

Q&A

Do you have a query or issue about your work that you'd like some help with? Please email the editor: workplace.editor@bacp.co.uk

The weight of my caseload feels increasingly heavy. How can I sustain myself to keep doing the client work that I love?

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I'm an EAP affiliate working with predominantly frontline workers, including teachers, social workers and paramedics. While I love working with this client group, my sense of responsibility to keep them well in their work is leading to the work feeling increasingly heavy. What steps can I take to support myself and my clients?



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I am so pleased that you've been able to name the weight of this work and explore ways to stay in an area of work that you love. It suggests that you care deeply about both your clients **and** the work you're doing. What you're describing is something many therapists experience when working with frontline professionals. The work can feel meaningful and heavy at the same time. We are human beings supporting human beings and what is carried in one space often finds its way into another. There isn't a neat divide between who we are at work and who we are at home. The impact of this can be significant, and it's important to begin by remembering that you matter too.

The weight of responsibility

There are several ways to understand the responsibility you've described. Firstly, there is the ethical responsibility we hold in our role. While systems may focus on outcomes, such as returning to work, our primary responsibility remains the therapeutic relationship and the client's experience within it. BACP's *Ethical Framework*¹ reminds us that our role is not to fix or direct, but to offer a space where clients can explore and make sense of their experiences in a way that feels right for them. Within EAP work, this can create tension, particularly when there are implicit or explicit expectations around outcomes. Supporting a

client to think, feel and reflect is meaningful work, and any decisions or changes that follow belong to the client, not the therapist. Even so, that can still feel like a great deal to hold. I wonder, do you have a supportive relationship with your EAP case manager? If so, it may help to have a conversation about your concerns, the expectations of the work and the pressures you are experiencing. In line with professional guidance from BACP's *Ethical Framework*¹ and the Employee Assistance Professionals Association UK (EAPA UK),² a supportive EAP should encourage ethical practice, maintain clear boundaries and avoid placing pressure on therapists to produce outcomes beyond the therapeutic relationship. If this way of working feels at odds with your values, it can become painful and may connect with experiences such as moral distress or moral injury. Your supervision will be an essential space to explore this conflict and consider how you want to work within it. **The impact of the work** The emotional and physical impact of this work can also be understood through concepts such as compassion fatigue, burnout and secondary trauma. Having a language for these experiences can ease the sense that something is 'wrong' with you when the work feels difficult. It can be helpful

to think broadly about the cumulative weight of the work rather than trying to categorise every feeling precisely. Undoubtedly, when working with frontline professionals, you are not only sitting with the person in front of you but also with the people they support, the systems they work within, and the pressures they carry. That widening circle of responsibility can add to the weight you're noticing. At the same time, it's wonderful to read that you still love this work while noticing its impact. It tells me that you are engaged with your clients and aware of yourself. Many practitioners carry these feelings quietly, hesitant to name them in case they are interpreted as weakness or an inability to practise safely. In reality, noticing these patterns is often part of practising responsibly. **Career development** Where you are in your career and in your life more broadly can also shape how this work feels. Inevitably, our relationship with our work changes over time. How we begin is rarely how we continue. In earlier stages, there can be a strong sense of energy, commitment and a desire to give as much as we can. Over time, this often shifts, not because we care less, but because we may have cared deeply without yet understanding what it means to sustain ourselves. I wonder whether part of what you are recognising now is that shift: are you beginning to consider what you need to remain in the work long term? Without awareness and support, overextension can gradually move toward emotional distancing or numbness. So, perhaps it's not something going wrong, but something changing. Naming it and understanding it may help you begin making the adjustments needed to remain sustained within it. **Points of awareness** As therapists, we are committed to noticing our own responses within the work. Your clients' experiences of holding responsibility for others will likely resonate at times. When we work alongside people who give so much of themselves, there can be a pull to meet that with more of ourselves too: more empathy, more effort, more holding, more explaining. While empathy sits at the heart of therapeutic work, we do not want it to harm us. There is a difference between being present with someone and feeling responsible for how they leave the room. The work does not always end when the session does. It can linger emotionally and physically, and over time, the unacknowledged

accumulation can make the work feel heavier. Alongside holding space for clients, it is also important to hold a little space for yourself. You also mention feeling responsible for keeping clients well in their work. It may help you to explore where that responsibility begins and where it ends. You are offering something deeply valuable: a space to think, feel and process. But you are not the system they work within, and you are not solely responsible for their wellbeing. Organisations often have more resources available than staff realise, and helping clients connect with wider support can soften the sense that you alone are holding everything. **Sustaining yourself in the work** The Professional Quality of Life Scale (ProQOL)³ may be a useful reflective tool, particularly ahead of supervision. It explores areas such as burnout, secondary traumatic stress and compassion satisfaction. While it only captures a moment in time, it can offer a helpful benchmark and language for discussing your experience. I value the ProQOL because it does not focus solely on difficulty. It also considers compassion satisfaction: the sense of meaning, connection and fulfilment that can come from supporting others. Alongside recognising the weight of the work, it also helps us notice what sustains us. **The five pillars of protection** The five pillars of protection come from my own research and practice, designed to buffer the impact of professional trauma and fatigue.⁴ They do not remove the impact of the work, but they can help us stay alongside it in a more supported way. They are not about achieving perfection, but about noticing which areas may need more attention at a particular time. **Awareness:** What do you know about the risks and rewards of this work? Is there reading, training or CPD that could support your understanding of professional trauma and fatigue? Do you have a way of checking in with yourself regularly? **Supervision:** Supervision is not simply a professional requirement; it is a place where the emotional weight of the work can be shared. It may help to bring yourself into supervision as fully as you bring your clinical work.

Peer support: Informal or formal spaces with people who understand the work can be invaluable. Therapeutic work can feel isolating, particularly when confidentiality limits what can be shared elsewhere. Being able to speak with people who 'get it' can reduce that isolation. **Trauma-informed practice:** Not as a buzzword, but as a genuine recognition that ongoing exposure to distress affects practitioners too, even experienced ones. Trauma-informed practice includes the therapist and the client. **Self-care:** I know it can feel like another task added to an already full list. It has also become heavily commercialised, which can make it feel inaccessible or performative. In reality, self-care is often ordinary and practical: sleep, hydration, rest, movement, connection and small moments of recovery.

These ideas are not new but they are easy to neglect when workloads increase or time feels limited. Looking after ourselves does not happen in isolation from the systems we work in. Over time, rather than thinking about 'putting myself first' I've found it more helpful to think about 'including myself as well.' The civil rights activist, Audre Lorde described caring for herself as 'an act of political warfare'.⁵

Closing thoughts

Finally, this work can also be deeply hopeful. Working with frontline professionals means witnessing not only strain and exhaustion, but also resilience, humanity and care. Over time, this work often deepens our understanding not just of others, but of ourselves. It shapes how we practise, how we set boundaries, and how we remain in the work without losing ourselves within it. So perhaps the question is not only how you continue doing this work, but how you do it in a way where you matter within it too – not as an afterthought, but as an intentional part of the work itself. ●

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