

a protocol for *everything*, especially around risk and safeguarding.

Clinical expertise through supervision is, of course, essential, so trainees feel supported, held and able to bring any tricky issues. Group supervision is a validating experience - students with more clinical hours in the group have been through it all themselves and are in a position to offer real-life stories to reassure the new therapists.

We make it clear that, if a trainee feels the work with a client may be moving beyond their competence, then the client may be referred on. This is a clinical decision that is first discussed in supervision and then actioned. Sometimes the client may be challenging the therapist to grow, and this process will be managed through supervision. At other times, the client's needs may be beyond the therapist's competence and a referral will be necessary. Trainee therapists know they will be supported either way.

In the past year, I have taken on the role of programme manager for a new diploma in integrative counselling offered by our training school. We take seriously the signing-off for placement procedures. Tutor, supervisor and manager - and the trainees themselves - all have input in the process. We monitor trainees for their emotional maturity, responsiveness to feedback and the ability to self-reflect, as well as their ability to demonstrate core skills.

In my view, a satisfactory and safe clinical placement is the result of a joined-up relationship between training institute, student and placement provider.

Karen Dempsey, Training Programme Manager for The Awareness Centre, UKCP registered psychotherapist and clinical supervisor

'Do not underestimate what the right trainee can do'

When working through this dilemma, the need of the client accessing therapy via the placement provider needs to be given top priority. From my perspective, working with student practitioners, each trainee needs to be treated as an individual, and their personal suitability for a placement also needs to be taken into account. For example, a trainee's previous work experience is a factor - students with professional experience of working in a caring profession, such as social work or nursing, may be robust enough to hold clients of complexity

at an earlier point in their training than someone from, say, a commercial background.

Infrastructure within the placement is also important - does the placement offer an induction for new trainees and is there a readily accessible mentor to support new trainees? I would also want to know whether there is a robust assessment process, to determine the suitability of clients and help trainees understand the piece of work that could be done.

Capability of the student on the training course should also be considered. Students develop in their counselling training at different stages and someone who is coping well with the practical and academic rigours of their course may well be a more appropriate choice for a challenging placement than a student who is struggling. I would also say, do not underestimate what the right trainee, in the right environment and with the right support, can do. A study published in the *Journal of Counselling Psychology* in 2016 found that the therapists did not improve with experience and there were no significant variations of outcomes for trainees or staff clinicians.¹ It was in the area of client retention that staff clinicians showed a slight improvement over trainees, and this could be somewhere that further support may be required through an in-house mentor or in clinical supervision.

Consideration could also be given to whether a trainee could provide a holding space for clients if there is a long waiting list to see a specialist or more experienced counsellor. I have some experience of this being used in IAPT services. When high-intensity practitioners have full caseloads, sessions with a low-intensity practitioner may be offered as a way of holding clients and determining if further support is needed. This helps clients with some of their more immediate symptoms, enabling them to function better in the here and now.

“ Each trainee needs to be treated as an individual. Students with professional experience of working in a caring profession may be robust enough to hold clients of complexity at an earlier point in their training ”

I understand some of the pressures the placement tutor is facing and they may need to educate senior management around why suitable placements are so difficult to find at present, and the dangers to student retention if a trainee is in a placement they find overwhelming. The college also has a role to play in offering extensions on deadlines for the placement element of the training if suitable opportunities do not arise. I think there is a case for looking at more complex placement opportunities to help a small number of students, dependent on the individual trainee and the support in the placement.

Colette Lewis MSc MBACP (Snr Accred), clinical manager and psychotherapist

REFERENCE

1. Goldberg SB, Miller SD, Lars Nielsen S, Rousmaniere T, Whipple J, Hoyt WT, Wampold BE. Do psychotherapists improve with time and experience? A longitudinal analysis of outcomes in a clinical setting. *Journal of Counselling Psychology* 2016; 63(1): 1-11.

'Clients with eating disorders can be acutely unwell'

A client seeking help from a specialist eating disorders service is often at a very frightening and complex point in their life. People living with eating disorders often experience co-occurring conditions that require a specialist team with significant experience of working with diagnoses such as personality disorders, trauma and complex family dynamics. Clients with eating disorders can be acutely unwell physically as well as psychologically, and therefore require a multidisciplinary team approach, with robust safeguarding measures and governance in place. This has the potential to put a lot of pressure on trainees, who have limited exposure to clinical settings and individuals with complex needs in a fast-moving service. This introduces ethical considerations around safety and capacity that the trainee and the organisation need to navigate, both on a practical and emotional level.

At Orri, a specialist day treatment eating disorders service, our approach is founded in attachment theory, meaning that our clinicians engage at a deeply relational level with clients, and this can be challenging to navigate without robust experience in clinical work. On a practical level, our clients are often with the service for extended periods, and given this, consistency of