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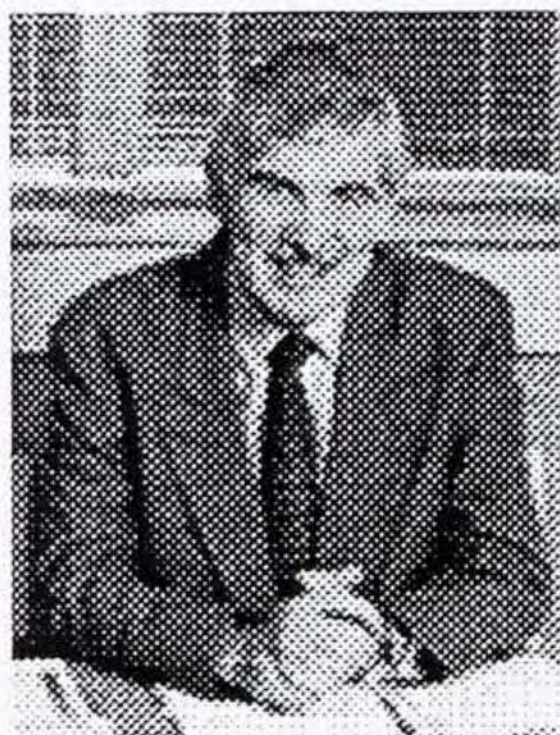
Counselling in Northern Ireland

Final Draft

**The Report of the Counselling Review
led by the Social Services Inspectorate (SSI) for the
Department of Health, Social Services and Public Safety
(DHSS&PS)**

January 2002

FOREWORD



In recent years there has been a marked increase in the demand for counselling. This Review was prompted by concerns that the people who seek these services, often in a vulnerable state of mind, cannot always access a high quality, competent and reliable counselling service in their time of need. The Review coincided with parallel work taking place in Great Britain and it is timely that proposals for statutory regulation, which would monitor standards and offer public protection, are now being actively pursued. The vast majority of responsible practitioners welcome these developments.

This Review confirmed that there is a need to build public confidence in counselling and similar forms of psychological intervention. The Review concluded that this confidence could be achieved by promoting high quality professional practice, which is competent, ethical and verifiable. The introduction of statutory regulation, improvement of training and promotion of good evidence-based practice will be important components in the achievement of this objective. These initiatives complement the Government's proposals to establish a framework for setting standards, delivering quality services and improving monitoring and regulation in the health and personal social services¹. People seeking help for their problems deserve equal protection and access to reliable quality services, whether these are provided to them by the statutory, voluntary or private sectors.

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¹ *Best Practice – Best Care* (DHSSPS 2001)

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EXECUTIVE SUMMARY

The Department of Health, Social Services and Public Safety (DHSS&PS) commissioned this Review in response to concerns about the nature of counselling for individuals affected by the Troubles. These concerns were not unique to trauma counselling; consequently the focus of the Counselling Review was widened to include all types of counselling.

The aim of the Review was to examine the local standards of counselling practice and the objectives included the identification of key issues; examination of the scale and scope of counselling services available; arrangements for training and supervision of counsellors; and the effectiveness of current accreditation arrangements. Given the considerable overlap between counselling and psychotherapy and some parallel issues with befriending, the Review gave some consideration to all three activities.

A Departmental project team led the Review, assisted by a reference group representing a wide range of views and knowledge about counselling. The Review findings were drawn from the relevant literature (Annexe 5) as well as three commissioned surveys of counsellors and their employers, trainers and individuals who have received counselling (Annexes 2, 3 and 4).

Key findings

The key findings of the Review were:

- an increasing demand for counselling and appropriate training had been noted in many fields. By its very nature, counselling normally deals with vulnerable individuals who could be exploited or psychologically damaged by unethical or inept practitioners. This therefore emphasises the need for competent, accountable practice;
- much good practice was taking place and many counsellors were seeking to improve their practice. Eighty-two per cent of surveyed counsellors had a counselling qualification, although evidence from the surveys suggested that many of these qualifications were not at a level that fully prepared practitioners for competent practice;
- a wide range of counselling training opportunities is available locally. However, the surveys revealed a confusing plethora of course titles, duration of courses, teaching methods, curricula, assessment standards, accreditation status, validation and qualifications;
- many of the counsellors surveyed expressed concern about the standards of some of their peers and over 80% were concerned about the quality of counselling available here;

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- overall, 85% of the surveyed service users were “very” or “fairly” satisfied with the counselling they received but a few comments suggested some poor standards of practice and several individuals were uninformed as to what to expect from their counsellor;
- the survey found that almost a third (32%) of surveyed counselling organisations* were not affiliated to any professional body but there was almost unanimous (95%) support amongst counsellors for regulation, which is seen as the best way of protecting the public from poor practice;
- nearly half of the counsellors interviewed (46%) held one or more accreditations although it was concerning to note that 32% of organisations had no accredited counsellors. In addition the Review noted considerable confusion surrounding the use of the term ‘accreditation’;
- the survey found that 72% of the counselling organisations contacted deal with Troubles-related problems. The Troubles have produced a unique range of problems for those affected. In the context of local sectarian divisions, many individuals have high levels of anxiety about who can be trusted, making the task of seeking and securing safe and appropriate help more difficult.

Recommendations

The Review’s 23 recommendations are designed to improve the quality of this increasingly demanded service. The key recommendations are listed below:

- all counsellors and psychotherapists should be subject to statutory regulation and registration; the arrangements under development in Great Britain should also be introduced here;
- agreeing a set of common national standards will be a core task for the new statutory regulation body. Until it is established, all practitioners should work to the existing standards and codes of ethics and practice of the current professional bodies and continue to evaluate their practice against these standards;
- pending the introduction of statutory regulation, all counselling and psychotherapy organisations and lone practitioners should be affiliated to a recognised professional body that promotes codes of ethics and practice and provides an independent complaints procedure;

* It should be noted that within this report, the term ‘organisation’ is used to refer to both large counselling organisations and to individual counsellors who practise alone.

- in anticipation of statutory regulation, all practitioners should seek appropriate qualifications and accreditation with a professional organisation of their choice, to enable them to independently validate their competence;
- organisations should review the continuation in practice of unqualified counsellors or psychotherapists not intent on seeking qualification or accreditation;
- course content and titles need to be rationalised, clearly indicating whether a course prepares graduates for competent practice on graduation;
- all practising counsellors and psychotherapists must undergo regular supervision;
- employers of counsellors and psychotherapists must ensure that recruitment arrangements are stringent and that therapists meet the training and supervision standards set out by the relevant professional organisations;
- service users should be encouraged to enquire about their prospective counsellor's or psychotherapist's qualifications and to use only those practitioners who subscribe to the professional bodies' recognised codes of ethics and professional practice;
- all practitioners must provide written information for service users that outlines key information;
- organisations which offer or fund befriending services must ensure that these services meet basic standards to warrant the safety of service users and the confidence of those making referrals;
- practitioners working with individuals affected by the Troubles should seek specialist training and should ensure that they are well supported and supervised in this work. Trainers should ensure that courses are evidence-based and reflect currently accepted best practice.

1. INTRODUCTION

- 1.1. The Department of Health, Social Services and Public Safety (DHSS&PS) commissioned the Counselling Review in response to a recommendation in the Social Services Inspectorate (SSI) report *Living with the Trauma of the Troubles* (1998). This report had noted widespread confusion about the nature of counselling for individuals affected by the Troubles. There were concerns regarding the level of expertise attained by some practitioners and the arrangements for their supervision. Disquiet was compounded by the lack of any requirements for practitioners to be trained to a particular standard and the lack of universally accepted accreditation or registration processes. These concerns were not unique to trauma counselling; consequently the focus of the Counselling Review was widened to include all types of counselling.

Terms of reference

- 1.2. The aim of the Counselling Review was to examine the standards of counselling practice. The main objectives were to:
- identify the key issues in counselling;
 - establish the scale and scope of counselling services available;
 - examine the arrangements for the training and supervision of counsellors;
 - examine the current accreditation arrangements;
 - examine the particular need for counselling for individuals affected by the Troubles;
 - identify the need for a minimum set of counselling standards, including the application of national standards for qualifications;
 - provide a report to the Department and make recommendations as necessary.
- 1.3. A project team consisting of statistical, medical and nursing staff led by SSI was established to plan and conduct the Counselling Review. A reference group comprising individuals and organisations involved in counselling was also established and consulted at key points during the Review (see Annexe 1 for membership of each group).
- 1.4. A literature review (see Annexe 5) was commissioned from an independent consultant to identify the key issues in counselling.

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1.5. The Central Survey Unit (CSU) of the Northern Ireland Statistics and Research Agency (NISRA) was commissioned to conduct three surveys to support the Counselling Review. The surveys undertaken were:

- a survey of counselling organisations and counsellors (see Annexe 2);
- a survey of counselling training organisations (see Annexe 3); and
- a survey of the users of counselling services (see Annexe 4).

1.6. The report was compiled from the material generated by:

- the literature review;
- the three surveys;
- contributions from the project team and the reference group;
- responses from individuals and organisations.

1.7. The report will be of interest to users of the befriending, counselling and psychotherapy services, practitioners, employing organisations, professional bodies for counselling and psychotherapy, trainers, purchasers and funders of these services.

2. THE KEY ISSUES IN COUNSELLING

- 2.1 The key issues were identified from the literature review and from the findings of the three surveys.

Definition of counselling

- 2.2. The term 'counselling' can be used to describe a variety of activities in a diverse range of settings. The Counselling Review only examined those types of counselling which help individuals to deal with the psychological effects of specific life events such as:

- major health problems;
- psychological trauma;
- depression;
- bereavement;
- addictions; or
- relationship difficulties.

- 2.3. The literature review identified the British Association for Counselling and Psychotherapy's (BACP) definition of counselling:

Counselling involves a deliberately undertaken contract with clearly agreed boundaries and commitment to privacy and confidentiality. It requires explicit and informed agreement. The counsellor's role is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for choice within his or her cultural context (BACP 1998).

This definition was adopted for the work of the Review.

- 2.4. Respondents to the counsellor survey were asked how they defined counselling or psychotherapy. Common themes included:

- the notion of one person being trained to help another to deal with problems or issues which they are facing; and
- helping a person to find their own way of dealing with problems in order to lead a more fulfilling life.

- 2.5. The distinction between 'counselling' and 'counselling skills' was noted in the literature review. Counselling skills are used routinely by most health and social services professionals, however they would not consider themselves counsellors. They use counselling skills to communicate with their respective patients or clients in their day to day interaction, although their counselling skills activity is usually secondary to another professional activity (Lees, 1999).

Comment

- 2.6. A key concept in the BACP's definition is that counselling is not a spontaneous, informal activity. It must have clear, mutually agreed boundaries between counsellor and service user. Interestingly, of the 102 surveyed counselling organisations* that offered a definition of counselling, only one specifically referred to a 'contract' with the client.

Recommendation

- 2.7. Practitioners should always negotiate and draw up a clear contract with their clients, preferably in writing. The BACP *Code of Ethics and Practice for Counsellors* states that the terms and conditions on which counselling is offered should be made clear to clients before counselling begins. Subsequent revision of these terms should be agreed in advance of any changes.

The overlap between counselling and other psychological therapies

- 2.8. The literature revealed a degree of confusion over the meaning of 'psychotherapy' and a succinct definition proved elusive. The terms 'psychotherapy' and 'counselling' are used unsystematically and with different meanings (NHS, 1996). The boundary between the two is imprecise and they may be said to be on a continuum, or even interchangeable (Mellor-Clark, 2000), therefore the recommendations of the Counselling Review should apply to both activities where appropriate.

Efficacy

- 2.9. Overall, the literature highlighted the need for much more research into the efficacy of counselling. Recent reviews of outcome studies for counselling have been more positive than earlier studies (Mellor-Clark, 2000). Psychological therapies have an important part to play in helping people with mental health problems. The Department of Health's *Treatment Choice in Psychological Therapies and Counselling – Evidence Based Clinical Practice Guideline* (DoH, 2001) drew on clinical evidence indicating which forms of psychological therapy

* It should be noted that within this report, the term 'organisation' is used to refer to both large counselling organisations and to individual counsellors who practise alone.

were most appropriate for which patients. The guidelines suggested that brief therapies, such as counselling, might be beneficial for individuals adjusting to life events, illness and disabilities. Cognitive behaviour therapy was shown to be consistently effective in treating depression and anxiety disorders. (It was encouraging to note that 58% of counsellors surveyed for the Review employed a cognitive behavioural approach). A recent study of counselling in primary care (NHS Centre for Reviews and Dissemination, 2001) concluded that counselling can be useful in the treatment of mild to moderate mental health problems, in the short-term (up to 6 months).

Recommendation

- 2.10. Practitioners should ensure that their practice is evidence-based on the latest published outcomes of research studies that are appropriate for their client's assessed needs.

Growth of counselling

- 2.11. There has been marked growth in counselling and befriending services for those individuals most affected by the conflict (DHSS, 1997). The increasing demand for counselling and related training has also been noted in many other fields. For example, a Belfast study found that almost half (46%) of the surveyed primary care patients felt they would like to discuss their problems at length with someone (Whittington & Thompson, 2000). A local study of youth workers found that more than half (56%) of those surveyed identified training for counselling as a specialist training need (Geraghty et al, 1998). The growth in demand for counselling reinforces the need to ensure that practitioners are competent and accountable.

Payment for counselling

- 2.12. Fifty-five per cent of organisations engaged in counselling said that the service user made a financial contribution. Some surveyed service users expressed dismay about the need to pay. One remarked *"I have had to pay for counselling as my GP's counsellor had a waiting list. I was disappointed that charities...charge so much for counselling."*

Comment

- 2.13. Statutory services may be the only available support for those without the means to access private services.

Recommendation

- 2.14. Health and social services and other statutory service providers of free counselling and psychotherapy services should ensure that a quality service is easily accessible, particularly to those individuals without the means of access to private services.

Service user vulnerability

- 2.15. The literature review noted concerns about the potential for counsellors to abuse their position of trust (Szymanska et al 1997). Individuals are also vulnerable to harm from incompetent practitioners, as illustrated by this response to the survey: *"I am with a new psychotherapist who has helped me get over my first experience of counselling - which traumatised me."* A study of Women's Centres in Belfast reported that seven of the eight Centres studied voiced concerns about the harm which could be caused to a woman who is 'treated' by a counsellor who has not been properly trained (Quinn, 1999).
- 2.16. By its very nature, counselling normally deals with vulnerable individuals who could be exploited or psychologically damaged by unethical or inept practitioners. Psychotherapy and befriending offer similar potential for the abuse of vulnerable service users. All practitioners need to work to high professional standards that ensure competent, ethical and verifiable practice. The public needs to have confidence in services that are of a high professional standard. They need to have clear, impartial means of addressing complaints or concerns about poor practice.

Regulation

- 2.17. Almost a third (32%) of surveyed counselling organisations were not affiliated to any professional body. There was almost unanimous (95%) support amongst counsellors for registration. As one counsellor remarked, *"There has to be a way of ensuring safety for the public."*
- 2.18. Regulation is seen as the best way of protecting the public from unethical practice. In the House of Lords debate (19 January 2001) on Lord Alderdice's Psychotherapy Bill to regulate psychotherapists throughout the United Kingdom, Lord Lloyd of Berwick noted that many professionals concerned with healthcare are subject to regulation, including vets. He asked:

"If we take such care...to protect patients who seek treatment for their bodily ailments, including the bodily ailments of their cats and dogs, should we not also provide an equal measure of protection for those who seek treatment for their minds?"

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Comment

- 2.19. The Government spokesperson in the Lords did not support the proposed Psychotherapy Bill as the need to protect the public applies equally to all types of "talking therapy", including counselling. The Government announced proposals to introduce statutory regulation for counsellors, psychotherapists and psychologists under the existing provisions of the Health Act 1999.

Recommendation

- 2.20. All counsellors and psychotherapists should be subject to statutory regulation and registration. This recommendation is discussed in more detail in Section 8.

Recruitment process

- 2.21. The survey showed that practitioner recruitment methods included advertisements in newspapers and other local media; through churches, community groups, universities or colleges; and through word of mouth. Three-quarters (77%) of organisations said they require their counsellors and psychotherapists to have particular qualifications. Some would accept any recognised counselling qualification or basic counselling course, the most commonly mentioned was the Diploma in Counselling. Forty per cent of organisations always run a police check on potential staff members but 52% never do so.

Comment

- 2.22. The fact that some counsellors are recruited informally could be potentially dangerous unless there are adequate vetting procedures. Given that almost a quarter of organisations did not specify any particular qualifications does not augur well for the delivery of a quality service.

Recommendation

- 2.23. Statutory regulation will impose minimum training and qualifications criteria for practitioners. Until regulation is in place, employers of counsellors and psychotherapists must ensure that recruitment arrangements are stringent, that the background of successful candidates is checked and that new practitioners can produce satisfactory evidence of their competence. Employers should ensure that only therapists whose qualifications and experience meet the training and supervision standards set out by the relevant professional organisations, are eligible for appointment.