
EAPA UK SURVEY OF COUNSELLORS EXPERIENCE DURING THE COVID PANDEMIC

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Introduction

On the 23 March 2020, the UK government announced a lockdown of the UK nation to slow the spread of the SARS-CoV-2 virus (COVID), which was heading towards a global pandemic.

The lockdown prohibited people from leaving their home unless it was for an essential reason. As a result, the EAP counselling industry ceased face to face counselling and moved to remote counselling by telephone, video, chat, e-mail and text. This shift meant a rapid adaptation of EAP counselling delivery and interaction with counselling clients. The UK Employee Assistance Association (EAPA UK) wanted to find out what the experience of such a seismic shift in working practice was like for counsellors working with EAPs, as well as the types of counselling delivery they had used during lockdown and what they may consider using beyond lockdown.

EAPA UK is the main professional body for EAPs in the UK and sets standards for delivery and management of EAP services in the UK.

Method

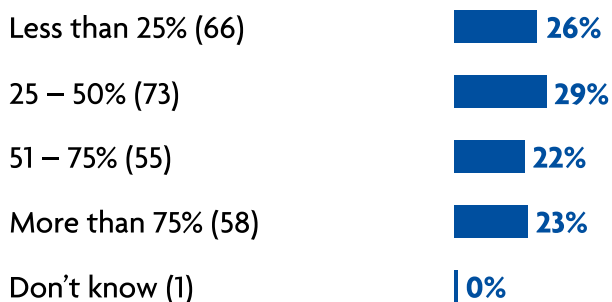
EAPA UK developed an online survey with 12 questions asking EAP counsellors about their experience of counselling during the COVID pandemic.

To gain participants, the survey was promoted to counsellors by a number of EAP providers and via the EAPA UK membership network. Respondents were assured of confidentiality in response and also directed to the confidentiality statement on EAPA UK website.

- Questions were multiple-choice answers
- The survey ran from 2 July 2020 to 27 July 2020
- There were 282 responses

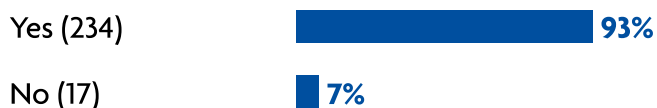
Results

How much of your time was spent working on EAPs?



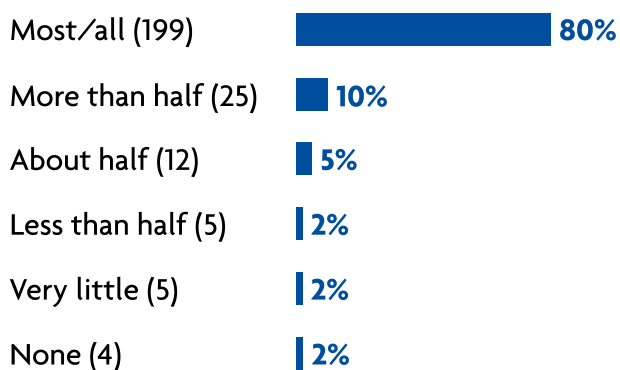
Counsellors are not working for EAPs all of the time, with about a quarter working only 25% of their time for EAP and about a quarter working more than 75% of their time for EAPs. This is most likely due to them having a private practice with their total work being only part EAP work. Maintaining a private practice is common amongst counsellors.

Before COVID-19, did you primarily deliver counselling on a face to face basis?



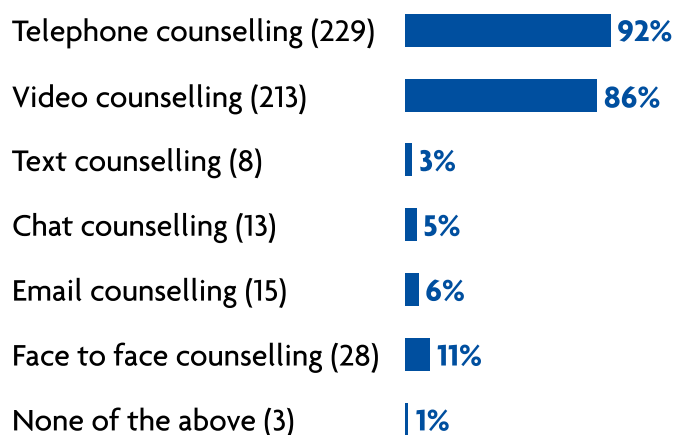
Almost all of the counsellors who responded normally work on a face to face basis, and this was their primary mode of delivering counselling.

And, on average, how much of the counselling that you delivered before COVID-19 was done face to face?



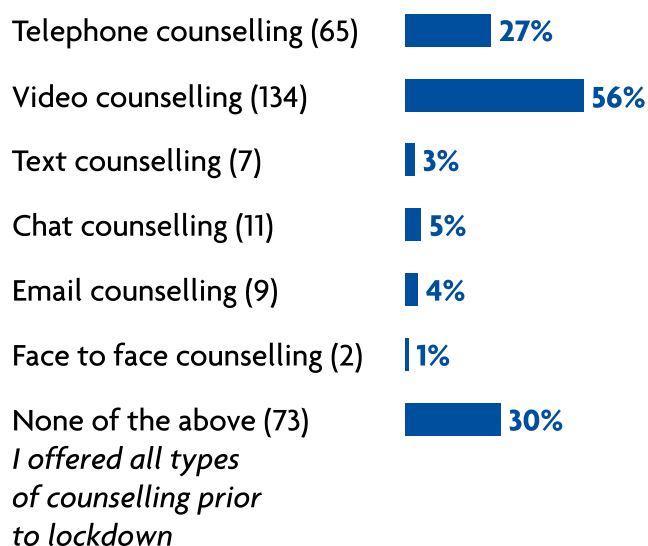
Prior to COVID the majority of counselling was via face to face delivery

What types of counselling delivery are you currently offering during lockdown?
(Please tick all that apply)



The lockdown during the COVID pandemic resulted in a shift away from face to face counselling. It can be seen that counsellors were offering mostly telephone counselling or video counselling. They may offer more than one method of delivery. But interestingly there was still some face to face counselling being offered. We know from comments that this may be open air such as “in-nature” type counselling. We do not know if this was during the initial hard lockdown, or later.

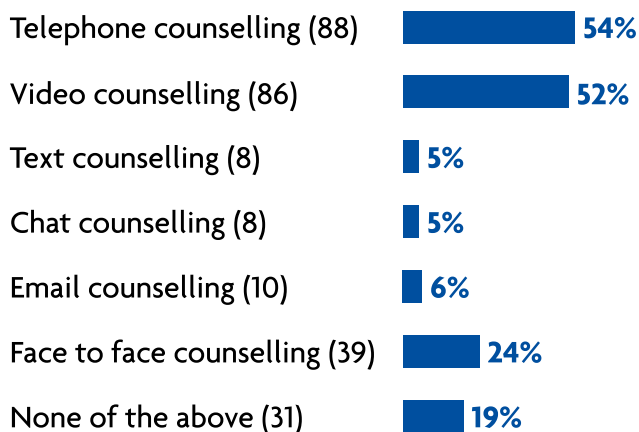
Which of the following that you are currently offering during lockdown is new to you?
(Please tick all that apply)



Counsellors are responding to the new types of counselling they are delivering in lockdown. It can be seen that telephone counselling was quite familiar with only a quarter reporting that this was new to them. In comparison to video counselling where just over a half stated that this was new to them.

Results

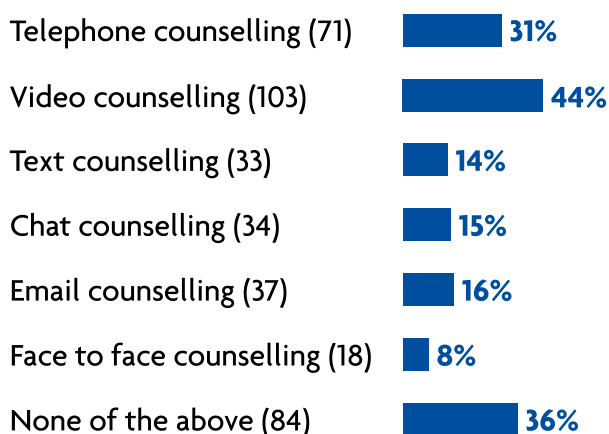
And which of the following new ways of counselling have you received training in?
(Please tick all that apply)



Of note is that 19% of respondents state that they have received no training in any method of counselling, this may be a lack of understanding of the question, as one would expect all counsellors to be trained in at least face to face work.

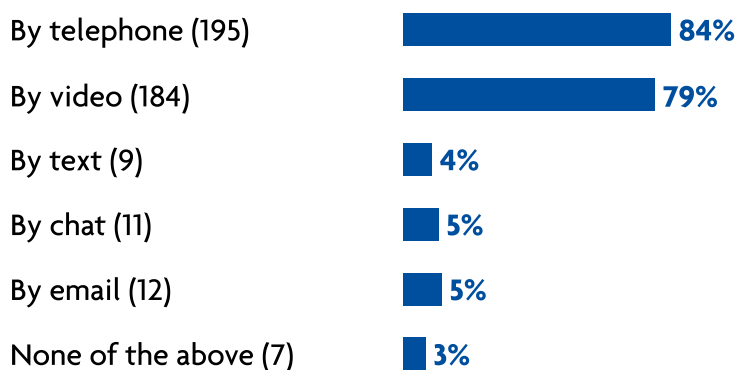
Looking at this data it suggests there may be a need for training in a number of methods of counselling.

And which of the following would you consider further training in?
(Please tick all that apply)



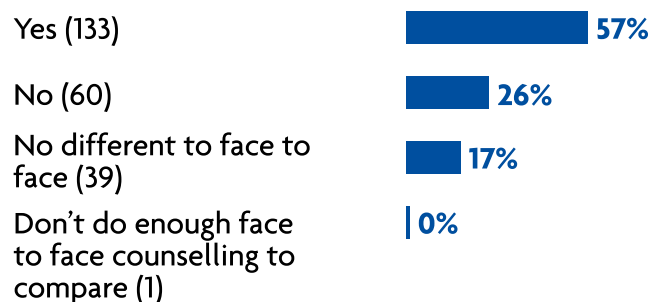
Almost a half of counsellors would consider further training in video counselling and one in three would consider telephone counselling training. However one in three wouldn't consider training further.

During COVID-19 lockdown, which of the following have been satisfactory ways of working for you?
(Please tick all that apply)



In asking about their experience it can be seen that telephone and video counselling were the most satisfactory ways of working. The low numbers seen in text, chat and email counselling could be reflective of the low usage of these counselling types.

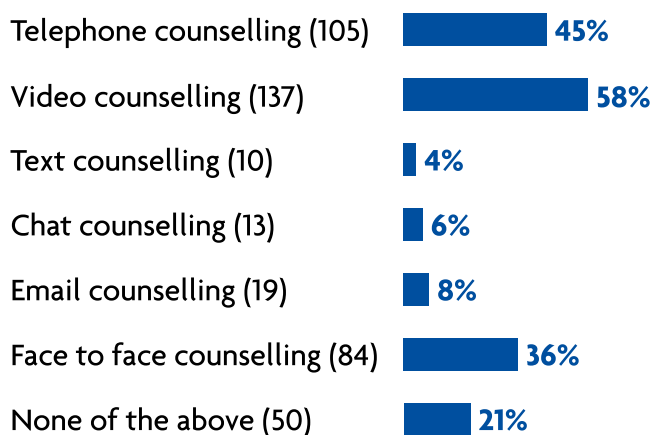
Are these ways of working more demanding of you than face to face counselling?



Just over half of counsellors found the new ways of working to be more demanding when compared to face to face counselling.

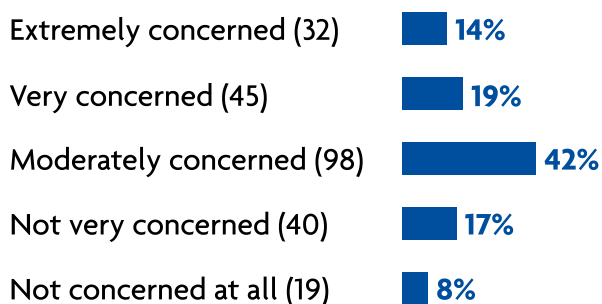
Results

After COVID-19 lockdown eases, what types of counselling delivery will you be offering in the future that you do not already offer? (Please tick all that apply)



Clearly there is some appetite to offer some other methods of counselling with video counselling being most popular.

How concerned are you about returning to face to face work after the lockdown eases?



The level of concern for return to face to face counselling is very mixed. Only a third of counsellors are very or extremely concerned about the return to face to face counselling.

Do you feel you need advice on how to safely return to face to face work?



Looking at the need for advice for a return to face to face counselling we can see that just over a half feel they do not need advice, however 4 in 10 counsellors do need advice.

Free text comments (see Appendix 1) show a useful insight into the experience of counselling during COVID lockdown, and the change in counselling delivery.

We can see that some counsellors found remote work better than they expected, this may reflect the fact that they were perhaps only working in a face to face capacity prior to lockdown. The positivity reflects a possible acceptance of working with clients in new ways. It can also be seen that video counselling in particular can be demanding and intense. The lack of usual cues and concentrating on a screen would seem to be reflected in comments, but not necessarily in a negative way. This is something that training may support and practice as clinicians become accustomed to this style of interaction. Training is something that should be addressed from a professional competence perspective.

The issue over fees is one that recurs, and is a challenge for the counselling industry and EAPs. There does seem to be some negativity toward EAP providers for what counsellors feel may be an advantage being taken of the situation thereby paying a lower fee for sessions that are not face to face. Counsellors however will often be able to work from suitable rooms within their own home and not incur therapy room costs. This perhaps is something that needs exploring further to encourage acceptance of different ways of working.

Comments on returning to face to face counselling offer up some of the concerns that counsellors have, and the possible need for help and advice in how to go about this safely. This may also be an area of interest to the professional counselling bodies beyond EAPA.

Summary

The UK counselling community were able to change their method of delivering counselling to clients and used mostly telephone and video methods.

Many said they were not trained in these methods, and looking at some of the comments some counsellors were trained and some have already undertaken some training. This calls into question a professional competency issue, if these methods of delivering counselling are to continue. One would not expect a mental health professional to operate outside of their own competence. It would seem that this may have been ignored during the crisis of pandemic in order to continue to support the mental health of vulnerable people in need.

Some counsellors are open to the idea of further training in remote methods of counselling.

The experience of counsellors delivering remote counselling indicates that for some it was a surprisingly positive experience and something they wish to offer in the future. Comments also indicate that it can be an intense and tiresome experience for some counsellors. There is a lack of visual cues in telephone counselling and voice limited field of view cues in video counselling for example. These may result in increased concentration levels by counsellors delivering counselling sessions, leading to an increased feeling of intensity and fatigue.

Due to the confidentiality of EAP counselling it is not known what the experience of the counselling client was. We also do not know what the outcome of these counselling delivery methods is compared to face to face.

Looking at the methods of counselling delivery used it appears that telephone and video were most used. These

methods replicate the face to face experience more closely than perhaps chat and text. In addition it would have been easy to switch delivery of counselling very quickly to telephone and video counselling.

While the pandemic continues these methods of counselling delivery are likely to continue. Counsellors remain nervous about returning to face to face counselling, and while some see a workable way forward, others do not feel confident. There would seem to be a lack of guidance and information around the return to face to face counselling. Issues around face masks and counselling appear to be evident and this may be because the counsellor cannot see the face of the client, and this may be unsatisfactory to the counsellor. There may also be issues with communication and hearing clearly what each is saying.

What does this mean for the counselling industry and profession? Clearly it is possible to successfully deliver alternatives to face to face counselling, and to offer counselling clients a choice of delivery method. Issues surrounding data security for digital counselling must be addressed to maintain confidentiality and security. The pandemic has perhaps accelerated a shift in different methods of counselling delivery beyond the traditional face to face method.

The issue of fees is a commercial one and providers choose the fees they wish to pay, in part driven by market acceptance norms. There is an argument around reduced costs where counsellors do not have to rent consultation rooms in order to work.

Appendix 1: Free text comments from survey respondents

If you would like to share any other thoughts you have, both about your counselling experience during lockdown, and your concerns following the easing of lockdown, please write them in the box below.

In future I would prefer to use video or 'phone or email for my counselling, CBT, psychotherapy and supervision sessions.

From my perspective, the restrictions imposed due to COVID-19 have provided many clients, therapists, agencies and organisations with the opportunity to reflect on the services available/provided and consider new platforms and methods to be able to provide services to clients, which meet the client's need at that time. The days of "this is what counselling is" and client's need to fit into the therapists view of 'what therapy is', now, thankfully, seem to be declining. I only hope the training providers are as quick to adapt.

I no longer wish to do counselling.

If COVID-19 and social distancing continues I am not prepared in the future to offer face to face.

Before lockdown, all my EAP work was by telephone. I have found this time period was, and is, emotionally challenging as so many clients have problems with health, employment and relationships greatly increased by the pandemic.

I offered face to face and phone prior to lockdown. I've just completed training in phone, webcam, email and IM. I would like to keep up all methods.

Remote video sessions can be challenging due to technical issues. It feels very two dimensional. I find phone sessions somewhat better, although nothing compares to the immediacy and intimacy of face to face work.

I have found it much harder to counsel or offer supervision on the telephone. I find the lack of non-verbal material available risks missing crucial information. Further I feel it involves me having to listen and concentrate far harder than face to face work. These points are valid too for video work although to a lesser extent because I can see my client -

although not fully in the same way as being in the same room. Also for my clients it has been hard for them to find a safe space to talk with family members being home. We have conducted some sessions where they have had to be in their car to find privacy. This is not ideal!

Video counselling has been harder than I thought it would be. I have found staring at a screen exhausting! I am getting used to it and not as tired as I was, and I think I might keep offering it as a service 1-2 days a week post lockdown.

I have been surprised by the intimacy that can be achieved with remote counselling.

My biggest concern is if we go back to face to face counselling if there is a second spike or myself or clients are unwell and everyone has to be contacted.

The feedback from my clients has been that they have benefited from remote counselling. In many ways, this has been more convenient and accessible to them. There are pros and cons for both face to face and remote counselling which balance each other out. It has also been easier for me to work from home and I have had the opportunity to work nationally rather than just with local clients. I wish to continue working remotely from home if the EAPs choose to offer this option on a long term basis.

My concerns with the easing of lockdown and returning to face to face work is that I don't know if it will be safe to undertake meetings in a confined room for an hour even with 2 metre distancing.

Returning to face to face work is both making the environment COVID safe and a matter of ensuring that the counselling relationship can still continue - its not clear that advice is available yet.

Appendix 1: Free text comments from survey respondents

Virus is still out there. There are spikes. I mainly work from home but there are insurance issues re face to face and list of extras may be required. Shall not be doing face to face until risk is much much reduced.

I prefer online video counselling to telephone counselling. I have found that video works a lot better than I had expected particularly with clients whom I already know. I have found that telephone counselling works fine for some clients (where problems are more to do with their current situation) but not so well for clients with longstanding problems where the therapeutic relationship and a safe space is more important. I think that face to face counselling would still be needed for vulnerable clients. However, after the easing of lockdown I would prefer to continue with online therapy and may transfer my practice.

I have found phone counselling unexpectedly intimate; in your ear conversations are where people can safely share their secrets. Because the client does not see me, it is interesting to hear who/what they think I am like. My age has ranged from 20's to 60's and my status, class, many other issues have been very differently expressed. Although I don't work psychodynamically in short term work, the transference aspects are very strong. I like to walk on the phone and I never feel sleepy or tired, but alert and attentive. Around the house and garden when I.

Lockdown has pushed me into doing more video work, this is something I'll continue, but I am happy to just incorporate it where needed, and still continue with face to face.

Video/telephone counselling isn't as effective as face to face. Much information about the client's mental and emotional stability is lost on video/telephone.

I would be more prepared to do more telephone and video counselling than I would have been before but I still prefer

face to face. I do have some concerns about returning to face to face due to risk and wouldn't look forward to having to wear full PPE.

I am deeply appalled by some EAPs behaviour towards counsellors during lockdown. To offer 50% fees for telephone sessions is outrageous, punitive and abusive of our skills and the hoops we have to jump through to work for poorly paying EAPs. Having worked for EAPs I know what client organisations are charged and what counsellors get paid. EAPA needs to address this issue. If EAPs are demanding qualified, accredited insured counsellors, then we need to be respected and paid what we are due, not given 50% telephone fees, or 50% of full rates of clients that don't turn up. Why is this practice being allowed?

My concern is that through working with EAPs that my choice could be removed from me, I have my own reasons for not returning to face to face work now and these are based on my family circumstance, the fact I work from home and the fact I can't socially distance enough in my workspace. It feels concerning for me that an EAP may say "we are withdrawing your permission for online working" and I won't have any choice in how this works for me. This would leave me in a difficult position choosing between health, ethics and earnings. I am imagining that for counsellors who are shielding this will also be an issue for them. The way to get around this, for me, is for EAPs to consult with their counsellors and do this sort of surveying or approach it that we can have some choice, as well as the client, in which way we want to work. I am enjoying working online and over the phone and I have had a brilliant and growth periods of work with clients, just as I do through face to face work. I definitely don't believe that this is a 'less good' way to work.

It was interesting how some EAPs wanted to reduce their fee for a 60 minute counselling session during COVID.

Appendix 1: Free text comments from survey respondents

I have found there is some pressure emerging from clients for face to face counselling on the basis that they have had enough of communicating generally on video link, however I think because of the length of the sessions I wouldn't feel safe until there is a vaccine or treatment for COVID-19. I have found video link satisfactory, better than I expected when I started.

I am in a vulnerable age group and also have a family member who is shielding. For those reasons, I am very concerned and also to the safety of my clients. I think it is most important that both client and counsellor feel comfortable before the therapeutic work can be done.

I have found both myself and in discussion with clients telephone counselling and face to face seems equally beneficial. This is borne out by BACP's recent research day I viewed online. This illness has not gone away. At time of writing there is no vaccine or cure. Move ahead too quickly at our peril!!! It is not safe for counsellors and clients to be involved in face to face counselling at present.

I do not feel really it will be safe to do face to face until the virus goes away. During lockdown it has been a steep learning curve but I now feel comfortable and confident delivering telephone and video.

I have found working via phone and video much more tiring, but consider some really good work has been achieved. However, I prefer face to face and consider the human presence adds to the relationship. Also a lot of my clients would like me to do face to face, but some are fearful, yet some still want me to return face to face. – I am reviewing this for August. When I return to face to face – the PBPC one of my professional bodies have outlined very good guidance on returning to face to face working. I will give my clients the option to continue with phone if they are shielding or indeed are fearful when I return to face to face.

I think there is a need for more clarity about returning to face to face work, I will not be doing it for some time.

Skype is more helpful than telephone counselling for both parties. For the clients in order to develop trust and for the affiliate in order to grow the relationship more effectively.

I have a large room and can keep social distancing rules, with sterilising and hand sanitising. Everywhere would be thoroughly cleaned after each client and so I feel I could offer safe premises.

I have found phone and video counselling to be very effective, with some clients saying they prefer it. It means I can work from home and have more flexibility and to be able to offer this flexibility to clients. It's been different in many ways in that clients are experiencing more 'existential angst' with the effects of lockdown in addition to or instead of their initial presenting problems. Experiencing COVID-19 has affected many in both direct and indirect ways and as I am also inevitably experiencing the effects, it has in many ways enhanced the therapeutic relationship as I have greater understanding and empathy to their feelings and thoughts.

I have felt reassured that remote counselling is working successfully. The therapeutic relationship can continue and be established (new clients) working remotely.

I have found it challenging at times but video is as good as being face to face in my opinion.

I am glad to be able to continue working during COVID. Some clients have found lockdown very difficult, some have enjoyed working from home, some hate it and miss socialising in the office. I hope future office work can offer employees a mix of both.

Appendix 1: Free text comments from survey respondents

I have found video sessions surprisingly productive and have managed to move into them fairly easily. It means I have learned about this way of working and can continue to offer it where I didn't before. Once face to face is possible again, I would still want to meet people for some sessions, but would then consider moving over to video at an appropriate time, depending on particular factors to do with any particular client. I might consider email counselling. I have never done that.

I have been finding remote counselling works very well for some and not so for others. I am very happy to deliver remote counselling for as long as necessary for the safety of all concerned.

There has been no clear advice from anyone regarding working with clients from home. It has been stressful to try to work out. I miss seeing my clients face to face but feel fearful about inviting people into my home and safest best practice.

The quantity of my work during lockdown has radically reduced, which is very concerning. I hope that clients will eventually be comfortable working through face to face meetings again, since my consulting room is quite COVID secure and I have plenty of space to distance the chairs. At present, I am very happy to continue to work via telephone until the situation is safer for everyone and fairly relieved that this is the directive. Although I have been doing telephone work for some years, it is always interesting to participate in online training/information sessions.

It has been challenging making the quick transition to remote working however I can see that for some clients there are benefits. Face to face will remain my preferred way of working however I have become more flexible.

I have worked with telephone and video counselling for around 13 and 10 years respectively (and feel competent and confident in both). My main work before COVID-19 was face to face, however I enjoy both of the other mediums. Unfortunately, many EAPs significantly undervalue the efficacy and professionalism of both (and some are only paying half the fee). Effectively, if I choose to work for this, I would reduce my income by half. Fortunately, others are more informed and understand that all can be equally effective. It is extremely disheartening and I think scandalous that many EAPs are using this crisis to offer their client group the same high quality, professional counselling (which I believe all counsellors find requires more effort, concentration, and sometimes training), yet think it is ethical and acceptable not to pay us accordingly. Post COVID crisis (due to loved one's health) I will be working exclusively by phone and video, so my income may halve. If the many doctors who routinely offer telephone surgeries prior to COVID had their salaries halved, it would be a scandal. This is a moot point, of course, as would never happen. I and many countless therapists have alerted our governing bodies, challenged EAPs and unfortunately this underpaying is continuing. Post COVID, I would be hopeful that all mediums of therapy should be paid equally and valued accordingly. Today, I have had 5 clients (phone and video), for my NHS job - it is more tiring than if I had 5 face to face, and the NHS are not halving my salary. I would be very appreciative if you would consider this a crisis for counsellors, as I am guessing that CBT colleagues are not being paid less, and they routinely get higher rates than counsellors in general. I absolutely love the work I do, and have been a counsellor for almost 20 years. This health pandemic causes enough anxieties and uncertainty, without the added burden of EAPs deeming it acceptable to pay less fees. My supervisor has not halved their fee due to my halved income, and I absolutely would not expect them to.

Appendix 1: Free text comments from survey respondents

After an initial apprehension about switching from face to face to online counselling, I have become comfortable with the medium and see its potential in reaching more clients.

Until there is a vaccine I doubt that I will return to face to face counselling.

Video and telephone counselling are different to face to face rather than easier or more difficult. It is harder sometimes to read cues. It is of course more directly “face-to-face” than face-to-face, so can be more intense, and care is needed around disclosures which may not have happened in the less intense setting of being in the same room. Also a factor is that you are not present to help the client manage their affect or feelings. Perhaps the most significant issue for clients is that they are not in your safe space, but often in their own home, with others potentially there to overhear or interrupt.

I thought telephone and video counselling would be worse than it actually is. I was initially concerned about the levels of pain clients were leaving in their own homes after sessions. I was initially concerned about bring back clients from painful childhood pains into the here and now reality. More difficult with couples. Would like information on easing back to face-to-face and the precautions we need to take at first.

I enjoyed the flexibility of the remote work, but found not getting many of the face to face clues hard. The hours I worked on screen felt quite tiring.

I have been very aware that clients need some transition time after a video session particularly at the end of a session before rejoining their normal day.

Counselling by phone and Skype have produced some won-

derful outcomes, half not needing to use all the sessions with a quicker positive outcome.

I am concerned that not only do counsellors get a choice in how they work but also that clients get a choice. I do not envisage face-to-face counselling being a safe way to offer counselling for the foreseeable future given things like the level of cleaning required, PPE. I would rather counsel via video than using a mask or even full PPE.

I have found telephone counselling more focused and for some clients it has been better as they have been engaging very well probably due to having more time and less travelling? Others it is difficult as there was other people in their house hold so they had to take themselves to a private place. Overall attendance is good and clients working well.

I am concerned that I will not be given enough notice to go back to face to face. Also I am concerned about delivering counselling using a mask and how this might impact on the sessions.

During lock down I have undergone a steep learning curve regarding the process of online delivery. Both of therapy, supervision and the delivery of training. Now I am more than happy to integrate online delivery into my usual practice. Regarding face to face work, I am monitoring carefully the COVID risk for particular areas, making adjustments for my private practice. The only client work which has continued involves working with a client with Complex PTSD with very careful safety measures in place for both of us.

Some EAPs have conducted themselves in a rather appalling manner as far as I am concerned. Some have offered first refusal of client to counsellors who are happy to accept significantly reduced fee and others have provided 25–30% less for the fee when counselling takes place online without

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providing reasonable rationale for this. If you had to do your job online because of circumstances out of your control do you think it would be reasonable for your employers to expect you to take a 25–30% cut in your salary? I would hope EAPA would look into this matter. Thank you.

•
I prefer face to face but am happy to continue to deliver some sessions by Zoom, FaceTime or WhatsApp. All three have worked well for me during lockdown although online sessions definitely require more intense concentration.

•
When client is seen face to face they engage quicker and feel they have a safe place to come to. I use embodiment, the whole person, to engage and cannot do this so effectively using other methods.

•
I have noticed EAPs have taken the opportunity to drop their rates. This is unacceptable. I have been delivering telephone counselling at the same rates as face to face for a number of years for a number of EAPs. I am now declining all lower rate referrals. I will review the situation at the end of the financial year as I am considering closing my practice as I am not prepared to work for these lower rates – as I do not want resentment to affect the therapeutic space. I have been running a financially successful practice for 20 years.

•
I do nature therapy outdoors in a socially distanced way. I am finding some clients really prefer this to video/phone.



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