



Counselling Service at Herring House Trust April 2015 – March 2016

In the last year I have provided counselling to 50 clients who are supported by Herring House Trust. These clients have been residents in the hostel, high support unit, community houses or have had their own flats. I have worked with clients with a range of issues, including complex trauma and abuse, mental health, bereavement and loss, and substance misuse. This report explores the challenges and achievements in the first year of the service.

My approach:

I am an Integrative Psychotherapeutic Counsellor and have worked for over fifteen years with people who have mental health, substance misuse and homelessness issues. I offer one to one, brief and ongoing counselling to people who are supported by Herring House Trust through the hostel, resettlement, or outreach schemes. My counselling values are relational and humanistic; people grow and develop in relationship, when given the optimal conditions. I believe that acceptance, awareness and authenticity are facilitative of change and transformative. In my role as a counsellor, I aim to be a positive attachment figure, providing a secure base. I want to create a safe, trusting relationship where my clients feel accepted, understood, and connected with in a meaningful way.

I believe that through trying to understand my clients' thoughts, feelings and behaviours, this will facilitate their understanding of themselves as well as others, which is known as the process of 'mentalization'. I think that if people can feel 'known' and 'contained' in relationship, this will lead to integration, emotional regulation and improved psychological and physical wellbeing. These beliefs are founded upon attachment theory, developmental theory and person centred theory. My counselling sessions offer a space for a person to explore their feelings, thoughts and behaviours, past or present; the aim is to gain a deeper understanding of themselves, their relationships, patterns of behaviour, and core values or beliefs, as well as learning self-acceptance and self-compassion. I believe that self-awareness and understanding enables a person to make more informed choices and decisions about the type of life they want to lead.

Working with HHT staff:

The Herring House Trust staff have been incredibly supportive and positive towards the counselling service, which has hugely contributed to its success. I have worked in conjunction

with all of the staff including the hostel, high support unit, resettlement, and pathways teams. The staff have regularly referred clients and promoted the service. I have found that the staff have been respectful of confidentiality and in cases where consent has been given by the client, we have been able to have useful case discussions. I provided anonymous feedback forms for the staff asking for their thoughts on the counselling service: what had been helpful, what had been challenging, and any feedback from the clients.

The staff feedback on what had been helpful included - easy to access, flexible, provides containment, prompt, invaluable, new perspective on client's behaviours, adapting the counselling to suit the individual client i.e colouring to encourage conversation using distraction, clear understanding of the client group, service that is lacking in the statutory sector, accommodating of an unreliable client group, not long waiting times, based where clients receive the majority of their support, valuable, useful, specific support, reliable, effective, successful, helpful to meet the counsellor beforehand, not time limited, support with mental health referrals, joined up cohesive working with other staff, it has promoted joint working throughout the whole service.

The staff feedback on what had been challenging included – it hasn't been, clients trying to play staff off against each other (but felt this was rectified through talking about these issues with the counsellor), clients failing to attend, erratic attendance, keyworkers not being consulted in referrals (but this has been resolved by changing the referral form), continuous attendance, clients understanding that it can take several sessions to feel a positive impact.

The staff feedback on what clients had said about counselling included – extremely positive, nothing but praise, very understanding and easy to talk to, helpful, best service they have had, glad it is not time limited, helpful and quick appointments, helped my mental health, more able to cope in stressful situations, useful, felt more positive, able to build a trusting relationship, feel comfortable and safe, relief in getting support with mental health so quickly, gained help to make big or small changes.

On-going counselling:

Currently the offer of counselling to clients is not time limited. I feel this is important as many of the clients are dealing with long term issues of developmental trauma and abuse. There has not been the issue of a long waiting list, as some clients only attend one or two sessions, while other clients have attended thirty sessions. It feels therapeutically important, demonstrating the qualities of acceptance and respect, to allow the clients to decide, with support from myself, how long they access counselling for. It also values the individual and recognises that everyone's needs are different. The only exception is when clients are evicted, but so far most of the clients who have been evicted had not been engaging with counselling at that time. In the past year, there has only been one client who have been engaging regularly with counselling and been evicted. This client was offered the option of some ending sessions, but did not take

this up. In these situations, there would be the offer of a number of agreed sessions to close the work; this decision is made on a case by case basis involving management and the client. It has been noted that when the clients have been engaging with counselling, the eviction rates of these clients have been lower. (See pie chart)

Engagement:

All of the clients who have been referred to counselling have been offered an initial assessment appointment. After the initial assessment, every client so far has been offered regular counselling sessions, either weekly or fortnightly. There have not been any clients who have declined the offer of counselling. However sometimes when clients have not attended their appointments on a regular basis, I have had to close their place due to a lack of engagement. Clients are always offered the opportunity to return to counselling in the future when they feel able to engage. I feel the service is very inclusive, offering the opportunity of counselling to a range of people with a range of different needs. It also allows clients to try counselling and hopefully have a positive 'good enough' experience, even if it is brief, so that in the future they will want to access counselling again. I think with this client group, there is the need to dip in and out of engagement, as intimate relationships can often feel overwhelming and trigger emotions, such as vulnerability.

The majority of the clients have engaged very positively with the counselling process. It has been noteworthy that many of the clients want to engage on a regular basis, which is surprising due to the chaotic nature of the client group and the complex issues they present with. These clients do not tend to access mainstream counselling services, are often deemed unsuitable, or do not meet the criteria for the therapeutic interventions offered by the NHS, such as cognitive behavioural therapy. Many of the hostel clients would meet the criteria for specialist secondary care mental health services, due to having complex and chronic difficulties, but often seem to slip through the net and are not offered these services. However, clients who are supported by the mental health team are mainly offered a medical model of support, not a psychotherapeutic intervention; consequently the counselling at the hostel is the only opportunity many clients have to access this type of support. I believe that as the majority of the clients have attachment based problems, they benefit from a relational attachment based model of therapy, which is what the hostel counselling service provides.

Responding to the needs of the client group:

I have found that within this client group there are high levels of developmental trauma and abuse, as a result these clients can find it challenging to engage in the counselling process. I think the intimacy of the counselling relationship can feel overwhelming and they can struggle to regulate their feelings and behaviour, varying from being angry to withdrawn. Many of the clients have never had a space to reflect on their feelings, thoughts, and behaviours, or be listened to and understood. Consequently, this can feel daunting and intimidating and clients can struggle to talk, so we have to find other ways of communicating. Trust can be a massive

issue with this group, as most have been severely hurt by others in their lives. These clients have had to develop different coping strategies to protect themselves and as a result can often be very guarded, defensive and push boundaries. I have needed to incorporate this into my practice and be very reflective of this within supervision. For example, working creatively, building a safe attachment relationship, allowing clients to stay as long or as little as they need within the fifty minute slot, managing boundaries, writing reports for the mental health team, being flexible with appointments, dealing with the transference and countertransference. Many clients present as being emotionally very young and find it difficult to express themselves, so we will engage in creative activities such as colouring, drawing, playing games and looking at photographs. They also may have missed out on having the opportunity to play and be creative when they were younger. I feel it is important to meet a client where they are and respond to their needs in the moment.

Another challenge of offering counselling to a chaotic client group with complex needs is that they often miss, cancel and change their appointments. However they often report to staff that they are upset or disappointed when they have missed a counselling session as they wanted to attend. The impact of developmental trauma and abuse means that the clients may have increased levels of the stress hormone cortisol to deal with, which could impact on their cognitive functioning and ability to remember appointments. They also have often not had stability or structure in their lives, so are not used to keeping to a schedule. Most of the clients have not been taught how to take care of themselves and engage in self-destructive behaviour. Consequently, it can be challenging to prioritise counselling and there can be a lot of ambivalence around therapy. As a result, it has felt appropriate to support clients to remember their appointments, for example texting, writing the appointment in the office diary, asking staff to remind them etc. This has increased levels of attendance and clients say that it is helpful. I have also been flexible in terms of changing and rearranging appointments. I have calculated that on average I have had a seventy percent attendance rate, which I feel is very successful.

In-House Counselling:

There are many challenges of offering in-house counselling based in a residential environment. It is important to acknowledge that there is a three way relationship between the client, the hostel, and the counsellor, with each element impacting on the other. An example of this would be in the counselling confidentiality agreement where it states that if a client was to break the rules of their accommodation and inform me of this, we would have to address this situation by informing staff. Some clients may feel uncomfortable having counselling in their home and prefer to access counselling independently. Staff and other clients may know when an individual is attending counselling due to the open plan layout of the building, challenging anonymity and confidentiality. Clients may also discuss attending counselling with each other and be aware that I know other people in their life, when normally there is more objectivity on the side of the counsellor. Clients may view me as part of the hostel and the establishment, which may cause trust issues and concerns around confidentiality. There may be boundary

issues, for example the clients will see me in the office or hostel at different times outside of their appointments. As a result of the counselling service being in-house, if a client is evicted they will lose access to the counselling service.

However there are also positives of offering an in-house service. The service is very accessible and the clients get an opportunity to know who I am and 'suss' me out before they have an appointment, which can reduce fears and concerns. The clients are accessing counselling in a safe and familiar environment. Many of the clients will develop a positive attachment to the hostel as a safe base and view the counselling service as part of this. Clients who would not normally access counselling have said that they have attended appointments due to the service being in-house. There can be more support around helping clients to attend appointments when the service is in-house and flexibility to meet the needs of the client group as it is a bespoke service. There has been evidence to show the usefulness of a 'one stop shop' model, where clients can have all their support needs met under one roof. I think this is particularly important with chaotic clients with complex needs who may struggle to attend appointments in various locations. The counselling service can become part of the client's established network and there can be a psychological 'holding' and joined up working by staff, whilst maintaining confidentiality.

Issues of the counselling clients:

Abuse: physical, sexual, emotional, and neglect; Trauma; Attachment issues; Adoption: self and children; Bereavement and loss; Learning difficulties; Criminal justice; Domestic Violence; Care Leavers; Substance misuse; Mental Health; Gambling; Gender; Sexuality; Sexual assault; Violence: perpetrators and victims; Self-esteem and confidence; Unemployment; Relationships: relatives, partners, friends, professionals, self.

"There is a strong link between homelessness and complex trauma (trauma in early childhood)."
Nick Maguire et al (Southampton University)

"85% of those in touch with criminal justice, substance misuse and homeless services have experienced trauma as children."
Lankelly Chase Foundation (2015)

"Psychological variables shown so far to be implicated in the cause and maintenance of homelessness include emotional dysregulation, experiential avoidance, shame, victimisation and maladaptive coping styles, all associated with childhood abuse and neglect." Nick Maguire

My experiences of providing counselling to a homeless client group reflect the current research linking homelessness to complex trauma and childhood abuse and neglect. Strikingly, all of the clients who have accessed counselling at Herring House Trust have suffered some form of abuse and neglect in childhood, which has led to developmental trauma, and often continued

to suffer further traumas and abusive relationships in their adult lives. This has subsequently impacted on their attachment patterns, relationships and mental health. All of the clients that I have worked with have experienced mental health issues, ranging from depression and anxiety, to post traumatic stress disorder, personality disorders, psychosis, and mood disorders. Many of these clients have not been engaging with statutory mental health services and have not been given accurate diagnosis, medication or treatment.

A high number of the clients who have accessed counselling have experienced unresolved loss or bereavement in their lives. This has included relatives or friends who have died, children being taken into care, separated or absent parents, parents with substance misuse and mental health problems etc. Approximately half of the clients that I have worked with have had issues with substance misuse. The clients who are still using substances can find it more difficult to engage with counselling on a regular basis. Most of the clients with substance misuse issues that I have worked with have engaged with counselling after moving into the high support unit. Some of the clients that I have worked with have been involved with the care system and been care leavers. Many of these issues are linked and clients often present with a combination of these issues.

Client Feedback:

I provided feedback forms to the clients who have been attending counselling to gain further insight into their experiences of counselling. It is interesting to notice that the feedback about their experience of their counsellor is very positive, however when it comes to questions like 'do you understand your problems more?' and 'do you feel more able to cope with challenges in life?' the score often goes down. Given the nature of the client group, the fact that the majority of the clients feel listened to, heard, understood, respected, comfortable and accepted, is very significant and a fundamental part of building a positive attachment relationship. However, I am aware that these clients often have very low self-esteem and confidence, finding it hard to identify their strengths and achievements, which is why I think the score goes down when the questions focus more on them. Yet in the comments section, they describe ways that they are using different coping strategies.

The client feedback on what has been helpful included - realising that I was not at fault in my childhood, I have come a long way, I feel better in myself at dealing with life situations, I feel more confident, my mental health is the best it has ever been, I look forward to my sessions as I can off load anything on my mind, I can sit quiet if I need to, having someone to talk to in confidence about anything and not being judged, learning more about myself, get things off my chest what I cannot talk to other people about, I trust you so I don't want to see anyone else, you made me feel at ease, it was all helpful, I was always seen on time and offered a drink, you are the first counsellor who has taken an interest in me, you have helped me to build my confidence to make changes.

The client feedback on what was least helpful included – remembering bad times.

Conclusion:

I feel that the first year of the counselling service at Herring House Trust has gone very positively. There has been huge support from all of the staff and the service has been used beneficially by the clients. I have found that therapeutic work with this client group can be challenging at times, but also immensely enjoyable and rewarding. I feel very passionately about the development of trauma informed care in the homelessness field and would like to develop this further. I believe that offering an attachment focused counselling service in a homeless hostel is pragmatic and progressive in the fields of homelessness, mental health and therapy. I feel privileged to have this opportunity to work for Herring House Trust and provide counselling to this client group.

Counselling Service Statistics for April 2015 – March 2016

Month	No of Referrals	No of Assessments	Total No of Clients
April 2015	11	6	6
May 2015	7	5	9
June 2015	9	5	12
July 2015	2	2	11
August 2015	11	8	18
September 2015	4	2	15
October 2015	4	4	17
November 2015	4	4	19
December 2015	6	5	19
January 2016	1	1	13
February 2016	4	4	19
March 2016	10	9	18
Yearly Total	73	55	50