

My psychotherapy career: Private practice and benefit of working alongside other professionals

With Christian Buckland

Jenna:

Hello and welcome to My psychotherapy career, a podcast where we explore the different therapeutic settings our members work in, and how they came into their career. I'm Jenna Rachid, the Digital Engagement Officer at UKCP. In this episode, our Head of Content and Engagement Helen Willingham speaks to UKCP psychotherapist Dr. Christian Buckland. Christian is the clinical director of a mental health centre, and the psychological adviser to a national charity. We explore his journey as a UKCP member and what prompted him to setup a private practice.

Helen:

You began your psychotherapeutic career working as a counsellor within a GP surgery. How did you find the experience of working in primary care?

Christian:

It was actually really fun. It was quite daunting at first, and I remember feeling completely out of my depth. So, this was my placement and I was the in house counsellor receiving referrals from the GPs in the practice. And I remember my first day reading referral letter, and thinking to myself, how on earth am I going to be able to help this person? And I had a little bit of a panic. The course I was on focused a lot on phenomenology and there was an emphasis on practice before theory, which all felt really good in the classroom. But then when I was sitting, waiting to see my first client, I felt really unskilled and nervous. But it went really well. And I remember at the end of the first day, thinking, 'yeah, I really liked this job.' Working at the GP surgery gave me a really good grounding in counselling, I was referred many different people for loads of different reasons for coming to therapy. And it helped me to see how different everyone's situation was. Even though this was my placement, after a short time, I really felt like part of a team. I found the GPs really kind. And during my first year, they would always take me to one side and talk to me about anyone they were going to refer to me and I really felt that they were looking after both me and the patient. And that helped me to also see the different sides of the NHS and how it worked and where the role of counselling and psychotherapy fitted in. A few of the clients I saw needed more input than I could provide. So, I learned how these other aspects within sort of mental health services in the NHS worked. It's a little bit like a jigsaw and everything needs to fit together. So, working at the surgery helped to understand all of this. So yeah, it was an amazing learning opportunity for me. The other really interesting part of working in primary care was understanding how the biological and the psychological come together and it gave me a bit of a more holistic approach to how I work. I remember there was a psychiatrist who worked there, she has a specialist interest in the assessment and treatment of eating disorders, so working with her provided me with a really good understanding of eating disorders and things like body image. A few years later that knowledge that I gained in my placement, and working with her, helped me to obtain a job in the NHS as an eating disorder psychotherapist. So, looking back I really owe a lot to that placement and to working there. And in fact, I enjoyed it so much I still, over 10 years later, hold a regular private clinic there and I probably will for the rest of my career.

Helen:

It really shows just how important that placement can be. And then moving from primary care, what then prompted you to set up your private practice? And what were the main challenges you face when doing that?

Christian:

When my placement came to an end, I really remember thinking 'so what on earth do I do now?' And spoke to a number of my colleagues and friends I've made during that time at the placement. And one of those colleagues was the consultant psychiatrist I mentioned a minute ago. And I remember she asked me if I felt ready to see some of her patients. I clearly remember thinking 'I have no clue if I feel ready or not.' So, took it to supervision and when we chatted it all through there. My supervisor knew the psychiatrist, which really helped, and she said to me, as long as I had the courage to take on the work and the courage to say no to her, then it will be a really good opportunity. So, I took the plunge from going from sort of working in primary care into sort of a private practice setting. And actually, one of the main challenges was exactly as my supervisor predicted, it was complicated at first to know when to accept and when to decline a client. And it was also complicated to work out what was suitable for me and what was unsuitable. I sometimes felt that my training was telling me that we can help everyone. But actually, the reality is I don't think we can, we need to be aware of our limitations and know when to refer patients on to someone who's more appropriate for them. And this was a really steep learning experience. There are some patients who required inpatient treatment and actually seeing them as an outpatient for sort of weekly therapy. And some of the patients that I was referred actually needed a different way of working or a different form of therapy that I didn't have the training or expertise in. So early on in my private practice, that was certainly an area that was a challenge. I think my supervisor was also really right in that needing to be able to say no to taking on clients. I remember being really worried about letting the referrer down. And looking back, I think that probably just meant I needed more of my own personal therapy, to understand why I struggled to say no and while I felt the need to always please. So again, that was a massive challenge. And I do think that my supervisor kind of knew that about me in terms of not being able to say no. And another really interesting challenge that springs to mind was with boundaries. I do remember thinking that these patients, they're paying the hard-earned money to seem. So, areas such as finishing the scheduled time or not making an interpretation because I was worried about potentially offending them, was actually quite difficult. I do recall realising I needed to become much more firm with my boundaries. And, you know, it became clear that boundaries were easier during my placement. That might have been because I wasn't charging, or perhaps because there was an allotted amount of time, and allotted amount of sessions that were set by the placement. But moving into private practice, and keeping firm to boundaries felt far more difficult than I expected. I had always read the importance of keeping boundaries during training, but there really is no better learning than learning from experience. And it became so apparent that good boundaries and tight boundaries are essential to therapy, and how we can easily play into some of our clients acting out or reinforcing past experiences and behaviours if we aren't firm with our own boundaries. If we aren't firm, we can actually make things worse to the client. So yes, those were probably the biggest challenges I remember initially setting up.

Helen:

One of the things to pick up there is you talk about the impact that others have had as well. And I guess, working in psychotherapy can sometimes feel or be seen as a lonely profession. But you work collaboratively with other psychological professionals as well. Can you tell us a bit about this work?

Christian:

Yeah, I had worked within a number of private psychiatric hospitals in a kind of non-clinical role before I started my UKCP training. So, I already had some friends and colleagues from a number of different disciplines, including psychiatrist, psychologists, family therapists, occupational therapists, so I was already used to working with different professionals.

And this actually helped to shape my doctoral work, as I wanted to know how differently psychotherapists and psychologists work. So, my research looked at the similarities and differences of psychotherapists and counselling psychologists, specifically in relation to the way they work with psychiatric diagnosis. And I found that really interesting, and it really, really made me realise how I wanted to work as a therapist in the future. And something that made me feel really quite passionate was working in a multidisciplinary team. So, after a number of years working in private practice, and meeting loads of sort of other psychiatrists, psychologists and counsellors and psychotherapists. I chose a handful of practitioners that I trusted and respected to set up our own clinic. And in that, I do most of the triaging and assess most of the referrals and inquiries that come into us. And then I allocate them to whoever I feel is the most appropriate practitioner, we all then work really collaboratively. And in some complex cases this is really essential. There have been many referrals that I think it would have been really inappropriate or dangerous for the patient, if I chose to work with them on my own. For example, someone struggling with an eating disorder who's got a very low BMI, they require medical monitoring, and potentially need an admission to hospital. So, if I was to work with them on my own, I would probably be contributing to a number of physical complications. So, it's really essential that I do work, in that respect, with an eating disorder psychiatrist, to ensure all the aspects of the medical side are covered, such as things like blood investigations, bone density scans, making sure refeeding syndrome doesn't occur. So, some of the people we work with really do need a multi-team approach. I also find working alongside a psychiatrist can help maintain any splitting that can occur during therapy. And for some of the patients, I will let them know I will talk regularly with the psychiatrist about how they were doing. And usually, I find they feel more contained and less anxious. And perhaps that's their first experience of feeling safe and looked after, which again, can be really therapeutic. So, in addition to sort of working with psychiatrists, from the sort of medical side of things, you know, I also find working with people who specialise in CBT can be really helpful. There are times where I feel a real structured approach to therapy is going to be required and being able to refer to a dedicated CBT therapist or a psychologist who specialises in this area can be really helpful. So, you can see that while I recognise the skills of my psychologist colleagues, they also recognise psychotherapy skills, such as psychoanalytical formulation and attachment theory, which means we can all work really well together. And I feel this can really result in powerful change and growth, instead of just kind of putting a sticking plaster over certain issues. But also sort of working collaboratively, I have practising privileges at one of the Priory hospitals and that's been really important to me. Some of my patients have required admission to hospital and this has enabled me to continue working with them, helps promote continuity of care, and helps, I think, probably helps them in one of the most difficult times of their life, when they feel completely alone. At least a friendly familiar face will be there to support them or meet them upon leaving the hospital. And I think that's really important. They don't just feel completely abandoned. So, having that ability to be able to refer them into the hospital for treatment, and still be able to see them, I think it's been really, really helpful for a lot of people I've worked with. The other aspects that working collaboratively has meant, is that I work with a wide range of different people. It's helped me learn a load of new skills, and it's certainly opened more doors and opportunities. And the other thing is, as you said, this job can be lonely and at times, I believe we can carry a really heavy burden. And being able to grab a cup of coffee with a colleague, I think it's really, really good. So, my view is that if you want to really enjoy this job, in the long term, then being part of a team is really, really important.

Helen:

You started your career as a marketing manager. But what motivated you to train as a psychotherapist?

Christian:

Yeah, what a good question. And I think it's often a question I think of myself, especially when it's been a tough day. So, I worked in marketing within a number of different sectors for quite a while.

Telecoms, training, I was in retail and then finally, by accident, I worked in mental health. Previously, I hadn't really felt much about any of my other jobs, they were just kind of like jobs to me, until I worked at a private psychiatric hospital as their marketing manager. And back then I didn't know anything about mental health or psychotherapy and trying to get my head around all the different professions, the different modalities, the different conditions, I found that really confusing. And I do remember thinking, 'how on earth is anyone going to know how to access help, let alone get the right help.' So, I kind of set about trying to make things easier for the public and rewrote lots of marketing literature, wrote new leaflets on different psychiatric conditions. And an everyday person was hopefully going to understand. And ended up writing a lot of different mental health websites for quite a lot of the psychiatric hospitals in England. One of my job roles included being responsible for the inquiries that came into some of the hospitals. And I really didn't expect to enjoy that part of the job at all and I absolutely loved it. And it made me feel alive, listening to really difficult stories, and helping them navigate the way to seeing the right person felt really good. And then one day it just kind of dawned on me, 'could I do it? Could I be a clinician?' And so, I started to look into what kind of training was out there. And I was lucky because I worked in mental health already, I was able to speak to some psychotherapists and kind of get a steer about where I should do my training and majority and said, get UKCP training, which is what I did. And I can still remember going round to my mom's house, which was a Wednesday ritual. We'd go around there and watch The Apprentice. And I remember telling her I've quitting my job and I was going to retrain as a psychotherapist, and she looked horrified. We often laugh about that day, because I don't think she thought it was the best decision I'd ever made. But we now look back and realise it actually was one of the best decisions And I also recall, when I asked my boss at the time whether I could go part-time to do the training. She initially said no. And then she stopped and said, 'actually, you know what, you're in work for a long, long time, so you need to do a job that you enjoy. So, if you want to do it, we'll make it work.' And I'm actually really grateful to that. So, that's how I transitioned from working in marketing, to being a psychotherapist. So, I worked part time, I think it was three days a week, while I was doing my training, and then eventually, completely left working in marketing, and then went full time as a therapist.

Helen:

And so Christian, what does being a UKCP member mean to you?

Christian:

Well, the first thing that comes to mind is the training to be a UKCP member is hard. It's really hard. And rightly so. I'm really proud to call myself a UKCP psychotherapist, because it takes a lot to do this job well. And it's such an important role, especially if you work with youngsters or vulnerable people. So, I'm actually really pleased the training was both educationally difficult, as well as emotionally difficult. I think it means that the UKCP turns out some of the best psychological practitioners out there. I also feel that the UKCP can be really proactive and can quickly adapt when we need to. And I think the last 18 months, have proved that the world can change really fast. And I think the impact of the government restrictions are being seen more and more clearly, with regard to both physical and mental health. And I'm hopeful that we can adapt to meet these needs. You know, the waiting times for mental health services in the NHS, and now in the private sector as well, is really worrying. So, I feel the UKCP is going to be able to find a way to really make a difference when we're needed. So, I suppose being a UKCP member to me probably means being professional and ethical, and willing to think outside the box in order to put the mental health of our clients and the population first.

Helen:

You've picked up on all of the things that we're working on as a team at UKCP and with members. Reflecting back now, is there anything you wish you knew before you entered psychotherapeutic training?

Christian:

Yeah, definitely. I wish I knew the training didn't stop when the course finished. The course just provides a foundation to build upon. Supervision, my colleagues, my placement, my jobs, they've all provided me with the knowledge I actually need to do the job well. I think that that's something really important I kind of thought, 'right it's five years, then I've learned everything.' No, it's really not that straightforward. It's an ongoing learning process. I think sometimes it's very easy to get caught in a bit of a tunnel vision that this modality is the right modality and everyone, you know, we become a bit sort of like we want to convert everyone to our own modality. Actually, we play a part, we're a cog in a bigger wheel of mental health. And really understanding how every profession and every modality have their own place would have been something I wish I knew a little bit better before I started. I think I would have also liked to better understood the importance of self-care while working on this job. This job can be really tough at times, really rewarding, but sometimes it can be really tough. And I think things like regular breaks, being able to say no, and not taking things too personally, is really important. So, I'm not saying I should have had a lesson on it, but it actually would have been quite nice to have more sort of focus I think on the importance of reflection and self-care. And the other thing I wish I knew, actually, someone did tell me, but for some reason I chose not to listen to them. I wish I had appreciated just how quickly the training goes by and I wish I had stopped every so often and looked around and acknowledged what I was doing. The training was awesome, and it was a lot of fun. Yeah, it was hard work and at times I wanted to have a tantrum and storm out. But it was actually some of the best moments in my life. So, I wish I'd listened to that person more and kind of just paused a bit more and smiled to myself about the journey I was on.

Helen

What were your expectations before graduating? And did what happen after match up with those expectations?

Christian:

Yeah, that's a good one. To be fair, I'm not totally sure. I think I was so fixated at the time or completing the course and the training, I didn't think too much about the future. I was worried financially as I'd left a decently paid job to retrain. So, I was worried whether I'd made a mistake there. But then on the other hand, I kind of knew I was going to be happier doing a job I really wanted to do. And I am really glad I change jobs because I really, really enjoy this one. One thing I didn't realise was just the kind of different kind of work and jobs the training enables us to do. I assumed I'd be a psychotherapist and that would be my only role. But I've actually ended up doing a number of different roles within different sectors since graduating. And that's made the work far more fun. So, I think, in answer to your question, were my expectations met? Yes, they were and probably exceeded to some degree. I think that it's easy to just think about being a psychotherapist and that's the only role I'm going to do. Whereas now some of the roles I've have had over the last kind of five years have included the psychological advisor for a national eating disorder charity. I've been a mental health advisor for an independent school. I've been the independent listener for a boarding school. And sort of more recently set up my own clinic, so being responsible for some sort of managerial side of things. So, the training doesn't just equip you to be a psychotherapist, I think it's probably what I'm trying to say here. Actually, it gives you a really good foundation and springboard to go into loads of different areas.

Helen:

Yeah, definitely. And if someone's considering training as a psychotherapist or a psychotherapeutic counsellor, what advice would you give them if they're thinking about getting a placement?

Christian:

Get the right one for you, I think was probably the best bit of advice. As I mentioned a minute ago, I still work in the same building that I did my placement over ten years ago. So, choosing the right placement is really important. I think you should be fussy and look around. And don't be afraid to ask different places about opportunities. I think it's easy to kind of just go down the traditional route of what everyone else has done. But actually, sometimes it's worthwhile thinking a little bit differently and approaching different places to see if they've got any sort of placement opportunities there. I'd also to some degree, say don't worry too much about doing a placement for free. I've done many jobs and been on placement and had some honorary contracts in the past. And the experience I've obtained has been worth more than a salary they could have paid me. But I definitely would recommend working out how you can move from that voluntary position into a paid position when the placement ends. So, I think those things to me are really important. And if you can, at some point, try and obtain a placement with other professionals, not just with counsellors and psychotherapists. It can really help to understand more about the entire mental health field and understand aspects such as the medical model. It doesn't matter if you agree or disagree with a medical model, it remains the dominant discourse within mental health in the NHS. So, understanding the terminology can be really helpful. So, I suppose, going into lots of different placements with a curiosity rather than thinking it might be wrong or whatever could be really useful. As I say, working in my placement and being around GPs a lot, really helped me kind of see more of the different psychiatric diagnoses that come through and understanding them really helped. And that really made a big difference into being able to secure a role within the NHS because I was able to speak that language and I was able to sort of write letters to professionals such as GPs and psychiatrist. So, a placement within a wider context of just counselling and psychotherapy can actually be really useful. I'm not saying don't just take one within a counselling setting, I think they are really, really, really helpful. But maybe think about at some point doing another placement within something like one of the private psychiatric hospitals, they often take placements, or within the NHS, I know the NHS will often be looking for psych assistance. So, I suppose my advice would be, as I say, be fussy, but also just ask people, ask the question, don't be afraid to ask whether they've got a placement going, what's the worst they can say is no, that's it. So, it really is worth sort of just putting yourself out there and asking some questions.

Helen:

Another big part of being a psychotherapist or a psychotherapeutic counsellor, is the supervision aspect and having a supervisor. Where do you get your supervision?

Christian:

I have my regular supervision with a BPC psychoanalyst who I've been working with for I think coming up for about ten years or so, maybe longer. And having a long relationship in supervision has been great. She knows me well, and she can identify things that might be occurring in my blind spots. And after ten years though, I can still feel a sense of worry about getting it wrong. Again, it probably just means I need more of my own personal therapy. But being in supervision for a long time I have found has been really, really beneficial to me. I also do monthly peer supervision with some of my colleagues. And that consists of some fellow UKCP psychotherapists, and a couple of counselling psychologists. And this has been great, I get to see things from a different perspective and from different modalities. And that's actually really helpful. And I also find it fun. It's another support system that's in place, and really helped with self-care. And just being able to chat with others who understand the work we do is really, really good because they kind of just get it. So, I find monthly peer supervision really, really helpful. I have regular meetings with a different psychiatrist that refer clients to me, and we look at our mutual patients together. And it's actually taken quite a while to recognise this is a form of supervision. Those patients remain under the psychiatrist care, and their psychiatrist hold medical responsibility for them.

Therefore, regularly reviewing each patient is actually really helpful to the patient, and to the psychiatrist, and to me. And it's been really helpful for me to understand some of the biological factors that may be going on for the patient that I probably wouldn't be able to be aware of, if I didn't have that. I suppose what I'm trying to say here is I've got my core supervision that is sort of my staple and it's there. And I've got these other bits that I've put on alongside them. And I think that's been really helpful for sort of my personal growth. It's also been really important when difficult things have happened in my personal life that actually I've got places to be able to discuss any work issues or personal issues in a work context. So, I think supervision is so, so key to this job. It's a real honour sometimes to be able to walk inside someone's inner world and I think that means we owe it to our clients and our patients that we have good supervision.

Helen:

So, specifically with your supervisor and with peer supervision, were those things that was set up through training, or was that something that's changed since then, and you've approached differently?

Christian

I needed to have a psychoanalyst for my training. And I've remained with the same analyst. So, that's sort of always been there. The peer supervision, it started off just as two of us who kind of shared a couple of patients together to have a bit of a chat and talk things through. And then it just grew was sort of, we sort of knew some more people in the local area. So, we meet once a month. It's that support network. And when I was mentioning earlier about the need for self-care, this fits really, really part in that. It's also a place where, if you're struggling, maybe you've got too many in your caseload, one of my colleagues will offer to take someone for me or I can talk about, 'do you think this person might be more suitable for you in the way that I'm working?' So, it gives me a chance to sort of look after myself, but also look after the people that I'm bringing.

Helen:

I will just go on to my last question, how has training changed you?

Christian:

Well, I suppose both the training and the jobs changed me significantly. One of the most important ways is that I now realise more than ever before, that life's really short. And it's important to live more in the moment. Taking time out to just acknowledge the world around me feels far more important now than it did before. Not rushing things, and enjoying just where I am, without feeling the need to get on to the next thing. That's something I have really noticed has changed. Now, yes, that might be just getting older. But I do think that's been part of the course and the training and some of the things I've read, has really shaped that. The training has also helped me to see that in my personal life, I've probably historically expected others to change around me. And the trainings really helped me to see that if I want something to be different, I need to be the one to change. That might sound like a little thing, but actually it's been a huge sort of revelation in my life. And the other thing it's made me really realise is it's really difficult to change. It's really tough. So, understanding that about me has helped me with the work I do as well. And the other thing is, I can try and change but if I don't get it right, don't beat myself up either. That's something, I'm still working progress, trying to be more compassionate.

Helen:

Thank you so much, Christian. It's amazing to hear all of the different things that come through training and how that still resonates with you now in different ways and the different aspects, so thank you so much for that.

Jenna:

That was UKCP psychotherapist Dr Christian Buckland, speaking to Helen Willingham, our Head of Content and Engagement. If you're interested in exploring training, then you can visit our psychotherapy training page where you can find more information on psychotherapy as a career, as well as the different training pathways available to you. Just go to www.psychotherapy.org.uk/psychotherapy-training. All episodes of My Psychotherapy Career are available on our website psychotherapy.org.uk or you can subscribe to our channel, UKCP, on your favourite streaming platform. So, join us again next month. Till then thank you for listening and take good care of yourselves.