational interactions affect our minds)
  - Sensorimotor Psychotherapy (working with body posture and action to support the development of new neural pathways)
  - Single Session Counselling

- Increased technical competence
  - Finding webcam solutions for doing Talking Mats remotely.
  - Certified Cybertherapist qualification covering IT security, video call options, online "presence", working via chat and messaging.
- Boundary management
  - Balancing flexibility to adapt to client needs with protected leisure time for myself as a therapist.
  - Gauging when a third-party presence in the counselling space was supportive and when it was intrusive.

What could have been done better?

Assessments and Outcome Measures

Assessments and outcome measures were only used erratically. Often clients did not want to use them, and I could perhaps have done better at explaining the benefits. The initial assessment, though designed to be simple, was time consuming and often took two or three sessions to complete with clients. I did produce a shortened version but even this was not always something clients wanted to return to when reviewing or ending our work together.

Creativity in Online Work

I tended to use the video call medium as a substitute for face-to-face work, and although I occasionally shared pictures and psychoeducational material with clients via messaging

services, I could have taken fuller advantage of the online resources available for counselling work – such as the world building setting of ProReal or gamified therapeutic spaces.

Trauma Informed Approach

As noted earlier, this job required me to rapidly upgrade my trauma work skills. Had I begun the project with the level of knowledge, and experience, that I had accumulated by the end, outcomes might have been better for a couple of clients. Sadly, in at least one case I was unable to find a solution that worked for the client, and they dropped out of the service and never re engaged, despite re-referring themselves for a second time.

Hybrid Working

The shortage of confidential meeting space, plus insufficient internet connection strength, in the office limited my ability to work in a truly efficient hybrid manner.

Staff Involvement

Some people opted to have a supportive member of staff present for sessions, but there are case studies to suggest that, for people with learning disabilities, it can be helpful to be supported in daily practice of mental exercises with the support of staff[10], or family members[11]. With the exception of one case towards the end of the project this was not an angle that I pursued. Mainly because of my own uncertainty about balancing the idea of a protected space where clients could express frustrations in relation to staff, with the potential value of involving staff teams in effecting change. It's worth recognising my limits as a sole practitioner only available to someone for an hour a week. For those with profound learning and communication disabilities, a more immersive therapeutic environment - provided by a suitably skilled and self-aware staff team - may be what's required to support change.

Protecting Confidentiality

Sending Talking Mats images to clients by email is essentially similar to sending case notes by email. Email is not a confidential medium (except for properly encrypted variants) and I should have resorted to a secure means of transfer sooner than I did.

Beyond HearMe

As this project comes to an end, I would like to share some potential visions for future possibilities, even if financial circumstances currently rule them out, dreams are like seeds – they can be sown and lie dormant awaiting the right conditions.

Hybrid Counselling Service with "Drop-In" Capacity

Although it would be costly, I could see tremendous value in a truly hybrid counselling service, with a dedicated room, in a space regularly accessed by people with support needs.

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[10] DRYDEN, W. (2020) *The Single-Session Counselling Primer.* Monmouth: PCCS Books Ltd.
[11] WILLNER, P. (2004) Brief cognitive therapy of nightmares and posttraumatic ruminations in a man with a learning disability. *British Journal of Clinical Psychology.* 43. p.459-464

The resident counsellor(s) could have some ongoing clients and some "free" time that could be spent developing tailored resources or being available for people to access the service on an ad hoc one-off basis, for those who found that a more helpful way of working.

Peer support/Group work

Opportunities for people with learning disabilities, or severe mental health needs, to come together and share their experiences would offer a broader array of human connections and reduce people's feelings of isolation, as well as giving people the chance to learn from each other and recognise themselves as beings who can be sources of strength and wisdom for others. One of the people with learning disabilities who came for counselling spoke about how helpful they would find it to be able to meet with their peers, in a moderated support group for people with similar issues – e.g., aging parents, or weight loss.

Resources for self-empowerment

This same client proposed a community hub where people could drop in, have a coffee and a chat, share advice and ideas, and pick up information on available services. They envisioned a space "like a library, but full of leaflets about our rights and where we can get help".

Trauma-informed or counselling-skilled staff & Intensive Interaction

This is an extremely challenging time for Social Care staff, but in an ideal world staff would create therapeutic environments for those they supported, as opposed to providing an additional strain on their mental health. In some cases, this undoubtedly already happens, in others it does not. I would suggest that a therapeutic environment requires two key elements.

Knowledge – staff need a basic understanding of how trauma impacts people, and can manifest in emotional responses. They also need to know how to connect with people in a way that allows them to express themselves. Intensive Interaction is virtually tailor made for this when dealing with people who don't communicate in a mainstream way; with more verbally communicatively people a basic understanding of empathic listening skills is invaluable.

Staff emotional wellbeing – a person's capacity to reflect on their own reactions, and attune to the feelings of others, is severely impaired by compassion fatigue. This is a phenomenon counsellors are taught to be on the lookout for, but social care workers are equally – if not more – vulnerable to it. To create therapeutic relationships with those they support, the staff need to have the emotional energy available to care.[12] This requires attending to their own emotional wellbeing. Unfortunately encouraging staff to do this often directly conflicts with the demands of understaffed services.

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[12] JONES, R. A. (2013) Therapeutic relationships with individuals with learning disabilities: a qualitative study of the counselling psychologists' experience. *British Journal of Learning Disabilities.* 42. p.193-203, particularly p.196-197 in this context.

Conclusions

I embarked on this project with a naïvety that was rapidly plunged into an awareness of the immensity of need. The magnitude of issues faced by many adults with additional support needs would be emotionally challenging to the most "capable" person, and yet they often have little or no space to be heard. Barriers to accessing counselling are not only confined to the restrictions of the traditional format, but in a lack of awareness that it might be helpful to them at all.

This service presented me with multiple challenges, demanding a creative response and a commitment to rapid learning. The past three years have, personally, been a gift of immeasurable value that have shaped me as a practitioner. I had to accept – with humility, frustration, and regret – that I could not provide all the "solutions" I wanted to, but I believe that I was still able to provide something that was of real benefit to the people who accessed the service. While in some cases clients gained from psychoeducation and assistance in finding new ways to manage their emotions, perhaps the most powerful impact was that of having their feelings recognised and treated as worth expressing in the first place. Sadly, this seemed to be a rare, or even a new, experience for many. The pressures on social care staff, and on unpaid carers, all too often leave them with few reserves from which to offer empathy to the people they're caring for. They may not even know how to offer it well. If this could be addressed, it would benefit all concerned, but this in itself would require time, money and more sustainable staffing levels.

While the service required personal adaptability from me as a therapist, it also required flexibility in its operations. I was fortunate in the generosity of the funding while it lasted, because a more streamlined service would not have allowed such flexibility, and the flexibility was part of what made it so uniquely accessible to those who could not engage with mainstream counselling.

If it ever becomes possible to run such a service again in the future, I hope that lessons can be drawn from this one, in terms of what worked well and what could have been improved. But I think it's equally important to recognise that there are also other ways to create therapeutic interactions for people with additional support needs – some of which may be more financially achievable. These include creating spaces for people to share their experiences with each other, therapeutic groupwork, and information – both practical and psychoeducational – for both people receiving support, and their supporters.

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