Counselling Psychology Review

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I am writing this letter at the tail end of the summer with the sun still shining, recognizing that by the time you read it we will be well into the autumn and you will have received your second edition of the ‘new’ CPR. I would like to congratulate Stephen Palmer and his team for producing such an attractive journal and hope you will continue to support it by sending Stephen high quality and interesting material for publication.

I hope you all noticed in the August edition the posting for the Division’s next conference at the end of May. Although the end of May might seem a long way ahead it is not for the conference organizers, or for you if you wish to submit a paper or a workshop. Please do not miss the submission deadline of 30 November.

You may have observed that this year’s conference is an international one. Over the last few years our international contacts have grown steadily and the committee felt it was timely to formalize these in terms of a conference. We warmly welcome participation and submissions from as many countries as possible. The theme of the conference is Counselling Psychology: Origins and Progress. We wish to explore our roots and ‘parentage’ from an international perspective, as well as look towards our future. It is planned to feature an international event bringing together some of the early pioneers in counselling psychology.

The conference will be hosted in Stratford-Upon-Avon. The location and venue are superb. The hotel is in the centre of Stratford and the grounds border the river. For fitness enthusiasts the hotel’s excellent gym and swimming pool will be an added attraction.

Further information on the conference is provided in this issue (see opposite). Provisional programmes and registration forms will be mailed to all members of the Division of Counselling Psychology in the late Spring. Further copies and information will then be available from the Conference Office, The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester, LE1 7DR. Telephone 0116 254 9568. Please advertise our Division Conference as widely as possible. In particular, if you have overseas contacts, please send them copies of the conference abstract.

In case you are wondering about the 1998 conference — we are not planning an international event for each year, although of course we always welcome international participation. However, if the idea proves popular perhaps in two or three years’ time another country might wish to host an international conference, thereby maintaining and extending international links in counselling psychology.

My best wishes to you all for staying healthy during the winter and enjoying a happy Christmas break.

Mary Watts

Letter from the Chair

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In this edition of Counselling Psychology Review our three main articles neatly reflect issues that may be raised in our First International Conference in Counselling Psychology: Origins and Progress, which will be held next year in Stratford Upon Avon.

Ray Woolfe focuses on counselling psychology in Britain: past, present and future. He provides an interesting institutional history of counselling psychology in Britain and goes on to give the factors underlying the growth of counselling psychology and also considers the role of counselling psychology as a framework for human resource development within organizations.

In the next article, Jacqueline Smallwood concentrates on a year in the life of a trainee counselling psychologist in the NHS. She examines a number of key issues: the clinical psychologist’s perspective of counselling psychology; how the patients viewed the counselling psychologist; the counselling psychologist trainee’s own perspective on her role within the Consulting and Clinical Psychology Services.

Ron Fellows shares with us his research findings into a comparison of the views of clinical and counselling psychologists of the role of counselling psychologists. It appears that there is a gap in understanding and awareness between both groups.

In the last article Glyn Hudson-Allez focuses on her experience of teaching counselling psychology in Hong Kong. Interestingly, she has found that her students prefer Rational Emotive Behaviour Therapy to the person-centred approach. They watch videos of Albert Ellis ‘in action with awe’.

As always we are keen to encourage readers to submit articles and conference papers on counselling psychology. We look forward to receiving your contributions for the next volume of Counselling Psychology Review. Good wishes for the New Year.

James Breese 1924-1996

AMES was a giver. He gave tirelessly of his time and energy to many causes, including counselling psychology. Born in London, his first degree was in ‘Greats’ at Oxford, after which he became a school teacher, teaching classics. During this time he took an external degree in psychology and also started his involvement with the Marriage Guidance Council — his introduction to counselling.

From then on his work lay with counselling and psychology and he lectured in educational psychology at Goldsmiths until his retirement in 1984, but retirement for James meant doing more work, not less. He was the Secretary, Membership Secretary and Treasurer of the then Section of Counselling Psychology, which involved an enormous amount of work at a time when negotiations were beginning for a Special group and ultimately for the formation of the Division in Counselling Psychology. He worked tirelessly, always cheerfully with time for everyone. James was someone you could always go to for help, always rely on. It was he who formulated and analysed a questionnaire of members which was the basis on which work started on the application to become a Division of Counselling Psychology. Every edition of Counselling Psychology Review had a report from the Honorary Secretary, keeping members up to date with the working of the Committee. This post he handed on, after three years, carrying on his careful work as membership secretary and treasurer for another two.

As well as his work for the Society, James was involved with the Marriage Guidance Council, later ‘Relate’, appropriate work for James as his own marriage to Dorothy and his two sons were such an important part of his life. After his move to Norfolk, he organized ‘Off the Record’ an independent counselling agency. If these three things were not enough he was church warden at his local church, plus being deeply involved with the Guild of Health, or church healing organization. he was also a visitor at the local prison.

James had several publications in various fields, from his first book Psychology and Everyday Life, a handbook for students, with subsequent articles in counselling and counselling psychology to Reflections, his last publication, on Christian beliefs. He also broadcast from time to time on Radio Norfolk.

As with his work he had wide ranging leisure interests, chess, scrabble, cricket, walking, country dancing and particularly birdwatching. Shortly before his death he had been on a very happy holiday with Dorothy to celebrate their fortieth wedding anniversary. As might be expected for someone who was so active, he was busy to the last. In the morning he preached at the local prison and in the evening had a massive heart attack from which he died a couple of days later.

The Society and especially the Division of Counselling Psychology will always be grateful for his dedicated work. He was supportive to the end, attending the annual division conferences in York this year.We will miss his hard work and friendly smile.

Elizabeth Noyes
Senior Lecturer in Counselling Psychology, University of East London
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Counselling psychology in Britain: past, present and future

Ray Woolfe

In 1996, Sage published the *Handbook of Counselling Psychology* edited by Windy Dryden and myself (Woolfe and Dryden 1996). I wrote a chapter entitled ‘The Nature of Counselling Psychology’ (Woolfe 1996). The present paper is substantially based upon that, but attempts to bring the reader up to date with developments and to emphasize the link between past, present and future.

A brief institutional history of counselling psychology in the United Kingdom

In a classical critique of psychiatry, Szasz writes that ‘the question What is mental illness? is shown to be inextricably tied to the question, What do psychiatrists do?’ (Szasz 1962). In a similar vein, it is difficult to answer the question ‘what is counselling psychology?’ as understood in a British context, without exploring its institutional development within The British Psychological Society.

In 1982 the Society agreed to establish a Counselling Psychology Section and at the end of that first year it had 225 members (British Psychological Society 1993). In that year, too, appeared what was the first and prior to *Handbook of Counselling Psychology* the only comprehensive British textbook on counselling psychology (Nelson-Jones 1982).

In 1989, the Section became a Special Group (a kind of half way house between a scientific interest group and full professional status) within the Society and by the end of 1992 had 1208 members. These numbers were, by the Society’s standards substantial, as they made the Special Group the third largest of the Society’s then 20 divisional, sectional and special group sub-systems. Only the Division of Clinical Psychology and the Occupational Psychology Section had more members. In 1992, the Society established a Diploma in Counselling Psychology to provide a route to chartered status for those psychologists whose professional development and expertise lay in the area of counselling psychology. Finally, full professional status was achieved in 1994 when a Division of Counselling Psychology was established and psychologists who possessed the diploma or a Statement of Equivalence to it became entitled to use the nomenclature ‘Chartered Counselling Psychologist’. At the time of writing, approximately 250 persons are now able to describe themselves in this way (BPS, 1996).

Alongside the Diploma, the Society established a scheme for recognizing courses as providing part or whole exemption from the Diploma. Two institutions are currently eligible to offer accredited courses, a taught Phd at Surrey University and an MSc and Post MSc at City University. The fact that both these institutions are in the south east of England, as are the majority of chartered counselling psychologists, indi-
icates the difficulties faced by trainees in other parts of the United Kingdom in finding suitable courses, Co-ordinators of Training and supervisors of clinical practice. Nevertheless, it is appropriate to say that in the space of 12 years a new profession had been established.

Although this development has been rapid, it lacks far behind the development of the discipline in the USA. The American Psychological Association had set up a Division of Counselling Psychology as long ago as 1947 (see Whiteley 1974 for a history of counselling psychology in the USA). The early thrust there had come from the vocational guidance movement and after the Second World War from work involved with ex-service personnel in the Veterans Association. The Vietnam War and its aftermath gave an impetus to this work.

The British developments were accompanied on the academic side by the appearance of a number of journals in the field. On its inception in 1982, the Section established a journal entitled Counselling Psychology Section Newsletter and in 1986 this became the Counselling Psychology Section Review. Finally in 1989 it metamorphosed into the Counselling Psychology Review. In a parallel development, another but independent British journal appeared in 1988 entitled Counselling Psychology Quarterly and this has succeeded in attracting international contributions.

The above account describes the development of counselling psychology largely in terms of what has taken place within The British Psychological Society. It is, therefore, essentially an institutionally focussed history. However, it is necessary to move beyond this to understand what counselling psychology represents in terms of its knowledge base; its professional practices; and last but not least its philosophical orientation and value system. It is in this third domain that is to be found the key to the identity of counselling psychology.

Factors underlying the growth of counselling psychology

Counselling psychology can be defined as the application of psychological knowledge to the practice of counselling. This raises the question of why it has taken psychology so long to acknowledge counselling as other than a field of only marginal interest? In other words, what has prompted the growth of the discipline over the past decade and a half?

In an earlier paper, I suggested that it is possible to perceive the energy behind the rise of counselling psychology in Britain as deriving from six major sources and this prompted the description of counselling psychology as ‘an idea whose time has come’ (Woolfe 1990). These variables are described in detail below. Inevitably there is some overlap, particularly between the first three, though this does not distract from the importance of each factor. In considering them, it should be noted that while the rise of counselling psychology as a separate discipline may be one manifestation of their influence, they have also had affects in other contexts, not least in fields such as clinical psychology and human resource development.

It should also be acknowledged that the boundaries between counselling psychology and other psychological enterprises such as clinical and occupational are not watertight. Attempts to delineate boundaries according to work settings or practice methods reveal only that there is a great deal of overlap. The forces that influence counselling psychology are also operating in other branches of psychology. In understanding the nature of counselling psychology, therefore, it is necessary to focus on value systems rather than settings or practices. This emphasis becomes apparent when we consider the six factors in more detail. They are as follows:

- An increasing awareness among many psychologists, not just among counselling psychologists, of the importance of the helping relationship as a significant variable in working with people.
- A growing acceptance of the humanistic value system underlying counselling psychology reflected in reactions against the medical model of professional-client relationships.
- A move towards focusing the work of helpers on facilitating well-being rather than on responding to sickness and pathology.
- A developing awareness of the need for a more articulated ‘scientific’ basis for...
counselling and in refining what is meant by the term scientific.

- A recognition of the value of counselling psychology as a framework for human resource development within organizations.
- An appreciation that at a time of high unemployment, counselling offers an appropriate form of employment for psychology graduates.

The helping relationship

There is an increasing awareness among a large variety of helping professionals — nurses, doctors, social workers and psychologists of all kinds — that helping people involves more than the application of specific treatment regimes in a standardized fashion. Increasingly helping is being perceived as a transactional encounter between people in which the quality of the relationship is of crucial importance in influencing outcomes.

While each profession has its own special techniques, there is widespread agreement that these are most effective when embedded in a relationship which is characterized by the manifestation on the part of the helper of the core person-centred qualities of empathy, acceptance and congruence. These gained widespread recognition through the work of Rogers (1951) though it is interesting to note that something very similar had been enunciated around the same period in an influential book for social workers on the casework relationship (Biestek, 1957).

The construct ‘empathy’ represents a particularly well-established domain and Barkham (1988) has charted its continuing influence on psychologists over three decades. Its importance is not difficult to identify. Common sense dictates that the most purist of behaviourist practitioners, for example, must first get to know his or her client in order to discover what is it that will act as a reinforcer before a treatment regime can be applied. The acknowledgement of this fact has led to the incorporation of interpersonal skills training into the curriculum of a number of undergraduate courses in psychology. Shillito-Clarke (1987) has described such a programme.

However, to acknowledge the importance of interpersonal skills contains within it, what to traditional psychology based around the positivist/empiricist paradigm is the uncomfortable implication, that the self of the helper also has to be acknowledged as an active ingredient in the helping process. This makes it imperative for counselling psychologists to set a lead in continuing to work on an ongoing basis at increasing the level of understanding of their own psychological processes. For this reason, personal development work and the experience of being a client feature prominently as a component of counselling psychology training as laid out in the Diploma in Counselling Psychology syllabus, which provides a yardstick for courses seeking to offer training in counselling psychology. The centrality accorded to the requirement to have undergone a minimum of 40 hours personal psychological counselling is one of the critical boundary characteristics which, at the present time, distinguishes counselling psychology from other formal bodies of psychological practice and indeed from the individual accreditation requirement of the British Association for Counselling.

A humanistic value base

Counselling psychology emphasizes respect for persons and the fact that each individual is separate and unique. These qualities are not of course unique to counselling psychology. However, what counselling psychology does is to elevate these beliefs to the heart of practice. This point and the discussion which follows from it is of particular importance if one accepts what Barkham (1990) refers to as the ‘equivalence paradox’. This is the finding from comparative outcome studies that results are broadly equivalent despite technical diversity in method. He suggests that the difference between clinical and counselling psychology draws upon its own equivalence paradox: ‘while the philosophies, rationales and implementations of each discipline may differ, the effects in terms of skills, impact and service delivery are broadly equivalent.’

There has in recent years been a move away from what is often referred to as a medical model of professional practice in which the helper is seen as a symbolically (and sometimes actually) white-coated professional who treats the client. The former is
seen as being knowledgeable and emotionally uninvolved. Emotional neutrality is seen as a pre-condition for treatment. The professional is perceived as possessing assessment and diagnostic skills based upon standardized measuring and testing procedures. In contrast the client is seen as lacking in knowledge and their emotional involvement in their own condition is perceived as a barrier to treatment. What emerges from this model is a transaction which is characterized by bi-polarity. One party is seen as powerful and active; doing something to another party who is essentially a passive object. The recovery of the client is seen as dependent upon a willingness to succumb to the will of the professional.

It was the reaction of psychologists such as Maslow and Rogers to this model which shaped the philosophy and ethos of counselling psychology. Although counselling psychologists employ a wide range of methods—behavioural, cognitive-behavioural, person-centred and psychodynamic—what holds this eclecticism together is a rejection of the medical model and a belief in an interactive alternative. This stresses the subjective experience and world of the client and the importance for the helper in working as a collaborator with the client in seeking to understand the client’s inner reality and construal of life experiences. The notion of doing something to the patient so as to cure sickness is replaced by the idea of being with the client in a manner which will facilitate the latter’s personal growth and potential. In other words, the sharing of the client’s inner reality helps to cement the relationship between client and helper. It is the need to understand the dynamics of this inner reality that underlies the demand for the counselling psychologist to have considerable personal experience of being in therapy in the client role.

The centrality of the humanistic value base to the practice of counselling psychology is emphasized by Duffy (1990), an American counselling psychologist, in a paper based on a distinguished visitor’s address to the first annual conference of the then Special Group in Counselling Psychology. He addresses the classical $64,000 question of what do counselling psychologists do that others such as clinical psychologists do not do? He suggests that the question leads into a cul de sac and that it is necessary to reframe it away from what counselling psychologists do that makes them different to one of what counselling psychologists are that makes them different. This is equivalent to the Rogerian shift from an emphasis on doing to an emphasis on being; not so much what one does but how one does it.

Duffy develops this argument by suggesting that the way in which counselling psychologists think about what they do is important. This leads into the issue of intentionality; why do counselling psychologists do what they do? According to Duffy, ‘the “why” often influences, informs and inspires the “what.”’ For example standardized psychological tests can be used in a mechanical, routinized fashion or they can be used as the basis for constructing a dialogue with the respondent. In the sense that counselling psychology is characterized by a way of thinking, it can be said to constitute a culture or world view, what in German is referred to as a weltanschaung, an outlook on the world.

**Focus on well-being rather than sickness**

Traditionally helpers have been seen as dealing with illness and sick people. Clinical psychology for example evolved in medical settings and much of the work of clinical psychologists involves the assessment and treatment of persons with significant degrees of psychological disturbance. Words such as ‘clinical’ and ‘patient’ are evocative of an illness and treatment orientation which has characterized much psychological practice.

There is a danger at this point, however, of setting up a model of a straw person which can then be conveniently knocked down. Clinical psychologists are increasingly demonstrating a concern with prevention rather than cure, as exemplified in the growth of many community-based mental health services. Primary Health Care centres staffed on a multi-disciplinary basis are increasingly replacing separate GP or psychology services. Nevertheless, there remains a difference of emphasis between clinical and counselling psychology deriving from their respective origins, histories
and philosophical orientations.

Counselling psychology arose from a concern with the fulfilment of potential rather than the curing of sickness. Developmental concepts such as ‘becoming what one is capable of becoming’ (Rogers) and ‘self-actualisation’ (Maslow) reflect something of the spirit behind the origins of counselling psychology which is a long way removed from the notion of curing an illness. The emphasis is on development of potential; on prevention rather than cure and on well-being rather than pathology. Alongside this is the adoption of a more holistic view of the client. This involves examining emotional and mental health in the context of an individual’s location in the life-cycle as well as their life style and relationships.

Much of the work of counselling psychologists is, therefore, concerned with enhancing the psychological functioning, effectiveness and well-being of individuals who are not necessarily ill or in need of treatment but who have encountered problems or issues which may well be temporary but which are generating unhappiness and perhaps less than desired levels of functioning. The interventions of many counselling psychologists are likely to be time-limited, problem-focussed and concerned with fostering the development of coping strategies. Life span developmental issues provide the framework in which much of the work of counselling psychologists is rooted.

Duffy (1990) takes the argument a stage further in placing great emphasis on what he refers to as the ‘development orientation’ of counselling psychology. This involves a change of the helper’s typical mind-set in which crises and problems are perceived not as evidence of pathology but as normative human experiences which pose a challenge, in the Eriksonian sense, of developmental adaptation. Experiences such as grieving, illness and separation are essentially developmental in character. Instead of a central concern with a symptom profile, he advises counselling psychologists to adopt a more dynamic view of what a disorder means developmentally in terms of the point at which the individual has reached in life and how she or he is likely to move in terms of working through the process in question. The focus is on the development of self.

In adopting a developmental approach to mental health, counselling psychology is concerned with psychoeducational programmes in a variety of lifeskills.

A ‘scientific’ basis for counselling

Counselling psychology can be seen as reaction to the somewhat mechanistic view of human beings inherent in more traditional psychological paradigms based upon a conventional model of the nature of science and traditional techniques of scientific investigation. However, it would be unfortunate if counselling psychology came to seen as anti-science, nor is this the case. Indeed its development as a discipline derives in part from the failure by counsellors to evaluate their practice, which remains as much of an art as a science. Counselling psychology can be seen as an attempt to fill this vacuum. Counselling psychologists with their training in research, assessment and evaluation have the skills to help chart the territory of evaluating process on the one hand and the link between input and output on the other. The model of the scientist-practitioner, about which more will be said later, is widely perceived as central to the emerging discipline.

Counselling psychology, therefore, can be seen as located in a pivotal position between narrow scientism on the one hand and a failure to take sufficient account of any scientific method on the other. However, in many ways it is easier to say what counselling psychology is a reaction against and what it is not rather than to identify what it actually is.

Elton Wilson (1995) attempts to position counselling psychology within the wider psychological enterprise and in doing so offers the following definition ‘counselling psychology is a branch of post-graduate applied psychology dedicated to the use of the counselling relationship to test out a wide range of concepts and methods in alliance with clients, who are themselves potential consumers of the knowledge generated by the shared research projects’. She comments that the particularly distinctive feature of this definition is its location of the co-operative research project at the heart of professional practice.

Van Duerzen-Smith (1990) argues that the philosophical underpinnings of coun-
selling psychology lie in ‘the immense gap left open by a psychology too devoted to narrow scientific principles to pay proper attention to what it means to be human’. She contends that psychology has lost its ability to function as an art. If the objective of the counselling psychologist is to help people to lead lives which are more fulfilled, one enters inevitably into the realms of morals and ideology, subjects which are the domain of philosophy rather than science. If one accept this line of reasoning, she suggests that the methods and insights of philosophy such as those of systematic thinking and dialogue, argument, logical analysis and dialectical processing are more important than the search for objective facts which characterizes experimental psychology.

A related argument is put forward by Strawbridge (1994) and Strawbridge and Woolfe (1996) in which counselling psychology is seen as ‘a post-modern psychology which is practice-led, with its practice grounded in values which respect difference, feeling and subjective truths and emphasise choice and responsibility’ (p627). Shillito-Clarke (1996) suggests that ‘a hallmark of counselling psychology is the reflexivity of theory and practice and the consequent need for training in personal awareness’. The latter point is reflected in the requirement within the BPS diploma in counselling psychology for 40 hours of personal psychological counselling. This requirement sets counselling psychology apart from clinical psychology training and the British Association of Counselling scheme for individual counsellors.

While there is some similarity in these positions, a somewhat opposing view has been put forward by Williams (1991) in a direct response to van Duerzen-Smith. He argues that without objective criteria of competence, there is no professional basis for counselling psychology and that phenomenological approaches do not, by themselves, provide an appropriate theoretical foundation for counselling psychology.

**Counselling psychology as a framework for human resource development within organizations**

Counselling is a concept which is becoming increasingly familiar to managers across a wide variety of organisations. This manifests itself at a number of levels. At its most basic it involves a recognition of the importance of good communication and interpersonal skills in the management of people and that training in basic counselling skills helps managers to assimilate these competencies. Orlans (1989) points out how management development programmes are beginning to reflect the perceived importance of active listening and related basic counselling skills. Recent developments such as the widespread introduction of appraisal schemes has given an additional boost to this process.

However, at a deeper level, there has been a growing awareness that the principles of counselling can be of value in creating and managing organizational structures which combine efficiency with a person-centred and facilitative climate. Reddy (1987) has drawn attention to the growth of interest in counselling in work settings. This has led to the direct employment of paid counsellors or alternatively to providing access for staff to external counsellors employed on a consultancy basis. He also notes the spread from the USA to Britain of Employee Assistance Programmes which adopt a more broadly based approach to the overall physical and mental welfare of staff.

While counsellors have the skills to work on a one-to-one therapeutic basis, their training does not equip them to act as organizational consultants. Counselling psychologists in contrast possess the added value of being able to carry out an organizational analysis and to provide feedback about how organizational structures and systems affect the behaviour, motivation and general level of satisfaction and commitment of individuals. In this way, counselling psychologists can play an important preventive and developmental role in facilitating organizational well-being.

Change has now become almost a way of life for many organizations within both the public and private sectors and this imposes great stress upon staff. Given a climate in which feelings can be expressed, counselling psychologists can support staff by providing them with an opportunity to talk about their work in an open fashion (see
Lane (1990) emphasizes the importance of psychological knowledge as a basis for such organizational and consultancy work. He warns of the danger of offering ‘off the shelf’ packages to organizational clients and the importance of ensuring that interventions in organizations are firmly based in the scientific basis of the discipline of psychology.

While counsellors have expertise in dealing with individual clients and occupational psychologists are trained to understand organizational dynamics, counselling psychology combines these two sets of skills in a unique fashion. Cooper (1986) identified this phenomenon as long ago as 1986 when he indicated that more and more organizations in the UK are beginning to see the value of stress counselling and health promotion among their employees. Yet there was, as he put it, an irony in that there were so few psychologists available with the wide range of skills necessary to help companies to develop appropriate programmes. His prescription for filling this gap was ‘a cross-bred between a clinical and occupational psychologist. An individual who has the professional counselling skills, as well as the experience and understanding (academic) of organizational behaviour.’ Cooper attached the label ‘clinical occupational psychologist’ to this hybrid, but perhaps what he was alluding to, ahead of his time, was the emerging role of the counselling psychologist.

Counselling as a field of employment for psychologists
Legge (1987) in his formal address to the BPS as its incoming president referred to a need for the Society to stake out new areas for psychology graduates ‘if occupational colonization is one of its aims’. He identifies counselling as one such field and refers to the prestige enjoyed by counselling in the USA. Counselling is presented as an opportunity because it remains an activity in which anybody can put up a name-plate describing themself as a counsellor or psychotherapist. There is no copyright on these terms.

Some things have moved on since 1987. The British Association for Counselling now has well established schemes for the accreditation both of counsellors and supervisors and the United Kingdom Council for Psychotherapy has been set up with its own register. In 1997, a United Kingdom Register of Counsellors will come into existence. Nevertheless the field remains relatively open and counselling remains still largely unregulated and what sociologists would call a ‘quasi-profession’. In this vacuum, counselling psychologists with their special blend of training and skills have a significant role to play. This is more than just a rhetorical political statement. Counselling would not exist without psychology. Its knowledge base is rooted in psychology and most of its key figures were and are psychologists, often distinguished psychologists. Rogers and Maslow were both past presidents of the American Psychological Association. Without psychologists there would be little if any research carried out.

In the final resort, therefore, counselling lends itself to psychologists as a field of activity by virtue of its its very nature as an applied activity which would not and could not exist without the discipline of psychology.

An additional economic factor underlying the growth of counselling psychology relates to the acknowledged shortage of clinical psychologists (see Mowbray 1989). If the supply of psychologists is insufficient to satisfy the demand for remedial workers (traditionally the domain of clinical psychology as practiced within the National Health Service) it is unlikely to meet the newer and additional demand for developmental and preventive psychology services. Readers of the BPS Appointments Memorandum will be aware that many jobs are now advertised as open to clinical or counselling psychologists, though the latter are still
sometimes treated as second class when it comes to pay. In this context, qualified counselling psychologists should not be deterred from applying for clinically-based jobs, even if no mention is made of counselling psychology.

Clinical and counselling psychologists are best regarded not as competitors but as applied psychologists, coming from different traditions, and yet with a great deal in common. If in the end, there emerges a new category of general Health or Human Services Psychologist, it will contain elements of both these traditions.

**The scientist-practitioner model**

The issue of the link between science and practice is a crucial one for counselling psychology. The model of the scientist-practitioner has been widely espoused by clinical psychology as well as by counselling psychology in the USA. The model is based around the notion that an integral aspect of the role of the professional, in this case the counselling psychologist, is the need to engage in an ongoing basis in the process of researching their work. While counsellors may engage in a process of supervised reflection (the reflective practitioner) there is an expectation that counselling psychologists will engage in a more structured examination of their work with the aim of generating knowledge for debate through publication.

The topic is consistently addressed in *The Counseling Psychologist*, the journal of the Division of Counseling Psychology of the American Psychological Association (Division 17). A symposium in 1988 offers papers by Kagan et al. (1988), Meara et al. (1988) and Gelso et al. (1988) which are particularly relevant. In the words of Gelso et al. while ‘many counseling psychologists might prefer that the question of “clinical relevance” go away, it is clear that the issue has persisted and will continue to do so’. How then can research and practice be brought together?

Traditionally in Britain, there has existed a split between science as represented by academic staff working in universities and practice as represented by field workers. To busy practitioners, particularly those in private practice, which appears to be an increasingly important source of employment for counselling psychologists, there is little or no financial incentive to engage in research. Indeed the opposite is the case. While seeing clients brings in income, writing research reports is unlikely to generate any financial return and more than that it represents income lost. However, this does not negate the importance of research. The BPS working party which established the Diploma in Counselling Psychology states that ‘of central relevance...are empirical investigations of the processes and outcomes of counselling’. This viewpoint is echoed in the American context by Kagan et al. (1988) who identify two research related components inherent in the future orientation of counselling psychology and in doing so articulate the model of the scientist-practitioner. These are:

a ‘the value of programmatic research for both forming and informing the profession, for discerning effective intervention strategies, and for investigating client and therapist variables as influences on counseling psychology processes and outcomes.’

b ‘the essential role of research in providing a base for practice and the need for counseling psychologists to use scientific methods to evaluate their practice critically’

The authors argue that these are necessary conditions if counselling psychology is to develop as a discipline and this view is reinforced by Meara et al. (1988) who suggest that ‘the scientist-practitioner model is an integrated approach to knowledge that recognizes the interdependence of theory, research and practice.’ In Britain the importance of a ‘scientist-professional’ approach has been strongly endorsed by Barkham (1990) who argues that it is ‘central to the emerging discipline...the empirical and research basis of counselling psychology...is of crucial importance to the credibility of counselling psychology’.

Despite this overwhelming support for the scientist-practitioner model, the reality on the ground is somewhat different. Even in the USA where counselling psychology is well established, many practitioners seem to have rejected the task of doing research (see Watkins, 1985) and there is evidence that
practitioners are largely ignorant of concerns expressed in the literature and seem to have no time other than to engage in clinical practice (see Goodyear 1984 for example). Heppner and Anderson (1985) found that few counselling psychologists publish research findings.

The issue of methodology

The failure to do research does not necessarily imply lack of commitment to this objective and may have more to do with lack of know-how. Research methods training at undergraduate level in psychology remain heavily quantitative. Qualitative methods are still regarded as suspect and treated with reserve. At the same time, it is only too clear that counselling is not readily amenable to the old-style experimental techniques in which practitioners have largely been trained. When these two facts are set alongside each other, it is hardly surprising if many practitioners choose to eschew research.

Fortunately there has been a reaction to this state of affairs. Gelso et al. (1988) talk about the need to experiment less and describe more. ‘We need to observe and empirically describe, more than we have, the intervention process.’ They refer to the period 1978-1988 as one of ‘methodological ferment’ out of which has emerged a significant and growing literature on qualitative research methods. While Britain may be some years behind, this development is reflected in the importance attached to this approach in the curricula of many masters level courses that are being developed in counselling psychology.

There is of course a danger that, in advocating new approaches, the baby may be thrown out with the bathwater. An understanding of the experimental method remains important. The way forward lies not in rejecting rigor or abandoning empirical investigations but in the direction of what Gelso et al. describe as ‘methodological diversity’ and what Barkham (1990) refers to as ‘methodological pluralism’. Such methodological pluralism is congruent with the theoretical diversity of counselling psychologists. While data on British counselling psychologists is virtually non-existent, there is some reason to believe that the finding of the 1985 survey of Division 17 members of APA would be replicated here. In this study, 40 per cent stated ‘eclectic’ as their primary theoretical orientation. (Watkins et al. 1986).

From the present ...

Watkins (1994) identifies ten broad-based themes that seem to characterize counselling psychology in the USA. Many of these themes have already been addressed in this paper, but it is valuable to present them as a complete set. They offer some guidelines about the issues facing counselling psychology in Britain as well as in the USA now and for the remainder of this century. In doing so, they also tell us a great deal about the nature of counselling psychology and remind us that in Britain the discipline is still very much in its infancy. The themes are as follows (they fall into five categories):

United States of America

● RESEARCH AND TRAINING
  a There is a growing sophistication in the formulation of research questions, in the use of statistical procedures and in knowledge of research design.
  b There is an increasing recognition of the need for methodological diversity.
  c There is an increase in commitment to making the scientific-practitioner model work.

● SPECIAL POPULATIONS
  d By means of model building and continued research, there has been an increase in understanding of ‘ethnic and non ethnic minorities’.

● ASSESSMENT, COUNSELLING, AND COUNSELLING TRAINING AND SUPERVISION
  e Assessment has become more refined and more integrated into the work of the counselling psychologist.
  f Great inroads have been made in understanding the ‘inner workings of the counselling experience’.
  g Through model building, great advances have been made in understanding counsellor training and supervision.

● VOCATIONAL
  h The vocational arm of counselling psychology has continued to flourish and to form a key part of the identity of counselling psychology.
DIVISION 17 (THE DIVISION OF COUNSELING PSYCHOLOGY)
i. The Division has become increasingly sensitive to the needs of minorities and new professionals.
j. The Division has come to have a more recognized voice within the parent American Psychological Association.

Great Britain
RESEARCH AND TRAINING
a. While there is a considerable and increasing interest in research in Britain, little has been published based upon quantitative approaches (see Barkham 1990a). The work of Shapiro and Barkham at the Applied Psychology Unit of the University of Sheffield is a notable exception. As for qualitative approaches, despite a great deal of effort, there is still a sense of coming to terms with the newer methodologies, though McLeod (1996) reminds us that qualitative research has been part of psychology from the very beginning. Nevertheless, although Reason and Rowan’s book on new paradigm research appeared as long ago as 1981, the return on the investment is still limited. The position remains very much as outlined by Barkham (1990): one of exhortation that counselling psychology ‘in establishing its role and contributing towards psychology as a knowledge base...must adopt a strenuous research programme encompassing both traditional and innovative methodologies.’ There is still a great deal to do in achieving this ambition.
b. Although the emphasis in Britain in recent years has been on newer research paradigms, there would be widespread agreement with the philosophy of methodological diversity.
c. The scientist-practitioner model likewise represents an aspiration rather than a reality, although once again as the previous discussion illustrates, there would be widespread approval of the objective.

SPECIAL POPULATIONS
d. Counselling psychology has yet to make an impact in this field. The fact that there is no chapter in The Handbook of Counselling Psychology on counselling psychology in a cross-cultural context is in itself worthy of comment.

In fact, when authors were commissioned, they were asked, among other things, to consider some of the problems and issues faced by counselling psychologists in their particular field, in respect of gender, race, disability, social class and sexual orientation. It was hoped that by making these subjects part of the mainstream discussion, we would avoid the danger of marginalizing them. On reflection I am not certain whether this was the correct strategy to adopt. However, in practice the response by authors to this request was not as thorough as I had hoped. This may reflect the lack of research in these fields, though this itself might be indicative of the lack of attention generally given to some of these areas.

It is clear, however, that in a multicultural society, such as Britain has become, the need to research multi-cultural issues relating to training and practice is an urgent one.

ASSESSMENT, COUNSELLING, AND COUNSELLING TRAINING AND SUPERVISION.
e. There is at the present time little literature on the role of assessment in the therapeutic process. However, each author in the Handbook of Counselling Psychology was asked to address the process of assessment in her or his chapter.
f. A great deal of effort has gone into the theme of understanding the workings of counselling and this is likely to continue. Barkham (1990) sees counselling research as having gone through three ‘generations’. In the first phase, there was an emphasis on demonstrating that therapy was effective. The second phase was characterized by a search for specificity; that is to say what methods work with whom and under what conditions. In the third phase, the emphasis is on how interventions work. Barkham, perhaps a trifle optimistically, sees current research as having arrived at a blend of the second and third phases.
g. There are indications that model building has been generating creative ideas in the field of supervision (see for example Hawkins and Shohet 1989, Carroll 1996), though perhaps less productive in the field of training.
VOCATIONAL

The field of vocational guidance has been vastly influential in the development of counselling psychology in the USA, particularly in its earlier days. However Watkins suggests that while it remains important, counselling psychology students are becoming less interested in vocational than therapy-type activities. The only known data on the work of counselling psychologists in the UK was carried out in the early days of the BPS Counselling Psychology Section and as such is very dated. Based on a cohort of only 205 members and with a 65 per cent response rate, Murgatroyd found that lecturers accounted for 43 per cent of the total. Private practice was not listed as a separate category (Murgatroyd 1983). Personal knowledge suggests that while lecturing continues to provide a large number of counselling psychologists with an income, an increasing proportion, particularly of those entering the field, gravitate towards self-employment. Fields such as Primary Health Care and consultancy and training in the work setting have offered work opportunities on a part-time or occasional basis.

THE DIVISION OF COUNSELLING PSYCHOLOGY

The Division of Counselling Psychology breaks new ground among Society divisions in allowing into its membership, ‘Ordinary’ as well as ‘Accredited’ Members. This allows scope for those who aspire to become Chartered Counselling psychologists to have some say in the running of the division. The position over minority groups within the division is that very little has so far been done to acknowledge their special interests.

...into the future

The previous account offers a statement about the present position of counselling psychology and makes implicit assumptions about the future. More explicitly, Hooper (1996) in the final chapter of The Handbook of Counselling Psychology (Hooper 1996) looks ahead imaginatively to the new millennium. He suggests that we cannot take for granted that counselling psychology will exist as a separate discipline in 2010 and that a key area for discussion involves the relationship between politics, policy and service provision, since the role of the counselling psychologist will exist within these contexts.

The theme of counselling psychology in the next decade is also taken up by Clarkson (1995). She develops her argument under four main themes: professionalism, theory, practice and research. Under professionalism she raises issues such as putting energy into increasing the quantity of courses and training opportunities or placing emphasis upon the quality of training. This debate has links with the issue of access and elitism. To what extent, for example, are we prepared to allow access to the profession to people who have followed unorthodox routes, by acknowledging their prior learning and experience?

Under the theory head, Clarkson refers to a continuing debate between the traditional purist approaches and more contemporary movements towards integration and deconstruction, while under practice she identifies the challenge of grappling with ‘the counterpoint of competencies and the potential stifling of creativity and spontaneity’. Finally, under research she alludes to the influence of postmodernist developments and the new paradigms of research to which I have already referred in this paper.

Conclusion

Many would argue that, increasingly, different psychological specialisms have more in common than separate them. This has led to the view that it might be sensible to dissolve the various specialisms into one general purpose health or human services psychologist. At the present stage of its development, it would seem unwise for counselling psychology to lose its special identity, which as this paper has sought to demonstrate is based not upon a territorial domain but upon a philosophy and a system of values. However, it is not inconceivable that a time may come when such integration might become a serious possibility. Were this to happen, what can be said with confidence is that counselling psychology will have a great deal to offer the psychological enter-
prise as a whole.

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Correspondence

Ray Woolfe
IN 1994 the psychology department providing mental health services to Ayrshire and Arran Health Board took the bold step of employing and training its first counselling psychologist. At a time when Consulting and Clinical Psychology Services (CCPS) were considering the possibility of including counsellors in the team, it was approached by a would-be trainee counselling psychologist looking for supervised client contact and reassurance that there would be a place in the mental health service of the future for a qualified Counselling Psychologist. This initial contact on a ‘volunteer’ basis led to an assistantship and then the adoption by the department of the candidate and her training.

The sponsoring by a psychology department of an independent candidate on this new career route is a relatively rare phenomena, particularly in Scotland; so the enterprise took on a quality of a trail-blazing venture. An innovative approach was not new to CCPS who had in 1993 opted for Trading Agency status when Ayrshire services had formed three Health Care Trusts.

The new career route
Candidates wishing to qualify as a counselling psychologist can do so by three different routes:
- an accredited three-year full-time course (at the present time not available in Scotland);
- a Statement of Equivalence;
- as an independent candidate.

The candidate in this case was seeking chartered status via the independent route and therefore a three-year training commitment was involved.

The first task for both candidate and department was to meet the criteria laid down by the BPS in the Regulations for the Diploma in Counselling Psychology. The Regulations and Syllabus 1996 state as follows:

Part 1 of the Society’s Diploma in Counselling Psychology comprises five main components:
1. Practical Competence
2. Experiential Training
3. Personal Development
4. Academic Competence, and
5. Overall Competence.

Meeting the criteria
Practical Competence: In order to meet the practical competence requirement, the candidate became part of the Direct Access, Primary Care team and developed a small caseload. All referrals came at this stage via clinical psychologists following their initial
assessment of patients as suitable for a counselling approach. This provided the trainee counselling psychologist with the client contact required (a minimum of 150 hours for Part 1 of the Diploma).

**Experiential Training:** Psychological and counselling skills were developed by completion of a certificate course in counselling through Heriot-Watt University, Edinburgh. (The trainee also drew on previous counselling training to fulfil the criteria for Part 1 of the Diploma).

**Personal Development:** Help was given in locating and financing personal counselling.

**Academic Competence:** This involved the candidate in the completion of a number of case studies and process reports based on actual clients.

**Overall Competence:** Rather late in the day, and after a difficult search, one of Scotland’s few counselling psychologists was located and found willing to take on the role of Coordinator of Training: he liaised regularly with the clinical psychologist who acted as supervisor of client contact — she has an interest in psychodynamic therapy.

Study leave was given to help meet the academic requirements: time for reading and preparation of the detailed logs of counselling experience, necessary for the assessment of practical competence. Time was also allowed for the drafting of case studies and process reports required in completion of Part 1 of the Diploma, and for preparation for Part 1 written exam.

It was helpful at this stage to make telephone contact with other trainee counselling psychologists. The word spread that CCPS had its own counselling psychologist and was very quickly elevated to the status of ‘expert’, as CCPS found itself providing a telephone information service on independent candidacy for the BPS Diploma in Counselling Psychology.

With Part 1 completed, one and a half years after the initial approach to CCPS by the candidate, it seemed appropriate to make an informal assessment of the developing role of counselling psychology in CCPS. It was decided to examine the role from three important perspectives:

(i) the perspective of the clinical psychologists providing the referrals;
(ii) the perspective of the patients;
(iii) the perspective of the counselling psychologist herself.

### Reasons for referral to counselling psychology over 12-18 month period

1. Patients needs best suited by female or another psychologist.
2. Geography of counselling psychology clinic more conveniently located.
3. Patients’ symptoms fall into ‘mild’ range.
4. Patients’ needs are more long-term.
5. Patient has expressed need/wish to discuss past/childhood.
7. Patient requires urgent appointment and locality psychologist has no foreseeable vacancies.
8. Counselling Psychologist to take names directly from referral list — ‘unsuitable cases’ particularly indicated.

(i) **The clinical psychologist’s perspective of counselling psychology**

Each clinical psychologist in the department had their own concept of the role of counselling psychology. There was a wide disparity and sometimes contradiction in referral criteria. The counselling psychologist (relying on memory and all the pitfalls which this brings!) informally recalled the various ‘comments’ made by clinical psychologists as they passed on referrals to the counselling psychologist.

These were compiled into the table below.

The list demonstrates clearly that some referrals were made according to a range of theoretical dictates — others by expediency.

(ii) **The patients: how they view the counselling psychologist**

In 1995 CCPS carried out a survey of patient satisfaction with the service they provided (Sakol, M and Paul, A, 1995).
In her survey the trainee counselling psychologist’s objective was to compare the satisfaction levels of a sample of patients in the whole department (150) with the satisfaction of her own much smaller cohort (50).

In order to be able to make realistic comparison of satisfaction levels the questionnaire adopted was the same 16 item questionnaire used in the whole department survey (Appendix 1). However, the questionnaire was adapted for the purpose by the deletion throughout of the word ‘clinical’ before the word ‘psychologist’, also two initial questions referring to satisfaction with location and premises were deleted as irrelevant to this survey.

In the whole department survey a random 150 patients were sent questionnaires to be returned anonymously; 47 percent were returned.

In the Counselling Psychologist’s survey 50 questionnaires were sent to all patients who had been discharged over an eight-month period by the Counselling Psychologist in 1995; there were 27 replies (54 percent).

Results from both surveys are presented below in graph form showing responses to four questions.

1. Two questions were asked concerning the patients ‘internal state’. The Counselling Psychology questionnaire for the question: ‘Have you experienced a change in your mood since seeing a psychologist?’ produced Figure 1.
   Figure 2 shows the response to the same item in the whole department survey.

2. A further two questions related to changes in client’s behaviour.
   Figure 3 shows the Counselling Psychologist’s survey results to the question: ‘Have you experienced a change in your ability to cope with the problem you were referred for since seeing the psychologist?’
   Figure 4 demonstrates the whole department survey results.

3. The item in Figures 5 and 6 concerned general well-being and asked: ‘How is your general well-being since seeing the psychologist?’
   Figure 5 shows the counselling psycholo-
gist’s survey response:

And Figure 6 the whole department response:

4. The last two figures show responses to the enquiry: ‘Would you recommend this psychology service to a friend?’

Figure 7 shows the counselling psychologist’s survey results, and Figure 8 shows the whole department response

In both whole department and counselling psychologist’s surveys results were broadly favourable and levels of satisfaction good, this was further supported by comments made (anonymously) in answer to the question:

‘Have you any additional comments which you would like to make about your contact with the psychology service?’

In the counselling psychologist’s survey 14 out of 27 (51 percent) responded in a favourable and optimistic manner, for example:

- ‘I found talking to her easier than with close members of my family.’
- ‘It is very comforting to know the service is available if needed again. It gave me security and strength and I feel unafraid to ask for help again.’
- ‘I found the service provided excellent and wished I had know about it earlier, I would have no hesitation in recommending it to anyone. The counsellor I attended was very good and helpful and the help given could not have been better, not just for the problem I had but how to address future problem.’
- ‘I always felt at ease with the counsellor I was allocated. Her manner, voice etc made me feel I could be important. She never judges and always listens, although I can often repeat myself.'
Without her help I dread to think how I would have coped.’

Three out of 27 respondents made less favourable/optimistic observations on the counselling process/counsellor, as follows:

- ‘The psychology service was OK and did help me initially but the reason for my depression is still with me and shows no sign of going away in the foreseeable future.’

There was one comment about car parking facilities:

Nine respondents made no comment at all.

The whole department survey produced a majority of favourable and optimistic results:

- I found (name) a great help. She helped me to deal with my problems very quickly and I am pleased to tell that I took her advice.
- Best thing that ever happened to me.
- I felt the person cared about what was happening to me. This made me trust in his help and advice given.
- She was very nice and helped me a lot.

Some patients responded in a negative manner:

- I found it very useful to talk to someone about a serious work related problem. Unfortunately the psychologist was not in a position to help me solve that problem — I had to find a solution myself.

Open ended questions seemed to have produced comments indicative of comparable levels of satisfaction.

This study aimed only to measure patient satisfaction. A comparison study matching satisfaction levels/differences with different approaches would be an interesting future development.

iii) The counselling psychologist trainee’s own perspective on her role within CCPS

The counselling psychologist trainee herself reported feeling most comfortable with cases which matched the departmental ‘home grown’ definition:

‘people experiencing symptoms which are particularly caused by life transitions such as losses, changes or trauma.’

However, she welcomed the experience of less familiar cases (with supervision) and the growth that this brings and has gained in the knowledge that relevant counselling issues may be present even when presenting problem or ‘diagnostic label’ seem less than appropriate to a counselling approach.

The trainee counselling psychologist reported feeling valued and supported by colleagues — and, particularly important for candidates following the independent training route — confident in the help and advice given. She felt the overall feeling of being ‘an experiment’ was giving way to an unfolding or clearly emerging role.

Conclusion

The presentation of this paper provided an opportunity for the trainee counselling psychologist to reflect on the great strides made in terms of defining this new career path, with benefits both to trainee and department, and of course patients. With the emergence of a clearer picture both of the role of the counselling psychologist within the department and the best and most accessible means of meeting the BPS criteria for the Diploma in Counselling Psychology, the independent candidacy route may become something offered widely by psychology departments to suitably qualified and motivated psychologists.

On a more personal note this presentation afforded the trainee the valuable opportunity to reflect on, and feed back to her colleagues, the ‘whole picture’ of counselling psychology within CCPS. During this part of her training the counselling psychologist has been allowed one day a week study leave and her optimum patient contact rate is six or seven patients per day. Time was considered well spent on developing a case logging system which met the BPS specification, whilst also providing background details for supervisor in supervision sessions and meeting some department admin requirements. It is also important to establish clearly from the outset the demarcation between supervision and line management.

The ‘ending’ of this ‘Year in the Life of a Trainee Counselling Psychologist’ with successful completion of Part 1 of the Diploma in Counselling Psychology, also marked for this candidate a ‘beginning’. She and
CCPS have embarked on new efforts to meet the more rigorous requirements laid down in the BPS Regulations for Part II of the Diploma in Counselling Psychology.

**Bibliography**


**Correspondence**

J.A. Smallwood
2 Lilybank Lane
Fairlie
Nr Largs
The role of counselling psychologists

A comparison of the views of clinical and counselling psychologists within NHS Applied (Clinical) Psychology Departments.

Ron Fellows

Personal background
The origins of this survey, on the perceived role of counselling psychologists within NHS Psychology Departments, can be traced to three sources.

Firstly, as a trainee counselling psychologist who has been working in a clinical psychology department of the NHS in the area of learning difficulties for five years, I had been asked to contribute to our department’s induction package. This was to be a personal view, developed within the department and beyond, which focussed on what counselling psychologists might have to offer, which could be contrasted with clinical psychology approaches.

Secondly, from reading Jenifer Elton-Wilson’s piece Current Trends in Counselling Psychology in the November 1994 issue of Counselling Psychology Review, (reproduced in November 1995 issue of The Psychologist), where she identified working alongside clinical psychologists within the NHS as being a potential area of employment for counselling psychologists.

Thirdly, I needed a relevant research dissertation topic for my MA in Counselling Psychology jointly run by the University of Brighton and the University of Sussex.

Introduction
Clinical psychology is arguably the most powerful and influential branch of applied psychology in the UK. It is no coincidence that, for instance, the Division of Clinical Psychology dominates vacancies advertised in the Appointments Memorandum.

Clinical psychologists have, by virtue of historical precedent and their qualities as clinicians and managers, obtained a clear mandate for pre-eminence in the NHS. They are the de facto employers in that arena, and the NHS is still one of the largest employers in Europe.

Any applied psychologist, for example a counselling psychologist aspiring to work in the NHS, would need to have knowledge of what any role available to them might entail, in terms of knowledge, skills, training, etc. The source of that knowledge would be clinical psychologists.

Correspondingly clinical psychologists, as employers wanting to be appraised of the knowledge and training, skills etc., of potentially employable applied psychologists, would look to them to provide appropriate credentials. These would necessarily be those psychologists who having divisional chartered status within the Society shared at least notional parity, eg, counselling psychologists.

This survey represents an attempt to examine how the two groups perceive the role of Counselling Psychologists.

Hypothesis
The hypothesis (two tailed) under investigation was that there would be a significant difference $p<0.05$, between the way in which each group would view the potential role of counselling psy-
Methodology

Two hundred psychologists (100 *Chartered Counselling Psychologists, and 100 *Chartered Clinical Psychologists) were sent a postal survey questionnaire asking them to indicate how they perceived the role of counselling psychologists within NHS Applied (Clinical) Psychology Departments. The questionnaire comprised five identified concepts ‘dimensions’, ie., areas of agreed significance, arrived at through discussion with relevant sources (see below).

These were further divided into 29 individual ‘indicator’ statements.

Responses by participants to the five dimensions and 29 indicator statements were made on a five-point scale (Likert scaling procedure.)

The five dimensions

1. Knowledge of Methods and Research. 8 Ind. MEANA
2. Professionalism. 4 Ind. MEANB
3. Team-work/Training. 4 Ind. MEANC
4. Therapeutic Skills. 8 Ind. MEAND
5. Further Training & Organisational Req. **5 Ind. MEANE

The five ‘dimensions’ developed for the questionnaire were based on talks with clinical colleagues, and with senior counselling psychologists. In addition I examined Diploma course curricula, both Clinical and Counselling Psychology, and carried out a small pilot study within the department, based on work by Lazarsfield (1958).

Data analysis

The response data from the returned questionnaires was coded and the results from the two sets of subjects, both for the ‘dimensions’ and the individual ‘indicators’, were statistically analysed and compared using t-tests.

Respondents comments

The questionnaire also included a space for comments both specific to individual indicator statements and more generally. This was used by both sets of participants.

The comments were in the main well balanced and thoughtful; however they also contained examples of powerful and polarised views from both subject groups (see below).

They also seemed to confirm the extent to which lack of knowledge of the training requirements of each group of psychologists contributed to suspicions, misapprehensions and defensive postures.

Clinical Psychologist ‘…my opinion is that Clinical Psychologists and Counselling Psychologists are not interchangeable — hence I will consistently reply that Counselling Psychologists are not as good as Clinical Psychologists — due mainly to differences in training and perhaps my prejudice — it would be better to ask me about what I know about Counselling Psychologists, probably very little, and why I think what I do about it, and what would be a positive way forward — all you have found out is that I don’t think they’re [counselling psychologists], as good… [as clinical psychologists].

(verbatim transcript from written comments.)

Counselling Psychologist ‘…would probably be treated as second class Clinical Psychologists’ [when working in Clinical Psychology Departments].

‘…I would generally have felt that the demise of this artificial professional group, [clinical psychologists] was long overdue.’ ‘…changes to professional “status quo” unlikely…because of large vested interest of …Clinical Psychologists.’

The qualitative aspect of the research quoted from above was not developed further beyond pointing to some of the broader implications and offering the data for possible future in depth work.

Results

Survey response**

The overall response to the survey was 46 per cent — 92 psychologists completed the questionnaire, n=53 Counselling Psychologists, n=39 Clinical Psychologists.

From the analysis of the data from the t-tests which compared the results from each set of participants for the five ‘dimensions’, the null hypothesis could be rejected. There was a statistically significant difference at the level p<0.05 (two tailed) between the
two groups in all five questionnaire ‘dimensions’.

Of the 29 individual ‘indicator’ statements which made up the ‘dimensions’ there was a significant difference at the p<0.05 level for twenty-six.

Use of t-tests for analysis
While these results were obviously very clear statistically it was felt that the way in which the data was analysed, using t-tests may have possibly over-accentuated the actual differences which exist between the two groups.

The ‘Don’t Know’ scale was given the value of (3) or neutral, for the purposes of the SPSS computer analysis, which is standard procedure.

However because of the very large level of ‘Don’t Know’ responses especially from Clinical Psychologists, this method of scoring may have effected the level of difference observed. The correct way to test this would have been to take out the ‘Don’t Know’ value, and analyse only those responses which gave a for or against opinion. However because of the large ‘Don’t Know’ value, and the relatively small ‘n’, to do so would have led to an unacceptable loss of cases. Analysis and comparison of the frequency of values also lent support for the reservations.

Critical evaluation
A number of methodological comments can be made concerning the research project:

- There may be a case to be made that the statements developed for the questionnaire were less sensitive than they could have been. (Made in comments.)
- Was the data based on the most representative sample pool, because of the selection process chosen?
- Fifty four per cent of those canvassed did not chose to take part. This is obviously an important fact even though a 46 per cent return is within the acceptable range for a questionnaire survey of this type.
- The large ‘Don’t Know’ response to the questionnaire statements by the clinical psychologists may have made the gap wider between the two groups than it might be in reality. It was not possible to test this as, as indicated earlier, it would have led to an unacceptable loss of cases. A larger sample pool would have been needed.
- The format chosen was based on statements couched in the main from a counselling psychology perspective. This was in recognition of the employer-employee reality of the situation and a need to challenge the ‘status quo’ within the questionnaire.
- It can be argued that the smaller response from clinical psychologists may have been in response to this approach. These points and others which may have gone unrecognized will need to be considered when attempting to evaluate the results from this survey. The researcher’s own position was made very clear when the questionnaire was distributed, and his potential for bias acknowledged.

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<tr>
<th>Dimension ‘Concept’ groups</th>
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<th>Group 2 mean</th>
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Discussion

Allowing for the reservations mentioned the survey results still indicate strongly that there is a real and significant gap between both groups of psychologists in their perception of the possible role of counselling psychologists within NHS applied (clinical) psychology departments. The examples in the comments section, also seem to indicate a quite combative aspect of the mutual misconceptions.

There were two major important areas of difference which the results highlighted, which were interconnected but examined separately:

1. Training — which perhaps was to be expected.
2. Psychotherapy and its relevance, not acknowledged so overtly.

(Pilgrim, D & Treacher, A. (1992) provide good background approaches to Clinical Psychologists training.)

Summary 1. Training — whether applicable for NHS role

Clinical Psychologists:
1. Don’t know much about Counselling Psychologists.
2. Have doubts about the parity of training. — whether competent clinically, or if training is applicable to NHS clients.
3. Don’t agree to Counselling Psychologists providing supervision to other Applied Psychologists, eg., Clinical Psychologists

Counselling Psychologists:
1. Don’t know enough about Clinical Psychologists.
2. Agree the need for some post Diploma specialist training. (Pointing out clinical psychologists also need this.)
3. Believe their training will enable them to offer supervision to Clinical psychologists, etc with ‘in post’ experience. (As clinical psychologists do.)

At one level a major issue for clinical psychologists as suggested from the research seems to be concerns about the breadth and depth of training. It is interesting to note therefore that from 1996 all courses for both Clinical and Counselling Psychology will be at (PsychD) practitioner doctorate level, and will entail three years of full time training.

Summary 2. Therapy training

Clinical Psychologists:
1. Doubt whether counselling psychologists therapeutic training is applicable to all N.H.S. clients.
2. Do not believe ‘personal work’ ie., personal therapy, is a prerequisite for psychologists working therapeutically within the N.H.S.
3. Don’t know whether counselling psychologists have ‘greater commitment to personal work’ ie., personal therapy, than others’. eg., clinical psychologists.

Counselling Psychologists:
1. Do believe their therapeutic training is applicable for working in the NHS (with the earlier provisos)
2. Do believe that their ‘personal work’ is an integral part of working therapeutically in any situation, including the NHS.
3. Do believe that they have a greater commitment to personal work than ‘others’. eg., clinical psychologists.

As an example of the relative positions of therapeutic and experiential training within the training curriculum of the two branches of psychology. Surrey University is currently running Clinical and Counselling Psychology PsychD practitioner Diploma courses simultaneously.

For Clinical Psychology, under Personal development first year — there is a support group with an external facilitator — second year, option of a psychotherapeutic group. third year ‘advanced cognitive therapy’ workshops

For Counselling Psychology there is first year — minimum 40 hours personal psychological counselling, second year — Experiential and Personal Development Group, (not optional), throughout the course; required attendance at personal therapy and experiential groups.

I intend to argue that looking at the differences in approach to the experiential training component of the courses will help in understanding some of the issues underpinning the results of this piece of research as well as generally within applied psychology in the NHS.

An important question drawn out from the results can be stated as:
‘Should experience of personal therapy and more generally the experiential
dimension of training be more at the centre of the training experience of applied psychologists preparing for working within the NHS?"

Counselling Psychologists in the main said yes, while Clinical Psychologists were almost equally divided on the question.

**Community-based services**

The reality for clinical psychologists, regardless of what ‘specialty’ they work in, is that with the emphasis now on community-based services the provision of the expected individual ‘one-to-one’ type model of therapeutic relationship with clients, which is still mainly from a cognitive perspective, has becoming less and less viable.

Dooley (1994) suggests this ‘indicates that there might be a limited group of clients who require the detailed and intensive intervention by a clinical psychologist, whilst others (the majority?) require a psychologist to plan and support others in the use of psychological approaches.’

I would argue that the recognition here of changes in the psychologist’s role are a reflection of the changes in the organization of service provision for clients, i.e., community-based services, Community Teams etc, and it is these changes which have brought the already important issue, as framed by the question above, into sharp focus.

As long ago as 1989 Phil Mollon, writing in *The Medical Journal of Psychotherapy*, suggested that the training of clinical psychologists established a collective denial as defence against what he names as ‘the effects of their clients’ emotional pain’.

‘Clinical psychology trainings do not on the whole prepare the trainee for the fact that they may face people’s emotional pain, overwhelming trauma and despair’, and that the client may generate very powerful interactional pressures which can be very disturbing and incapacitating to the inexperienced clinician (Mollon, 1989).

The training in models of therapy, still mainly cognitive behavioural based (see Pilgrim & Treacher, 1992), may also not be the most useful preparation for the new community-based role, a type of working where clinical psychologists are operating more and more in isolation from their peers.

Mollon goes on to say that none of these interactional pressures are hinted at in the literature on behavioural and cognitive therapy.

He asks what I feel is a telling question, ‘how many behavioural therapists would go to a behaviour therapist if they were in emotional turmoil or felt that their intimate emotional relationships were always going wrong?’ (Mollon, 1989.)

When in contrast we examine counselling psychology training, or psychotherapy training, or indeed counselling training, the expectations are very different. The training expects that the student engages in their own thorough self-examination, which includes personal therapy as a client as an important part of the process. This is not optional but a requirement. The concept of the relationship with clients is bound up with their understanding of themselves and all the challenges this entails. Within this model of training any idea of ‘standing outside’ away from the client in some kind of dispassionate professional ‘role’ would not be sustainable for long. Emotional contact between psychologist/therapists and client is as expected as it is necessary for the work.

In the past one of the ways in which clinical psychologists have dealt with the experience of what could be described as the ‘unexpected emotional pressure’ of their work, has been what Mollon (1989) refers to as ‘the phenomenon of flight from clinical work to management’. However the from ‘homogeneous psychology departments’, to working individually into community teams may make this a less viable option.

The other option explored by some clinical psychologists when faced with this ‘reality’ has been to ‘grasp the nettle’ and engage in further training in psychotherapy.

This has occurred in the clinical psychology department I work in, where the head of department and the most senior clinical psychologist have also completed extended training in psychotherapy. The department is also actively supporting the further development of Family Therapy/systemic expertise for both our clinical and counselling psychologists.

Recognition of the nature of the challenge which the clinical role presents for clinical (applied) psychologists within the NHS has helped create a department in
which the reality of the questions posed by this research can be safely asked and debated.

**Competition**

Counselling psychologists movement towards separate divisional status may have been initially misunderstood by Clinical psychologists as somehow an attempt to circumvent their very ‘rigorous’ training course requirements. However I would argue that this research has pointed to historical and perhaps more importantly philosophical difference between the two divisions of psychology which were not being fully acknowledged.

Working within the ‘learning difficulty’ specialty has perhaps made this difference seem clearer to me.

The changes in the NHS begun in 1991 have involved political, social and philosophical challenges not only to applied psychology, but also to other professional groups involved in what is a rapidly evolving model of essentially community service provision. This has had, and is still having, a fundamental effect generally on the role of the professional carer and relationship between them and their clients. It is within this context and environment that clinical psychologists are perceiving others as potential competitors.

Under the heading ‘Competition’ Dooley, (1994) suggested that counselling psychologists may be seen as such by some clinical psychologists, something which is supported by the data from this research. She writes ‘counselling psychology may or may not subsume the range of work of clinical psychologists, depending on which viewpoint one accepts.’

A major raison d’etre for this piece of research was the hope that any ‘competitive’ element observed between clinical and counselling psychologists could be seen as contingent and unnecessary — what we share as psychologists being of most import. While there may be philosophical differences in the choices being made when deciding to pursue training as a clinical psychologist or a counselling psychologist, the strengths and skills which both kinds of training provide are experienced as complimentary in practice.

They represent perhaps the required ‘wider’ therapeutic response to the changes in service provision needs being identified by, for instance, the ‘care in the community’ policy.

The ‘political’ context of a choice, in the case of this research answering a questionnaire, is obviously important. From the questionnaire responses one would be forgiven for supposing there may be a number of agenda in play, which originate from the wider political arena. An example of an issue from this wider milieu would be: Who (in terms of which professional group), will emerge as the ‘enfranchised’ provider or controller of therapeutic services in the NHS the UK or even the EU.

Looked at in this context there is obviously a great deal at stake, and the essentially philosophical considerations I have tried to engage with in a small way in this research project and this discussion will probably not figure very highly nor have much effect.

Within our Trust the utility of psychology as a profession operating in a system where it has no statutory powers has been likened to the ‘grit in the oyster’, and in that regard perhaps re-focussing the discussion on the usefulness of our training to our clients can be seen as quite a healthy exercise.

**Conclusions**

The survey hypothesis provided a clear statement of the expectation that there would be a significant difference between the perception of the role of counselling psychologists within NHS psychology department, by the two participant groups, as registered by their response to the survey questionnaire.

Those psychologists choosing to answer the questionnaire, seemed to confirm that a large gap in understanding and awareness exists between two branches of the same profession. The results can also be seen to point to underlying and more complex processes which may not be adequately addressed by quantitative means alone.

The methodological questions which were raised about the adequacy of the quantitative approach, were in turn supported both by the quality of the comments
of the two subject groups of psychologists and by an examination of the ‘frequency of values’ data which indicated areas of ambivalence the chosen method of t-tests did not identify.

Also addressed were issues about the researchers’ own position as a trainee counselling psychologist working in a clinical psychology department and the extent to which this leaves the chosen format open to suggestions of bias.

This survey report can perhaps best be seen therefore as a reasonably extensive ‘pilot study’ for more qualitative research project/s the quantitative and qualitative data can be said to suggest possible underlying issues.

A copy of the Dissertation Report this synopsis is taken from is held by Sussex University at Brighton. and can be viewed there.

References

* Or equivalent ** Arrived at from the Pilot Study *** Acceptable percentage return for surveys of this kind see Mosher,C.&.Chadwick,R.

Correspondence
Ron Fellows CPsychol
26 Grange Avenue
Somerset Street
BA16 9PE
or The Psychology Department
The Phoenix NHS Trust
Charlton Hospital
Charlton Road
Westbury on Trym
Bristol
Tel: 0117 9500500 x2177

Applying Psychology in Society

All the principal qualitative measures are discussed, including protocol analysis, grounded theory and ethnography. Part 1 explores the contribution they make to the social sciences. Part 2 describes each approach in detail and Part 3 outlines the strengths and weaknesses of each application. Designed to give those with an interest in qualitative measures the confidence to use them in their own research.

This book is available at the special price of £15.30 to BPS members with free p&p until the 1st January 1997. 1 85433 204 X; pb

To order: Please send cheques payable to The British Psychological Society, 48 Princess Road East, Leicester LE1 7DR. Enquiries 0116 252 9559.
Getting stronger

Handbook of Counselling Psychology
Edited by Ray Woolfe and Windy Dryden

In comparison to other professions within the psychological arena, counselling psychology is a relative newcomer. However, since the development of the Counselling Psychology Section in 1992, the profession has grown, going from strength to strength. This is reflected in the size of this volume and the contributions of the authors, all experts in their fields.

The book is divided into six parts, the first is a succinct introduction to the nature of counselling psychology; its role and ‘historical’ rise culminating in the establishment of the Division of Counselling Psychology in 1994. The second part focuses on methodology, quantitative and qualitative research and outlined are strategies which can be implemented in order to evaluate practice.

Part three covers theoretical approaches. A number of different paradigms are covered including existential-phenomenological, feminist, integrative and systemic. In this section, all the chapters follow a similar format, addressing personality, assessment, change, the therapeutic alliance and research.

Part four covers developmental issues, starting with an introduction to life-span development before going onto focus on the issues and interventions applicable to the four life stage childhood and adolescence, young adulthood, mid life and late adulthood. This last chapter is a welcome addition, as, while it is acknowledged that the population of adults over sixty five is higher now than it has ever been, the amount of literature on counselling older adults is limited. This chapter goes some way to fill the gap and as Charles Twining writes, ‘What counselling psychology may bring to the helping process includes knowledge of the scientific study of ageing as it affects people in general. This body of knowledge and its theoretical basis may help put the client’s experience in the context of a broader picture’ (p.380).

In part five, the roles of counselling psychologists in various settings such as industry, education and the health are discussed. In the chapter on ‘Health and illness’, Roslyn Corney argues that counselling psychologists have a role to play in primary and secondary care settings. This not only involves face to face work with patients but also the provision of support to other health professionals pertaining to training in communication skills and evaluating the effectiveness of the service offered to patients.

The skills of counselling psychologists can also be utilised in other areas, such as careers work. This is discussed in chapter twenty one. For example, counselling psychologists can be employed by outplacement agencies or by the Training and Enterprise Councils (TECS). The author writes that ‘the challenge for counselling psychologists involved in careers work is to be able to work effectively with both career and wider personal issues, attending to the cognitive and affective aspects of both’ (p.470). To illustrate the counselling process a four stage model together with key tasks relating to each stage is described.

The final part concentrates on, ‘Social, professional and ethical issues’. In the first chapter in this section, Carol Shillito-Clarke explores ethical issues, addressing the question ‘What do we mean by “ethics” in counselling psychology?’ before going onto discuss the different kinds of ethical issues the counselling psychologist may come across in their relationships with not only their clients but also other professionals and towards the end of the chapter the author provides a simple and effective model for dealing with ethical problems based on the 5Cs. Clarify, Consult, Consider, Choose and Check. The important issue of training and professional development is covered in the next chapter where William Farrell considers the options for basic graduate and trainer/supervisor training.

In the concluding chapter, Douglas Hooper examines the future of counselling psychology he asks the questions, what role will counselling psychologists undertake in the year 2010? Who will the clients be? He puts forward a number of ideas, arguing that counselling psychologists may need to become ‘niche operators’ or ‘specialist superordinate professionals directing the work of others less skilled and educated’ (p.638). In particular this chapter stimulates discussion, the issues raised could be addressed by students of counselling psychology. In fact I would suggest that this book, without question, must be read by students, practitioners, alike. It is readable, insightful, authoritative, it accurately reflects the development and current status of the profession and is a much welcomed resource.

Kasia Szymanska

Coming of age

Identity in Adolescence
Kroger, J.
London: Routledge, pp 233 ISBN: HB 0 415 10678 8 Pb 0 415 10679 6. £40.00 Hb: £12.99 Pb

JANE Kroger’s book Identity and Adolescence, in the series Adolescence and Society, edited by John Coleman, and now into its second edition, presents the perspectives of
Debunking myths

Pink Therapy: A guide for counsellors and therapists working with lesbian, gay and bisexual clients
Edited by Dominic Davies and Charles Neal

This is a book with a great many strengths — and this is to be expected from the authors. The editors are the Founding Chair (Neal) and current Co-Chair (Davies) of the Association of Lesbian, Gay and Bisexual Psychologies — UK, and the contributors are all experienced counsellors and psychotherapists. This book is important for at least two reasons. Firstly, because of its existence, and secondly for its content. Its existence suggests that the issues related to the psychological well-being of those whose sexuality defines them as ‘Other’ is being attended to now, at least to some degree. The content of the book is thought provoking and informative regarding a number of dimensions of the experiences of lesbians, gay men and bisexuals. Pink Therapy has four stated aims. These are to:

1) provide knowledge about same sex sexuality and its social contexts,
2) distinguish affirmative and non-affirmative frameworks for practice,
3) consider some common clinical issues that arise in working with lesbian, gay and bisexual clients,
4) assist readers in reflecting on their own assumptions and attitudes about working with lesbian, gay and bisexual clients.

The structure of the book assists in the achieving of the first and third aim. The book is divided into two sections. The first addresses some of the fundamental issues in working with lesbian, gay and bisexual clients, while the second addresses particular issues. Issues attended to include: The socio-political context of gay, lesbian and bisexual experience, working with people who are just coming out, who are in same sex relationships, or who are of different ages. It also addresses gay and lesbian parenting issues and religious and spiritual conflicts. Although not able to cover all the areas that therapists might want information on, the text does provide a wealth of information. The text is one that can be read as a whole, or referred to as and when particular issues need attention. The experiences of individuals and more contextual issues are equally well addressed, and are covered in a very readable and accessible style — accurately debunking myths in the process.

The second aim of Pink Therapy, which I feel is an important but ambitious aim, is not fully achieved. Although the question of ‘What is affirmative and non-affirmative practice in relation to lesbian, gay and bisexual clients’ is addressed in the book, the model of affirmative therapy that was distinguished, seemed to be addressed to a humanistic paradigm. I feel that it is therefore more accurate to say that this book develops an understanding of affirmative therapy. One reason that a comprehensive model cannot be described at this point in time is, I believe, due to the fact that the wider field of psychotherapy and counselling is so fragmented (See controversies about membership of UKCP, the issue of a BPS psychological psychotherapist qualification, the NVQ debate, etc.).

Despite the orientation of the model, the editors encourage us ‘to make links between “gay affirmative” and more explicitly humanistic or psychodynamic theoretical models’ (p2). This important and should be considered by theorists and lecturers, and incorporated into the development and training of models of
psychological therapy. Some of the recent controversy in the area of psychotherapy with sexual minorities has been in the field of psychoanalysis and psychoanalytic therapy (See Samuels, 1995, Ryan, 1995). Pink Therapy doesn’t shy away from this as it includes contributions by at least one therapist who holds a psychoanalytic orientation and who, it has been claimed, is trying to ‘rescue psychoanalysis from its reputation as irremediably anti-gay and to rehabilitate it’ (Coyle, 1993).

Finally, the fourth aim of Pink Therapy isn’t one that the book can achieve on its own - yet, it may be the most important aim. While the authors and editors of this volume have provided the information in an accessible style, in order for the book to be useful where it counts, i.e. clinically, the responsibility lies with the professionalism of individual therapists and trainers to take on board the material presented, and to reflect on it in a personally meaningful and clinically effective way. I believe that the real success of Pink Therapy is that it provides us with a way forward by allowing us all to open up a debate with ourselves and others, on the basic issue of what is good practice. The authors have done their part admirably, now it is up to us, as practitioners, to respond.

References
RYAN, J (1995) Homophobia in the '90s — a case of psychoanalysis,

Keeping its feet on the ground
Relating Skills
Richard Nelson-Jones
Cassell, £16.99

THE stated purpose of this book is to help the reader improve their personal relationships. Richard Nelson-Jones approaches relationships as a sequence of choices which people make well or otherwise. He believes that every activity can be broken down into a series of skill sets and that this book will help the reader make affirming rather than destructive choices.

There are two parts to the book, Part One considers the difficulties that people face in forming relationships and how relationship skills are learnt and maintained. Issues such as sexuality, fears, values and cultural backgrounds are explored. In Part Two, 13 out of the 14 chapters are devoted to exercises and skills practice. The exercises encompass such subjects as disclosing, listening, showing understanding, managing shyness, choosing a partner, trust, caring, intimacy, companionship, sexual relationships, assertion, managing anger, and solving relationships problems. The last chapter considers how to maintain and develop relationship skills.

This is an excellent book which is reasonably priced. The contents can be adapted to a variety of settings, counselling training, relationship and even parenting training workshops. The work of Richard Nelson-Jones is less well known than it deserves as Relating Skills is yet another useful, down-to-earth, practical and well written book from this author.

Gladeana McMahon

Correction
In CPR 11.3 the second author of Just Beneath the Surface (ISBN 0 952 75200X) should read Cheryl Gordon.
Training in counselling psychology

Call for submissions


**Deadline: end of November 1996.**

Submissions should be up to 3,000 words and will be subject to peer review.

*If you are interested in making a contribution, please contact*

Ray Woolfe
Department of Applied Social Studies
Keele University,
Keele,
Staffordshire

Tel (work): 01782 621 111 x8035
AFTER 12 hours of being squashed into a British Airways seat, it is always a relief to arrive at Kai Tak Airport, Hong Kong. As one looks through the small cabin window when the plane begins its descent, one sees this enormous jet is flying through the sky scrapers to get to the runway. You can see the occupants of the buildings hanging out their washing or watering their plants on their balconies, ignoring the familiar roaring of the Boeing 747. One is always reminded that occasionally the pilot overshoots the runway operating the most difficult landing in the world, and then the passengers have to be fished out of the sea.

As we push the squeaky-wheeled trolleys carrying our baggage out of the airport to await the hotel bus we are greeted with the rush of warm, humid air and a familiar sickly-sweet smell. The pavements are full of people rushing here and there, many with mobile phones glued to their ears, but not slowing their pace to aid their conversations. The Chinese speak loudly in Hong Kong to be heard over the constant din of traffic and buzz of other loud conversations. The roads are full of red and white taxis, numerous buses, trams, and very expensive cars. The buildings are tarred black with the polluted air. Every fourth or fifth shop is a restaurant with the contents of the dinner plate still alive in tanks outside waiting to be slaughtered.

We arrive at our luxurious hotel, and make preparations for teaching our courses. This is one of two or three visits I make each year to teach Counselling Psychology to Chinese students for ICAS (International Centre for Advanced Studies). My Chinese students are mostly professionals: teachers, nurses, social workers and the like, who wish to enhance their qualifications with an English degree. The counselling psychology module is a popular option, and has sometimes required six of us to teach it simultaneously.

Chinese students are invariably pragmatic. Why were they interested in doing counselling psychology? To help their students, if they are teachers; to get a better understanding of their patients, if they are mental health nurses; to aid them in their work, if they are social workers. One young man was a member of a special intelligence branch of the force to search for corruption amongst the police (corruption is considered a major problem in Hong Kong). He admitted that he felt he would get better confessions during interrogation if he used counselling skills rather than using aggressive or forceful means!

Students in Hong Kong are a pleasure to teach. They are motivated, hard-working and are not afraid to challenge what you say — although always with the greatest respect. If you ask them to read a chapter of text before the next lesson, you know that it will have been read. As we move through the course material, Albert Ellis becomes their hero, and they watch videos of him in action with awe. Culturally, Chinese people find the person-centred approach unimaginative and unworkable. Always in a hurry, they are looking for therapeutic methods that are brief and cognitive. They respect the power position of a therapist who is all-knowing to what is rational and logical. So, in their assignments, if you ask them to compare and contrast two methods of working, they will most commonly choose REBT and person-centred, and the
theme is up with the former and down with the latter.

As the course ends, you will be respectfully presented with a gift or you will be invited to lunch. The gifts will usually be of Chinese origin to reinforce the cultural differences. (Although, one term I was presented with a T-shirt bearing the face of a large reindeer with a bright red nose and sparkling antlers. One can only presume their impression of me on that occasion!) If you have been a real inspiration, you will receive a gift and lunch. This will be booked at a local restaurant, and the students will clamour to sit next to the tutor at the large circular tables because a) they wish to ask about your way of life in the UK, and b) they want to see you make a fool of yourself with your chopsticks. A large variety of dishes will be brought out, one after the other, and the tutor will be required to be the first to taste each dish. To refuse would be considered an offence, and my pleas that anything that I might eat should have died a natural death are met with roars of laughter. There is no room for English sentiment when it comes to Cantonese cuisine. I therefore usually opt for the vegetarian approach, which they always respect.

The course over, the lecturers usually have a couple of days to see the sights and shop before our journey home (typhoons willing). Shopping is the national pastime of the Hong-Kongese, and their strong work ethic evolves from their desire for spending power. A comparatively short distance on their highly efficient transport systems can take you into the midst of modern, sophisticated shopping malls full of designer labels. I have always felt safe wandering around shopping in Hong Kong alone, even at night. Their crime is always on a grand scale involving drugs, prostitution and corruption. The triads are very concerned not to effect the tourist industry. So one never feels any threat when wandering around the packed inner-city streets.

Taking a trip across to one of the outlying islands, or out into the New Territories takes one away from the stress and bustle of the inner city, where one can find panoramic views of the spectacular scenery at the base of mainland China. Transporting you into another world, you can negotiate with one of the locals to take you to various uninhabited bays on a junk piloted skillfully through the crowded waters. Such trips would cost maybe $10 for us (just under the pound), but only $2 for the locals. They rejoice in their having seen us coming and having charged us so much, we rejoice at getting anywhere for so little cost.

Arriving back in the UK after another 12 hours of breathing other people’s recycled germs brings you back to the cold, grey reality of Heathrow. Whistling nonchalantly to repress the guilt of suitcases bulging with silk and cashmere presents, one wanders through the customs area, hoping not to be noticed. In all too short a time, you are back in the busy, everyday life of a counselling psychologist. Hong Kong seems so far away it could almost be a dream. Until the assignments for marking plop onto the doormat espousing the wanderings of a Chinese version of Albert Ellis.

Correspondence
28 Brins Close
Stoke Gifford
Bristol
BS12 6XU
Events Diary

I HAVE received no complaints from conference organisers peeved at the omission of their event from this prestigious listing in its first installment last issue, I’m sad to say. Neither have I heard from any readers willing to put me in touch with further pertinent conference information sources. And — it being August as I compile this — my information-gathering network is thinly stretched with so many of its nodes away on holiday. In any case, I hope you will benefit from some of the following, and I look forward to being able to present a fuller CPD section as more of you follow through the simple process of applying for the Division’s CPD ‘Recommended’ status for your courses.

Conferences

Format is:
date: event
venue
contact

November

Devon
G. Claxton. 01803 866688
8: Mind Body Spirit Festival
London
0171 938 3788

14-16: Behavioural Phenotypes in Practice Conference
Dublin
R. Patterson. 01223 366311

15-17: Education Section Annual Conference and AGM
Wokingham, Berks.
R. Staithorp. 01734 875123 ext. 4863

21/22: New Ways of Working in Psychological Practice Conference
Dept. of Psychological Services and Research in Dumfries and Galloway
M. Mair. 01387 244111

22-24: British Psychological Society Scottish Branch Annual Conference
Perthshire
T. MacKay. 01389 763279

London
C. Volz, 3 Elms Crescent, London SW4 8QE

30: Qualitative Psychology: Criteria for Research Practice - Conference
Bolton
K. Henwood. 01248 383837

December

17/18: BPS London Conference
Institute of Education, London
Conference Office. 0116 252 9555

And Beyond...

7-9 Jan 97 BPS Occupational Psychology Division and Section Conference
Blackpool
Conference Office 0116 252 9555

3-6 Apr 97 British Psychological Society Annual Conference
Edinburgh
Conference Office 0116 252 9555

15-17 Apr 97 International Conference on Eating Disorders
London
Mark Allen, International Conferences Ltd 0181 671 7521

30 May 97 Counselling Psychology: Origins and Progress Conference (CP Division)
Stratford-upon-Avon
Z. Guernina. 01482 440550 ext. 4312

25-27 Jul 97 Brit. Assoc. for Supervision Practice & Research 2nd International Conference on Supervision

Courses

Recommended for Continuing Professional Development by the Division of Counselling Psychology
[Please note: ‘CPD Recommended’ status refers to short courses (lectures, presentations or courses) which have demonstrated a minimum requirement (see guidelines for assessors from BPS office). You should also note that further courses offered by the same — or other organisers/presenters may qualify for recommendation although not listed here.]

Format is:
course name
venue
dates
organiser/presenter
contact

Counselling Skills Workshop
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next courses - 6 December, 23/24 January 97, 25/26 April 97
Sandra Delroy
Tel: 0181 346 4010

Five-Day Counselling Skills Course
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next courses - 7, 8, 11, 12, 13 November
12, 13, 16, 17, 18 June 97
Sandra Delroy
contact at venue above

Primary Certificate in Cognitive Behavioural Therapy
Centre for Stress Management, London
next course - 21/22 November 96
Stephen Palmer
Centre for Stress Management, 156 Westcombe Hill, Blackheath, London SE3 7DH
Tel: 0181 293 4114 / Fax: 0181 293 1441

Primary Certificate in Stress Management
Centre for Stress Management, London
next courses - 19/20 November
Primary Certificate in REBT
Centre for Stress Management, London
next course - 29/30 November and 1 December 96
Stephen Palmer
(as above)

Primary Certificate in Multimodal Therapy & Counselling
Centre for Stress Management, London
next course - 6/7 November 96
Stephen Palmer
(as above)

Primary Certificate in Supervision
Centre for Stress Management, London
next course - 10/11 December 96
Stephen Palmer
(as above)

Assertiveness Training Workshop
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next courses - 10/11 October 96, 27/28 February 97
Sandra Delroy
contact at venue above

Assertiveness Training Workshop
3 Northumberland House, 237 Ballards Lane, Finchley, London N3 1LB
next courses - 10/11 October 96, 27/28 February 97
Sandra Delroy
contact at venue above

Primary Certificate in Multimodal Therapy & Counselling
Centre for Stress Management, London
next course - 6/7 November 96
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Primary Certificate in Supervision
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next course - 10/11 December 96
Stephen Palmer
(as above)

Please send details of appropriate conferences to me:
by post at - People in Progress Ltd, 11 Denmark Terrace,
Brighton BN1 3AN
by fax on - 01273 778847
by email to - wellbeing@pip.co.uk
If you wish to apply for CPD Recommended status for your courses, please request an application form from the BPS office.
Jennifer Smith

The Standing Conference Committee announces the
1997 Annual Conference
in parallel with the Annual Conference of the Division of Clinical Psychology
The Edinburgh Conference Centre
Heriot-Watt University, Riccarton, Edinburgh EH14 4AS
3-6 April 1997

Conference themes
❖ Evolutionary approaches to psychology
❖ Organizational psychology
❖ Feminist psychology

Details of the event are given in the flyer accompanying the November edition of The Psychologist. Programme and application forms will be circulated with the January 1997 issue.

Enquiries to:
The Conference and Events Manager, The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.
Tel: 0116 252 9555. Fax: 0116 255 7123
The 1996 London Conference

The Institute of Education – University of London, 20 Bedford Way, London WC1H 0AL

Tuesday 17 & Wednesday 18 December

Invited speakers:
- Professor Lorraine Tyler, Birkbeck College, University of London
- Professor Michael West, University of Sheffield

Spearman Medal Lecture:
- Professor Nicholas Chater, University of Warwick

DE Broadbent Lecture:
- Professor Sue Gathercole, University of Bristol

Full two-day programme of individual papers, symposia and workshops presented in parallel session.

The Provisional Programme and Application Form are being circulated with the November issue of The Psychologist.
Redundancies can be bad for business says new IPD guide

Redundancies can be bad for business as well as traumatic for the individuals involved says a new guide from the Institute of Personnel and Development (IPD), which urges its members to consider alternatives wherever possible.

The IPD guide on redundancy, which aims to promote high standards in the management of redundancy, tells personnel practitioners that ‘the announcement of redundancies will always have an adverse impact on morale, motivation and probably productivity at a time when the organization may be in need of every ounce of effort just to survive’. It also says that ‘the IPD expects its members to encourage their organizations to take all reasonable steps to avoid the necessity of redundancies, and to develop planning and employment strategies which will enable their organizations to deal with short-term fluctuations in labour requirements.’

Angela Baron, IPD policy adviser and author of the guide, says that organizations would be better equipped to avoid or minimise redundancies and other extreme reactions to change if people management was seen as an integral part of business strategy. ‘Human resource planning cannot be done in isolation,’ she says. ‘An organization should consider how future strategies as well as external trends, pressures and opportunities will impact on its workforce.’

The guide also outlines people management policies which can enhance an organization’s ability to cope with change and ‘should therefore figure highly in a strategy to manage change and avoid redundancies’. Suggested policies include implementing a variety of employment arrangements and encouraging a culture of training, development and multi-skilling.

However Angela Baron stresses that it would be unrealistic to expect that redundancies can always be avoided. ‘Nobody can predict the future with total certainty and even with a combination of change management strategies and human resource planning, unexpected events and changing trends mean redundancies are sometimes necessary’ she says. ‘What is then important is for redundancy to be managed within the law and in a way which minimises the inevitable impact on those who lose their jobs, as well as on the survivors.’

Information note: The IPD guide on recruitment is available from Plymbridge Distributors on 01752 202301. Price £4.95 to IPD members/£5.50 to non-members.

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Counselling in Terminal Care and Bereavement

Colin Murray Parkes, Marilyn Relf and Ann Couldrick

The latest book from this well known and respected author, this time with co-authors Marilyn Relf and Ann Couldrick who bring different backgrounds and experiences to the book. Uniquely the book also includes counselling the terminal ill, thus providing guidance on the whole process of counselling patients and their families. It includes an array of case studies using examples of cancer, AIDS, suicide and murder/manslaughter and the different counselling approaches for each. Problems Counsellors may face in the course of their work is also taken into consideration and there is a whole chapter devoted to the Counsellors themselves.

185433 178 7; £14.99 Special price to the Division of Counselling £12.00 plus £1 p&p. Please send cheques payable to The British Psychological Society, 48 Princess Road East, Leicester LE1 7DR.

Other counselling titles include: diabetes, disfigurement, heart disease, obstetrics & gynaecology and parents of children with chronic illness. All priced £9.99 plus £1 p&p.
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Brawby  
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YO17 0PY

COMMITTEE MEMBERS:  
Membership Number:20472  
Ms PA Didsbury C Psychol  
6 Little Bank Close  
Bamber Bridge  
PRESTON  
PR5 6BU

Membership Number: 21201  
Alan M Frankland C Psychol  
APSI  
Melbourne House  
3 Villa Road  
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NG3 4G

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Mrs DE Hammersley  
C Psychol AFBPsS  
52 Hanbury Road  
DROITWICH  
Worcs  
WR9 8PR

Membership Number: 35185  
Miss TJ Neilson  
4 Sandpit Lane  
ST ALBANS  
Herts  
AL1 4DZ

Membership Number: 7541  
Dr M O’Brien C Psychol AFBPsS  
50 Archbishop’s Place  
Brixton Hill  
LONDON  
SW2 2AJ

Membership Number: 17800  
Dr DJ Sanders C Psychol AFBPsS  
Dept of Psychology  
Warneford Hospital  
Headington  
OXFORD  
OX3 7JX

Membership Number: 3460  
Sheelah Strawbridge  
C Psychol AFBPsS  
28 Victoria Avenue  
HULL  
North Humberside  
HU5 3DR

Membership Number: 30402  
Ms MF Tholstrup C Psychol  
10 Parkmead  
LONDON  
SW15 5BS

Membership Number: 23703  
Dr JD Wilkinson C Psychol  
AFBPsS  
Dept of Psychology  
University of Surrey  
GUILDFORD  
Surrey  
GU2 5XH

EX-OFFICIO, EDITOR REVIEW:  
Mr SJ Palmer C Psychol  
Membership Number: 19395  
Centre For Stress Management  
156 Westcombe Hill  
Blackheath  
LONDON  
SE3 7DH

CONFERENCE ORGANISER/CO-OPTION:  
Dr Z Guernina C Psychol  
AFBPsS  
Membership Number: 23851  
“Talskiddy”  
24 Van Diemens Lane  
Larsdown  
BATH Avon  
BA1 5TW

CO-OPTION:  
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Membership Number: 32198  
Dept of Psychology  
The Open University  
Walton Hall  
MILTON KEYNES  
MK14 5DT

CO-OPTION:  
Mr S W Parritt  
Membership Number: 32479  
10 Eastwood St  
Streatham  
LONDON  
SW16 6PX

CO-OPTION:  
Mr RJ Miller C Psychol AFBPsS  
Membership Number: 8118  
The Psychology Department  
Royal Edinburgh Hospital  
Morningside Terrace  
EDINBURGH  
EH10 5HF

CO-OPTION:  
Mr DG Indoe C Psychol AFBPsS  
Membership Number: 6030  
9 Afton Terrace  
EDINBURGH  
EH5 3NG

CO-OPTION:  
Mr John Young C Psychol AFBPsS  
Membership Number: 79100  
Social Sciences  
Sociology & Social Psychology  
Arts E, University of Sussex  
BRIGHTON  
BN1 9QN

PSYCH PAG STUDENT  
REPRESENTATIVE:  
Ms S Friese  
Membership Number: 9000  
Social Sciences  
Sociology & Social Psychology  
Arts E, University of Sussex  
BRIGHTON  
BN1 9QN
Counselling Psychology Review

Editor: Stephen Palmer Centre for Stress Management

Associate Editors: Helen Cowie Roehampton Institute
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Reference Library Editor: Waseem Alladin Scunthorpe General Hospital

Consulting Editors: Robert Bor City University
Ian James
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The Editorial Board of Counselling Psychology Review invites contributions on any aspects of counselling psychology. Papers concerned with professional issues, the training of counselling psychologists and the application and practice of counselling psychology are particularly welcome. The Editorial Board would also like to encourage the submission of letters and news of forthcoming events.

Academic submissions
Manuscripts should be typewritten, double spaced with 1" margins on one side of A4 paper. Each manuscript should include a word count at the end of each page and overall. Sheets should be numbered. On a separate sheet include author’s name, any relevant qualifications, address, telephone number, current professional activity and a statement that the article is not under consideration elsewhere and has only been submitted to Counselling Psychology Review. As academic articles are refereed, the rest of the manuscript should be free of information identifying the author. Authors should follow the BPS Guidelines for the Use of Non-Sexist Language contained in the booklet Code of Conduct, Ethical Principles and Guidelines. Four copies of the manuscript should be submitted with a large s.a.e. A copy should be retained by the author.

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Other submissions
Book reviews, letters, details about courses and notices of forthcoming events are not refereed but evaluated by the Editor. However, book reviews should conform to the general guidelines for academic articles. Contributors should enclose two hard copies.

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