

# Promoting Best Practice in Counselling

A Review of Key Stakeholders and Providers of Community and Voluntary Based Counselling Services in Northern Ireland

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## Background

This report is a compilation of findings that were collated at a purposefully hosted scoping exercise facilitated on the 30 September 2015 at Ulster University. The rationale for this scoping exercise was to ascertain a province wide stakeholders' perspective of the current demands, pressures and challenges that key providers of community and voluntary based counselling services in Northern Ireland (NI) are experiencing. Further, it provided an opportunity for service providers and training providers to network and collaborate. In particular, for training providers to understand better the types of challenges that services are facing in order to inform counselling teaching and training for the future. Given the increased challenges that regional organisations and agencies in NI are reporting, these findings are timely and relevant.

The Higher Education Innovation Fund (HEIF): Faculty of Social Sciences Innovation Master Classes Initiative provided the funding for the event. The purpose of HEIF is to support innovation, which is defined as the translation of knowledge and ideas that have the potential to benefit the public good, and to help create opportunities to find solutions to problems that relate to the needs of industry and the community. It is anticipated this event and the findings that emerged from it will provide a platform for further discussion.

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## Northern Ireland in Context

The sociopolitical landscape of Northern Ireland sets it somewhat apart from its United Kingdom counterparts, particularly when it comes to mental health and counselling provision. It is important to acknowledge this, as it helps inform understanding of the particular set of challenges that counselling service providers and training institutes face in the design and delivery of services in the province.

An estimated 1 in 5 people will have a mental health problem at any one time and mental health is one of the four most significant causes of ill health and disability in the province along with cardiovascular disease, respiratory disease, and cancer thus making it a major public health issue (DHSSPS, 2011; 2010; NIAMH, 2004). Northern Ireland is emerging from many years of political conflict and the psychological, physical, economic and social impact has had long standing and significant implications to the general populous (Ferry, Bolton, Bunting, Devine, McCann & Murphy, 2008). In a study carried out by Ferry et al (2008) exploring trauma, health and conflict in Northern Ireland, the 12-month and lifetime prevalence of Post-traumatic Stress Disorder (PTSD) was found to be 4.7% and 8.5% respectively, placing it at the upper end of the range of estimates from other international epidemiological studies.

Findings also revealed that those who met the criteria for PTSD were twice as likely to have at least one co-morbid mental health problem such as depression, anxiety or substance abuse. Alongside this, many victims of the conflict experience ongoing chronic health problems due to physical injuries, which in turn contribute to psychological difficulties such as depression, restrictions in social and occupational functioning, and consequently low quality of life satisfaction. What is of concern is the transgenerational impact of the political conflict. Recent research findings show how traumatic experiences and exposure to violence has impacted upon the children and grandchildren of those who have been physically and/or psychologically injured (O'Neil et al, 2015). This, compounded by the social deprivation and poverty that prevails due to both the political violence and wider societal and economic issues, exacerbates the difficulties faced. Further, Northern Ireland's suicide rates have increased over the years and although the factors associated with suicide are complex and multidimensional, there is evidence to suggest that the conflict has been a contributing factor (O'Neil et al, 2014). In 2014

the highest number of deaths through suicide was for males aged 30-34 years, which is a new trend compared to previous years (ONS, 2015). Further, suicide rates in Northern Ireland are higher than the rest of the UK (Scowfort, 2015; ONS, 2015).

It is also clear that a large proportion of individuals who have lived through the violence have shown remarkable resilience and not developed any adverse mental health problems (O'Neil et al, 2015) but that does not mean they are immune to experiencing non-conflict related psychological problems. Like any modern society, citizens of Northern Ireland grapple with socioeconomic problems such as poverty, unemployment and redundancy. Heenan and Anderson (2015, p4) highlight the challenges:

*“Tackling intergenerational poverty and social exclusion should be a priority for any society, but in a society like Northern Ireland which is emerging from conflict the stakes are much higher. Endemic, entrenched poverty is the breeding ground for terrorism, organised crime and political extremism. ... we are in the midst of a period of disengagement where the euphoria after the Peace Process has dissipated and been replaced by public cynicism and disappointment ... too many people still feel hopeless for the future”*

This sense of hopelessness and futility has significant psychological repercussions. Adding to this, citizens of the province also grapple with issues such as bereavement, work-related stress, issues relating to sexuality, childhood sexual abuse, self-harm, child and adolescent mental health difficulties, drug and alcohol problems, financial concerns, parenting problems, aging and its associated health related challenges, mental illness, and crime and delinquency, to name but a few. Findings from the Health and Well-being Survey (NISRA, 2001) showed that around 21% of individuals aged over 16 considered themselves to be depressed. Self-harm rates amongst 3596 school pupils in Northern Ireland were approximately 10%. Contributing factors for females include alcohol abuse, drug use, physical and sexual abuse, and self-esteem. For boys, absence of exercise, sexual orientation concerns, anxiety, and impulsivity were associated with self-harm. Common across both genders were issues relating to bullying and exposure to self-harm (O'Connor, Rasmussen & Hawton, 2014). Other significant concerns in Northern Ireland highlighted by the

Royal College of Psychiatrists relates to the issue of self harm rates and drug overdose, with both of these issues progressively increasing. This research also highlighted that binge drinking has been shown to be increasing amongst young people, 1 in 4 people have used cannabis, and alcohol problems have been shown to be a factor in at least 50% of suicides and self-harm, and alcohol dependence a factor in patients convicted with homicide.

An estimated 23% of women and 3% of men experience sexual assault as an adult and approximately 5% of women and 0.4% of men experience rape. An estimated 15,000 victims of rape and sexual abuse are receiving support across the province which is inevitably due to the range of psychological and mental health issues that results (Torney, 2015). The 'pain and shame' of victims of institutional abuse has emerged in recent times resulting in many victims and survivors experiencing longstanding, complex emotional difficulties that require sensitive, timely and ongoing support (Sanderson, 2006). Comparative research in the Republic of Ireland (ROI) on the impact of chronic institutional and childhood abuse provides some insight into the level of complexity that this adult group present with (DOJ, 2009a). In Northern Ireland victims of institutional abuse have an added dimension of decades of exposure to a stressed socio-political situation and the wide ranging psychological implications (DHSSPS, 2010). Agencies are noting this in the level of complexity that they are now experiencing from this client group as they present to services (DOH, 2001;2003;2004).

Given the complex and diverse mental health issues in Northern Ireland, it is clear that practitioners and service providers alike are increasingly being confronted with high levels of complexity and comorbidity causing significant challenges.

## Current Mental Health Service Provision

Services in place to help support individuals who experience psychological difficulties are limited and there is a lack of synergy in the sector, which is compounded by significant funding challenges. Stigma still prevails and short-term interventions deemed inadequate to meet complex needs (Simms, 2013). A recent evaluation of mental health service provision in Northern Ireland carried out by Wilson, Montgomery, Houston and Davidson (2015) on behalf of Action Mental Health (AMH) highlighted the over-stretched mental health services struggling to provide an appropriate level of care. Compared to the rest of the UK or Ireland, Northern Ireland is recognised as having higher levels of poor mental health with prevalence rates estimated to be around 25% higher than in England, yet, Northern Ireland has been known to receive less funding compared to its UK counterparts (Fitch, Daw, Balmer, Gray, & Skipper, 2008). The total cost of treating mental health problems is estimated to be over £3.5 billion per year, which is equivalent to around 12% of Northern Ireland's national income. The bill alone for treating anxiety is around £95m, no doubt due to the high prescribing rates of psychotropic medications (Ferry et al, 2008).

The Northern Ireland Health Minister Simon Hamilton (DHSSPS, 2015) has announced radical changes are needed and indeed underway in how health and social care services are delivered. Whilst this is encouraging, and indeed it is recognised that mental health professionals and commissioners have made significant progress in developing a recovery ethos and approach (Wilson et al, 2015), it is at the same time disappointing given the efforts to improve services over the past several years through the Bamford Review. Heenan and Anderson (2015, p9) highlight the importance of prioritising mental well-being:

*“There are substantial economic and social benefits not only from providing timely and efficacious treatments for mental disorders, but also from investing in people as potential parents and producing a social environment conducive to positive mental health and positive parenting ...”*

Investing in mental health will therefore have a positive impact across society and across generations thus leading to longer term health, economic and societal benefits.

Improving access to services that are designed to meet both the short and longer term needs of individuals is necessary alongside provision of high quality, evidence based interventions. Whilst this is one approach, there are undoubtedly other ways to improve the mental well-being of citizens and that is through delivery of education and training especially in schools, the workplace and parenting skills classes for example (Heenan & Anderson, 2015). Thus a proactive and preventative approach is required to offset the onset of difficulties alongside a responsive, timely and sensitive approach to provide support and treatment for those who are experiencing acute and/or chronic mental distress.

## Issues in Counselling Provision

Counselling plays an important and significant role in the prevention and promotion of mental well-being in Northern Ireland. There is increasing recognition of the limited role of the medical model (Mental Health Foundation, 2013) when it comes to mental health care, which points to the importance of building capacity of the counselling sector in the provision of psychological therapies.

The provision of high quality counselling by practitioners who are trained in the latest evidence based interventions, possess a broad range of knowledge and skills to work with complexity is vital but this will only happen with investment at many levels.

In 1998 the Park Report highlighted the negative attitudes that prevail amongst other health professionals such as doctors and psychologists in relation to counselling in Northern Ireland, in particular in the context of trauma services. The findings are of concern and may be indicative of a lack of understanding of counselling and the important role it plays in improving the health and well-being of individuals experiencing psychological issues. The Northern Ireland Counselling Forum's (NICF) Strategic Report (Swain, 2012) points to a more recent positive view amongst health professionals such as GPs but nonetheless there still prevails an undervaluing of the profession. A key finding relates to the perceived lack of cohesion within the counselling profession itself in Northern Ireland. Counsellors reported a sense of isolation, lack of direction, leadership and guidance, which has led to a feeling of having 'no voice'. The report also highlighted the need for collaboration and sharing of best practice amongst counsellors. These are no doubt significant challenges that the counselling profession experiences and is a matter of grave concern. More information is needed to fully understand the challenges, complexities, needs of counsellors and service providers in Northern Ireland.

## Promoting Best Practice in Counselling

The rationale for this current review of the counselling sector was informed by a number of sources. Firstly, counsellors working within the trauma sector with victims and survivors of the political conflict have expressed the need for ongoing training as they grapple with increasingly challenging and complex cases, time-limited services, and a need for funded continuous professional development (CPD) (Simms, Bolton & Devine, 2014). A funded workforce training plan is underway to address these issues. This prompted questions around what the bigger issues were generally in the counselling arena. Were counsellors across the province, working in other areas experiencing similar challenges?

Secondly, it is clear that mental health service provision in Northern Ireland is underfunded despite the high levels of need. As a result, there is increasing pressure to work within time-limited frameworks, which is also driven and informed by changes to service provision such as introduction of the Stepped Care Framework. It is reasonable to speculate that the lack of funding, increasing complexity and demand, and pressure for short-term working is presenting challenges to service providers and practitioners alike.

A third, and equally important reason for undertaking this exercise was to develop relationships between agency providers and training institutes. High quality services depend on high quality staff who are trained to the highest standards and have access to equally high quality supervision and ongoing CPD. High quality teaching and training is dependent upon understanding the needs of service users who are presenting to services for counselling and the needs of agencies and staff in meeting these needs. The NICF's Report (Swain, 2012) raised issues that counsellors have in relation to funding cuts, working in time-limited services, lack of remuneration, promotion of the profession and ongoing training and development opportunities. Further, the counselling profession has come under scrutiny in the past with regards standards (Park, 1998).

The World Health Organisation Action Plan 2013-2020 (WHO, 2013) set out a number of objectives that are relevant to the counselling profession in Northern Ireland. Objectives include the provision of integrated, comprehensive and responsive

mental health and social care services that are community based, offering a choice of evidence based therapies across the lifespan. An essential requirement is the provision of services that are responsive and adaptable to the needs of vulnerable and marginalised groups in society. Community and voluntary based counselling agencies play a pivotal role in the provision of services. Yet, little is known about the actual challenges service providers face in the providing of services.

## Aims

The aims were to provide an opportunity to network across the sector, to gain insight and understanding of the key issues service providers are facing, in particular in relation to needs of service users and how this information can help shape the training and teaching of counsellors to promote best practice.

## Procedure

The overall purpose of this review was to obtain insight into the issues that service providers of community and voluntary Counselling in Northern Ireland are experiencing. Of equal importance was to assist agencies to foster closer working relationships and to assist with capacity building amongst the sector. To meet these objectives a considered research design was adopted, which involved the adoption of a focus group method. This method was particularly apt as it encouraged participants to explore concerns across several dimensions, provided a focused space for participants to share key insights, reflections and ideas, culminating in a set of relevant and valuable recommendations.

Invitations were sent out to approximately 25 counselling organisations across the province who were purposively selected. The aim was to access a broad range of stakeholders who provide services across diverse areas such as mental health, addictions, family work, trauma, children and young people, bereavement, LGBT and sexual abuse. The invitation was posted and included a cover letter and flyer outlining the purpose and overview of the event. Invitations were addressed mainly to the Clinical Lead/Director/Head of Counselling services. Invitations were also sent to staff in the Local Regional Colleges who teach on core counselling training programmes, as a key feature of the event was to understand teaching and training issues.

In total 15 service providers responded and a representative of each attended along with 3 tutors/Course Directors from the Regional Colleges. There were 3 members of the counselling teaching team from Ulster University who are lecturers on undergraduate and postgraduate counselling courses.

## Method

The event began with an overview of research in Northern Ireland and the challenges facing the province in relation to service provision. An overview of counselling training was provided by the Course Director of one of the Regional Colleges. The morning session ended with an outline of opportunities for engaging in research, which was facilitated by a member of staff from the Science Shop. Lunch provided an opportunity to network amongst stakeholders and staff. The second session comprised three focus groups.

A focus group methodology was deemed suitable for this event as it provides an ideal setting for uncovering through interactions the beliefs, attitudes, experiences and feelings of participants. It allows for multiple views to be captured in a systematic though not constrictive manner. Further, they are a useful method to employ when wishing to carry out preliminary or exploratory investigations in to issues (Litosseliti, 2005). Given also that one of the aims was to build relationships, the interactive nature of a focus group method provided an opportunity for participants to get to know one another, share experiences and generate ideas. The informal nature of the event meant that responses from participants were not audio recorded.

Each focus group had a moderator who was a lecturer from the University. The focus group discussion lasted approximately one hour and discussions were guided by a set of topics that were informed by the research generally. This 'questioning route' (Litosseliti, 2005) provided a co-ordinated response set but questions were open ended to enable new information to organically emerge. A copy of the questioning route template is shown in Appendix 1. Qualitative responses were recorded by the moderator of each group and comments were written on a flipchart and later typed up.

Prior to the focus groups commencing, the participants were reminded verbally of the aims and objectives of the focus group, given assurances of confidentiality and anonymity in write up of the findings and asked to be respectful of other peoples' opinions and views. To maintain this ethical stance, participants were informed that a draft of the feedback would be shared for review to enable participants to check the accurateness of their reflections and ensure that any information in the write up did not convey the identity of any particular group or individual.

## Data Analysis

A thematic analysis was undertaken which comprised a set of clearly defined stages. This entailed a reading and re-reading of the qualitative feedback by the first author (JS), a process of meditative in-dwelling followed by stepping-back to allow for the emergence of themes and sub-themes, and finally, a process of explanation building (McLeod, 2011; Yin, 2009). Reliability and validity checks were conducted by the second author (MMcG).

Analysis needs to be a joint and continuous process among those who participated, namely, the participants, the moderator and the analyst (Litosseliti, 2005). The draft findings were sent to participants and moderators for review, checking for accuracy of interpretation and an opportunity to amend. A ten-day timeframe was provided for response. Four participants responded with feedback that was positive, commending the accurateness of the findings. There were no requests for changes or any concerns raised.

The final results comprised a series of overarching themes and sub-themes (Appendix 2). A narrative account of the findings is provided as follows.

## Findings

### Overarching Theme 1 and sub-themes

#### 1. Client Presentation

All respondents raised concerns regarding the nature of the client presenting issues that their agency are currently facing.

##### 1.1 Complexity and Mental Health

All respondents relayed that clients were presenting with increasingly chronic and complex mental health problems. Typical presentations include depression, anxiety, childhood sexual abuse, trauma, bereavement, adoption issues and in many instances, co-morbid mental health problems. Of concern also, is the increasing levels of risk and over reliance on psychotropic medications amongst clients with depression and anxiety. Some respondents stated that they are receiving an increasing number of referrals for clients with severe and enduring mental health problems, such as, psychosis. This posed particular challenges as respondents felt that their agency and staff are not trained to provide interventions for this particular client group. They also relayed that they often find engaging with and accessing support from statutory services challenging.

It is clear from the feedback that service providers are facing an increasing complex range of client presentations. In some instances, clients presenting with mental health problems outside their remit. This requires collaboration with statutory sector agencies but it seems that communication across and within the statutory, community and voluntary sectors requires significant improvement.

### Overarching Theme 2 and sub-themes

#### 2. Partnership Working

The importance of working in partnership with the statutory sector and college/training providers was highlighted as a key area of concern, as there is a perceived sense of disconnection. Representative participants noted that they encountered several challenges in trying to develop a synergy with some statutory services.

##### 2.1 Statutory Sector

With regards the Statutory Sector, there was a perceived lack of collaboration and poor

communication concerning clients. For example, where a client had been referred from a Statutory Service for therapeutic input, respondents reported that they often encountered situations whereby they were provided with little or no information relating to the client's issues. Where a referral onwards to Statutory service was necessary, respondents reported that quite often referral processes were unclear and there is little or no communication regarding the client once referral has been made. Overall, there was little perceived support from statutory services in so far as managing clients and a perceived lack of recognition by statutory services of the work undertaken by the community and voluntary sector in providing psychological services and support.

### **2.2 Colleges and Training Providers**

With regards to partnership working with colleges and training providers in relation to trainee counsellors and placements, respondents reported that clearer communication processes need to be established. Most respondents reported that they often found trainees unprepared for commencing placement and thus, a more standardised approach to allocation, preparation and monitoring of placements is required. The majority of representative participants believed that more emphasis should be placed upon longer induction processes and more cohesion between college, placement provider and supervisor throughout the trainee's placement period. Respondents also stated that they felt unsupported by the British Association for Counselling and Psychotherapy (BACP) and relayed experiences of poor communication and lack of perceived leadership from the professional body, thus leaving them feeling isolated.

Overall, there was an expressed need for better cooperation and communication with statutory services in relation to client care, colleges and training providers in relation to preparedness and support of trainees, and more direction and guidance from the BACP.

## **Overarching Theme 3 and sub-themes**

### **3. Counselling Training**

Counselling training was an area that presented some significant challenges to service providers.

### **3.1 Clinical Presentations**

Due to the increasingly complex issues that clients are presenting with and high rates of co-morbidity, all respondents stated that there is a need for trainees on placement to have knowledge and skills to enable them to work with clients with such complexity. Respondents believe there are gaps in trainees' knowledge and skills, which then become evident once the trainee embarks on placement. Areas identified as needing to be addressed during counselling training related to understanding clinical presentations such as depression, anxiety, trauma, grief and loss, and addictions. Also, skills in generic assessment, risk assessment and management, were deemed to be areas for improvement.

### **3.2 Ethical and Legal Issues**

The majority of respondents believed that trainees should have an understanding of child protection and vulnerable adult issues prior to embarking on placement. In addition, areas of concern raised by respondents related to ethical and legal issues. For example, some respondents reported that trainees needed to be skilled in areas of note taking, record keeping, data protection issues, confidentiality boundaries and evidence based practice, which includes use of standardised measurements such as Clinical Outcome and Routine Evaluation (CORE).

Overall, feedback indicates that counselling training needs to focus on preparing trainees for placement with particular emphasis during training on knowledge and skills relating to mental health presentations, skills in assessment including risk, record keeping, routine monitoring and outcome evaluation, and greater focus on ethical and legal issues.

## **Overarching Theme 4 and sub-themes**

### **4. Trainee Issues**

With regards having trainees on placement, agency providers reported a broad range of issues that they considered trainees to be facing currently.

### **4.1 Expectations**

Many reported that trainees were unprepared for the types of referrals they received. A number of service providers felt that referrals were often too complex for trainees which, combined with limited

knowledge and skills, rendered them unprepared for the work. Respondents stated that trainees and agency providers had unrealistic expectations of each other. Service providers expected trainees to be equipped with particular knowledge and skills, especially in relation to the agency and the service it provided; and agencies believe trainees have unrealistic high expectations of services providers in so far as the amount of support they can offer.

Further, service providers believe that the supervisor has a key role to play and suggested that a clinical mentor should also be set up for trainees to provide an additional layer of support for all.

#### **4.2 Supervision**

Access to high quality supervision was identified as being a challenge for trainees and a lack of clarity regarding how trainees make use of supervision was highlighted. The impact of the challenging nature of the work, unpreparedness in so far as limited skills and knowledge and access to regular supervision was considered to have a negative impact upon the trainee's well-being, thus highlighting the need for better self-care mechanisms being put in place. This was deemed to be the responsibility of the trainee, the college, the agency and the supervisor. Respondents stated that this called for more collaborative and cohesive working in relation to supporting trainees to ensure adequate safeguarding for all concerned and most importantly for clients.

### **Overarching Theme 5 and sub-themes**

#### **5. Post Qualifying Issues Facing Counsellors**

Respondents identified a number of issues that qualified counsellors were facing.

##### **5.1 CPD**

Opportunities for ongoing training as part of CPD was deemed limited and costly. Offering training in-house, whilst helpful posed further challenges in so far of the time and costs placed upon agencies in providing it. Feedback overall indicated that training should be much more accessible locally and fully or at least partially funded.

##### **5.2 Supervision**

Access to high quality supervision was also deemed problematic for counsellors. Respondents believed that supervisors should be trained to a

minimum of Level 6 in Supervision.

##### **5.3 Role**

With regards the role of counsellors, there was recognition that practitioners were increasingly having to act as advisors and mentors for clients. The time limited nature of counselling provision has resulted in having to signpost clients to other services as ongoing support is often required. It seems this role of signposting has fallen upon the counsellor, which also places demands on their time. With regards employment generally, respondents were in agreement that there were limited opportunities for paid employment in the field. Over time, respondent believe this will lead to a sense of demoralisation amongst counsellors and reinforce the perceived devaluing of the profession.

### **Overarching Theme 6 and sub-themes**

#### **6. Service Provider Challenges**

Feedback from service providers indicated that they were struggling with a range of issues.

##### **6.1 Funding**

The most important and difficult area facing service providers currently relates to funding. Respondents highlighted how the competitive nature of funding meant that they were often competing against each other making it difficult to build relationships and develop collaborative working practices.

##### **6.2 Capacity and Demand**

A key concern raised by respondents is the impact funding restrictions are having on service provision and development resulting in time limited services. For example, the majority of agencies found it challenging to provide counselling of six to twelve session duration. There was consensus of agreement that this was insufficient to deal with complex and chronic issues that clients present with. Respondents raised concerns regarding the unethical nature of the funding restrictions as time limited interventions are not meeting the needs of clients. As a consequence, respondents relayed how they end up having to signpost clients onwards whereby they have to start building relationships with another professional and re-tell their story. Or, in some instances, clients being re-referred to the agency at a later date, resulting in a 'revolving door' scenario. Either way, respondents believed this

resulted in the client seeing different people at different times rather than working with the same counsellor for the necessary time needed to help the client address fully their difficulties.

### **6.3 Ethical Issues**

A number of respondents highlighted the increasing requests they are witnessing from solicitors for access to client notes and provision of court reports. This has raised not only ethical issues for the agency in so far as confidentiality and competency in report writing skills, but also is impacting upon workload demands as preparation of such requires additional time needing to be devoted to these tasks. With increasing waiting list and minimal staffing, such requests were deemed burdensome and outside their remit. Another area highlighted as being important to address related to evidence based practice. Respondents strongly believe that the medical model dominates client care, which is reflected in the restrictive funding, time limited service provision and the stepped care framework. Respondents also reported the need to engage in more evidence based practice in so far as carrying out research within their own agency that can help inform service provision, for example, research on attrition rates and client issues.

## **Overarching Theme 7 and sub-themes**

### **7. Image and Reputation of the Profession**

All respondents raised concerns about the image of the profession to the public and other professionals.

#### **7.1 Funding**

All respondents believe that funding is a major barrier when it comes to raising the profile of the profession. All raised concerns about the unpaid nature of placements and how this communicates a negative image. For example, a number of respondents compared counselling training to other professional training programmes such as social work or nursing and highlighted how these professions provided funded placements. Respondents believe that the funding of training placements conveys a message that the profession is of value.

#### **7.2 Recognition**

Respondents were of the view that funding of counselling training would convey a message that the profession was regarded as valuable and would

offer a parity of esteem with other professionals. A key area of concern raised by respondents was the nature of stigma generally that prevailed concerning counselling. Many believe that greater emphasis needs to be placed on improving the overall image of counselling by way of emphasising the importance of talking therapies and the positive impact it can have on the life of those who undergo counselling. The majority of respondents believed that greater support was needed from the professional body, the BACP, to address issues relating to funding, unpaid training and improving the overall image of the profession. The majority of respondents believe their professional body the BACP, need to take much more active lead in lobbying on their behalf.

## **Overarching Theme 8 and sub-themes**

### **8. Workforce Development**

All respondents highlighted that there was a need for the development of a workforce training plan across the sector, particularly in a range of areas.

#### **8.1 Clinical Issues**

With regard clinical issues and presentations, respondents relayed how there was a pressing need for counsellors, both trainees and qualified personnel, to undertake more training in areas such as depression, addiction, and trauma, as well as specialist skills in assessment. The need to be able to work in a more integrative manner was highlighted, given the increasing complexity of client issues and the challenges of working within a time-limited framework. The view that 'one size does not fit all' was expressed by most respondents and therefore, being able to work within a flexible framework that enables the counsellor to draw upon a range of models and techniques was deemed important. In order to do so, respondents agreed that training across a range of therapeutic models is necessary. More training is required in the area of understanding evidence based practice from definitions to mechanisms, given the increasing focus on outcome and impact. Most respondents relayed their experiences of dealing with staff who found it difficult either to engage in the process of evidence based practice or understand fully the nature and purpose of it. Therefore, training in this area would be welcomed.

#### **8.2 Specialist Training**

There was also an expressed need for specialist training such as Trauma Focused Cognitive

Behavioural Therapy (TFCBT), an evidence based intervention for the treatment of trauma. Training in Motivational Interviewing (MI) was also flagged up as a training need as it is a useful framework for counsellors and clients to work within to understand and promote change within a time limited setting. In line with the increasing requests services are experiencing in relation to legal issues, expert witness training was highlighted as an important area for training.

## Discussion

A number of important themes emerged from the feedback generated from the round table discussions undertaken as part of this review. It is clear that services are facing increasingly complex client presentations, which requires specific knowledge and specialist skills. For example, mental health and clinical issues such as working with depression, anxiety, trauma and child sexual abuse were areas highlighted as requiring additional training. There was agreement that this training should be built in to core counselling training so that trainees are prepared for such presentations when they embark on their placement. Greater communication between the college/training provider, the agency and supervisor is required in supporting trainees prior to and during their placement. For qualified personnel, a workforce training plan that serves as a framework for CPD opportunities post-qualifying should be developed. This should include training in clinical and mental health areas as well as training in specialist models such as Trauma Focused CBT, skills in assessment especially risk, and ethical and legal issues.

A difficult and thorny issue that all service providers are facing relates to the availability of funding. Limited funding, and the emphasis upon a medical model, has resulted in agencies increasingly only being able to offer time-limited services. There was unanimous recognition of the limitations this posed for clients and queries over the ethical nature of offering short-term therapy for clients with long-term complex difficulties. This fits with the research that shows the high levels of complex and chronic mental health needs in Northern Ireland, especially in light of the impact of the conflict. The competitive nature of funding has made it difficult for agencies to collaborate, which combined with a sense of disconnection from the Statutory Sector and the professional body, the BACP, means there has been little scope for collaboration and sharing of expertise. Better communication and collaboration across the sector and in particular, the statutory sector is needed. Undoubtedly, there is an overall perceived lack of leadership from the BACP which is urgently needed.

These findings, which on the face of it may read as challenging and concerning are actually positive in their timing. There is an urgent need generally for improvement in health and social care services, as noted by Heenan and Anderson (2015). This is

further emphasised with the Health Minister's call for investment and improvement in areas such as mental health, child and family services and trauma for example. Thus, it is clear significant work is needed to improve services overall. Counselling has a critical role to play in the development of services and an important voice in how services should be delivered. The poor service provision, emphasis still upon a medical model, a recognised need for greater collaboration, networking and development of a seamless service provision designed around the currently existing broad range of services means that counselling as a profession and those who deliver it can make a significant contribution and sharing of expertise. This would also provide an opportunity to promote the profession and challenge any myths that seem to prevail amongst other health professionals. A wealth of research in counselling shows it is effective (Cooper, 2008). Increasing findings from neuroscience supports the impact of talking therapies in bringing about structural and chemical changes in the brain (Welton & Kay, 2015; Gabbard, 1998). There is no doubt talking therapies work but there are still issues with access and availability, which is underpinned by funding limitations (Simms, 2013).

Counsellors need to be educated and trained to the highest standards and there is clearly a need for a workforce training plan. Again, this is not something unique to the counselling field and therefore a positive and timely finding. Findings from the Mental Health Foundation based on the data from their Starting Today report identified the need for workforce training and development for mental health care professionals generally. This is also emphasised in the Northern Ireland Psychological Therapies Strategy (2010).

A key finding relates to the lack of funding and linked to this the knock-on effect this has on jobs and training opportunities. Based on these findings, the voluntary nature of counselling training is deemed unacceptable, unethical and demoralising. Trainees are competing for placements, agencies are competing for funding, qualified practitioners are having difficulty accessing secure, well paid positions that reflects their knowledge, experience and expertise. Many have witnessed a reduction in their pay and hourly rates over the past few years due to funding restraints. As noted in the NICF's Report (Swain, 2012) there is a clear and urgent need for greater collaboration, support of the profession, greater regulation of the profession and a demand

for better pay and conditions which in itself will promote an image of credibility and value. Critically, there is a need for a 'collective and strategic approach to resist funding cuts to community and voluntary agencies' (Swain, 2012, p19). Counsellors and the agencies that provide it cannot do this in isolation. They require high quality research, more cross sector engagement to help raise their collective voices, leadership and guidance from professional bodies such as the BACP, and a high quality workforce training plan delivered from local training and education providers informed by evidence based practice and practice based evidence.

## Conclusions and Recommendations

There is a clear, definite and urgent need for leadership, guidance, training and ongoing professional development opportunities within the counselling field in Northern Ireland. Opportunities for networking, collaboration and sharing of good practice are vital but equally important is the opportunity to collectively voice concerns in relation to funding restrictions that not only impacts upon the standards, access and quality of services provided but undermines the value of counselling. Training to become a professional counsellor requires a great deal of emotional, physical and financial investment, combined with personal commitment and sacrifice. This is fuelled by a passion and desire to alleviate the distress and suffering of others and help improve the quality of their day to day living. This dedication should be matched in terms of remuneration, investment in training and workforce development. The following set of recommendations are put forward and should be addressed as a matter of urgency:

1. Improved networking and collaboration across Northern Ireland's counselling profession.
2. Development of a workforce training plan.
3. Investment in local opportunities for CPD.
4. Review of funding processes.
5. Funding to be made available for placements during training.
6. Improved working conditions and pay for qualified personnel.
7. Improved liaison and cooperation between statutory, voluntary and community based services.
8. Greater leadership from the Professional Body.
9. Investment in research in counselling training and practice.

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## Appendix 1

Questioning Route

### **Lunch And Learn Discussion Points**

- Organisational/agency challenges
- Models/examples of good practice
- Challenges: client presenting issues
- Challenges: workforce training and development
- Research and evidence based practice
- Outcome monitoring and evaluation
- CPD/Training your organisation/agency provides
- Any other areas that are relevant to your agency/organisation and service provision
- Suggestions and recommendations

## Appendix 2

Breakdown of themes and sub-themes from thematic analysis

Overarching Theme	Sub-Themes
Client Issues	<ul style="list-style-type: none"> <li>• Increasing complexity/Comorbidity</li> <li>• Risk</li> <li>• Childhood Trauma</li> <li>• Trauma</li> <li>• Childhood Sexual Abuse</li> <li>• Bereavement</li> <li>• Adoption</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Role of medication</li> </ul>
Partnership Working	<ul style="list-style-type: none"> <li>• Statutory Sector</li> <li>• Poor communication</li> <li>• Lack of knowledge and understanding of referral pathways</li> <li>• No collaborative working</li> <li>• Lack of support from Statutory services</li> <li>• Colleges</li> <li>• Poor communication between colleges, trainee, agency</li> <li>• Poor communication between trainee, supervisor and agency</li> <li>• Longer induction period needed</li> <li>• Need for standardisation</li> <li>• Preparedness of trainees</li> <li>• BACP</li> <li>• Lack of support</li> </ul>
Counselling Training	<ul style="list-style-type: none"> <li>• Risk training</li> <li>• Addictions</li> <li>• Trauma</li> <li>• Depression</li> <li>• Anxiety</li> <li>• Legal Issues</li> <li>• Ethical Issues</li> <li>• Note keeping</li> <li>• Record keeping</li> <li>• Data protection</li> <li>• Child Protection training</li> <li>• Vulnerable Adult Training</li> <li>• Comorbidity</li> <li>• Confidentiality</li> <li>• Assessment</li> <li>• CORE</li> <li>• Evidence Based Practice</li> </ul>

Overarching Theme cont.	Sub-Themes cont.
Trainee Issues	<ul style="list-style-type: none"> <li>• Preparedness for placement</li> <li>• Lack of knowledge and skills</li> <li>• Self-care</li> <li>• Supervision – access, availability</li> <li>• Use of supervision/preparedness</li> <li>• Suitable referrals</li> <li>• Expectations</li> </ul>
Post Qualifying Issues facing Counsellors	<ul style="list-style-type: none"> <li>• CPD – availability and cost</li> <li>• Supervision – availability and standard</li> <li>• Changing roles eg advisory/mentoring</li> <li>• Peer supervision</li> <li>• Lack of paid positions</li> </ul>
Service Provider Challenges	<ul style="list-style-type: none"> <li>• Funding</li> <li>• Competitiveness between agencies</li> <li>• Time Limited service</li> <li>• Ethical issues</li> <li>• Focus on medical model</li> <li>• Complexity of client issues</li> <li>• Increased demands</li> <li>• Lengthier wait times</li> <li>• Stigma</li> <li>• Lack of cohesion</li> <li>• Research needs</li> <li>• Commission process</li> <li>• Increasing request for notes from solicitors</li> <li>• In-house training: time and funding pressures</li> </ul>
Image and Reputation of the Profession	<ul style="list-style-type: none"> <li>• Paid placements</li> <li>• Stigma</li> <li>• Devaluing of profession</li> <li>• Role of BACP</li> <li>• Greater promotion of value of talking therapies</li> <li>• Lack of recognition</li> </ul>
Workforce Training	<ul style="list-style-type: none"> <li>• Clinical Issues</li> <li>• Assessment</li> <li>• Evidence Based Practice</li> <li>• Expert Witness Training</li> <li>• Integration</li> <li>• Motivational Interviewing</li> <li>• Trauma Focused CBT</li> </ul>

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