

The development of counselling psychology in Ireland

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This paper discusses the distinctive nature of the specialism of counselling psychology and outlines the development of the discipline in Ireland in the context of international developments and its recognition as a professional branch of applied psychology. Today, counselling psychologists are employed in varied clinical and non-clinical settings including health and mental health services (statutory, private and voluntary sector) along with education, forensic, justice, industry and private practices. Counselling psychologist is the primary professional identity of many practising psychologists in Ireland and the Psychological Society of Ireland's Division of Counselling Psychology is the main affiliation of at least 179 members. With its focus on facilitating personal and interpersonal functioning across the life span and its emphasis on the therapeutic process, the specialism continues to bridge the disciplines of psychology, counselling and psychotherapy. In this article, some of the challenges still faced by counselling psychology are explored as it navigates its way through the changing landscape of further development and evolution.

Keywords: counselling psychologists; evidence-based practice; professional identity; Irish Psychological Services; mental health; scope of practice; psychological therapy

The nature of counselling psychology

For almost six decades, the scientist–practitioner (S–P) model or ‘Boulder model’ of training has served as the backbone of counselling psychology programmes. Accredited programmes in counselling psychology encompass training experience in the science of psychology, theoretical foundations and in the application of practice skills and research. Training focuses on personal and interpersonal functioning across the life span and on emotional, social, vocational, educational, health-related, developmental and organisational concerns. Clinical experiences during training occur with supervisors from diverse settings. The rigour of training stems from the intermarriage of the S–P model, whereby research is complemented by practice-based experience and working in clinical settings using case conceptualizations that are upheld by empirical research. Counselling Psychology distinguishes itself from other counselling and psychotherapy training courses in its endorsement of a clear evidence base for practice.

Counselling psychology is a branch of psychology practice that is strongly influenced by human science research as well as by the main psychotherapeutic traditions. While

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aligning itself with the importance of an empirical basis for theory and practice, it also places a high value on the therapist's use of self, and the inevitable interplay of subjective and intersubjective factors within human interactions, particularly the therapeutic relationship (Kirk, 1982). These foundations are the basis for personal therapy being made a part of the core training criteria within counselling psychology. Besides requiring personal therapy as a base for intense self-experience, other benefits include the establishment or consolidation of self-other boundaries and the provision of a central space for developing the skill of self-reflexivity (Grimmer & Tribe, 2001).

In practice, counselling psychologists help people experiencing physical, emotional and mental problems to improve well-being, alleviate distress and maladjustment, and resolve crises. In addition, practitioners in this professional specialty provide assessment, diagnosis and treatment of psychopathology. Thus, while the profession has developed alongside other applied fields of psychology, counselling psychology is distinctive from a treatment point of view because of its attention to both normal developmental issues and problems associated with physical, emotional and mental disorders. The essence of the profession is that it is embedded in a particular set of values and ethics (e.g. Walsh & Frankland, 2009; Woolfe, 1996). Goldstein defines it concisely: 'Counselling psychology is unique in that its competencies are founded upon a philosophically oriented and explicit statement of values' (2009, p. 36). Mick Cooper (2009) goes further by examining a range of core counselling psychology texts (British Psychological Society Qualifications Office, 2008; Gillon, 2007; Orlans & Van Scoyoc, 2009; Woolfe, 1996) and identifying six key principles:

- (1) A prioritisation of the client's subjective, and intersubjective, experiencing (versus a prioritisation of the therapist's observations, or 'objective' measures).
- (2) A focus on facilitating growth and the actualisation of potential (versus a focus on treating pathology).
- (3) An orientation towards empowering clients (versus viewing empowerment as an adjunct to an absence of mental illness).
- (4) A commitment to a democratic, non-hierarchical client-therapist relationship (versus a stance of therapist-as-expert).
- (5) An appreciation of the client as a unique being (versus viewing the client as an instance of universal laws).
- (6) An understanding of the client as a socially and relationally embedded being, including an awareness that the client may be experiencing discrimination and prejudice (versus a wholly intrapsychic focus).

Working from a humanistic value base, counselling psychologists strive to engage with their clients first and foremost as agentic human subjectivities that cannot be reduced to, or treated as, objects of natural scientific inquiry. The final principle identified by Cooper (2009) also points to the rather nuanced and complex area of research. An ongoing challenge for the scientist practitioner is the predominance of medicalised models, which espouse that the most dependable findings are from large, randomized and well-controlled clinical trials (or RCTs) with quantitative analysis of the generated data. One difficulty with this is that the findings of RCTs may not be easily generalizable; real world therapy is not manualised, can take varying lengths of time and may include a variety of therapeutic approaches and interventions depending on the client and the current state of therapy, etc. Although counselling psychology asserts the relative value of conventional RCTs, it recognizes that many of the factors in the process and outcome of therapy simply

cannot be reliably measured in this way. Given the inherent complexity of psychotherapy/psychological therapy, no one theory, methodology or epistemology can provide a comprehensive view of the therapeutic exchange (Castonguay, 2011).

In accounting for the somewhat competing challenges posed by examining the nature of evidence and the constitution of holistic and person-centred therapeutic work, a pragmatic balance needs to be attained between various veins of evidence (quantitative, qualitative and particularly case study research), recognising the value of each rather than focusing solely on one methodology. Significant strides have been made in increasing the rigour of pragmatic psychotherapy research in the past decade (McLeod, 2011; Timulak, 2008). However, counselling psychologists who conduct research still need to bear in mind that the existence of an at-times critical wider scientific community may mean that it is necessary to balance the conveyance of research findings to that community with maintaining the integrity of individual client work within a methodologically sound framework.

The nature of application of training to practice can vary between individual counselling psychologists but, in general terms, a counselling psychologist can consult with a variety of agencies (e.g., schools, government, private organisations), teach at university levels (undergraduate and graduate levels), conduct research, practise therapy (group, individual, couple, family) and hold academic administrative positions. It could be interpreted that the identity of counselling psychologists in Ireland is weakened by the diffuse professional identities of counselling psychologists who work in different settings with varied populations, using a range of theories and practices. Further, there is in many instances a high degree of similarity between the roles of counselling and clinical psychologists once they enter the workforce. This perhaps suggests that counselling psychologists do not hold a visibly unique identity beyond the distinctions ascribed to them within university training programmes. It could be argued that greater involvement in community programmes fostering diversity and social justice, key components of counselling psychology's history and identity as a profession, would further highlight its values in an identifiable way.

Recent social changes, such as the increasing dialogue and recognition of the possibility of same sex marriage in Ireland and other countries and changing multicultural policies, allow counselling psychologists the opportunity to develop knowledge and interventions that reflect diversity and uniqueness for those seeking clinical help. In this regard, the profession considers itself to have a unique identity, which can contribute to the development of client-centred psychology services across all areas of service delivery. This may be within statutory services such as the Irish Health Service Executive (HSE) or across a range of private services. The Psychological Society of Ireland's (PSI) Division of Counselling Psychology (DCoP) has had a central role in the development of that identity in an Irish context.

The development of counselling psychology in Ireland

Despite a broad presence across services and populations, a lack of clarity about what defines a counselling psychologist is still frequently present in many psychology services and among the broader professional community. One could partially attribute this phenomenon to the relative recency of the germination of the profession; globally it stands <60 years old. Yet its qualities merit a reflection on how psychology has expanded to become more inclusive and holistic in the latter half of the twentieth century.

In the US, counselling psychology was established soon after the Second World War when the reintegration needs of war veterans greatly increased the demand for psychological services. Division 17 (entitled the Division of Counselling and Guidance until it was changed to the DCoP in 1951), progressed through several name changes during its early years with varying emphases on ‘personnel’, ‘vocational’, ‘guidance’ and ‘counselling’. Today Division 17 in the American Psychological Association (APA) is known as the Society of Counselling Psychology. In the UK, the British Psychological Society (BPS) established the Counselling Psychology Section in 1982 and by 1994 it had become the BPS Division of Counselling Psychology with over 1200 members. As it has developed as a profession in the western world, counselling psychology has become recognised as a general practice and health service provider specialty in professional psychology.

The beginnings of counselling psychology in Ireland can be traced to the formation of the Counselling and Therapy Interest Group (CTIG) within the PSI in 1987. This interest group was set up before the establishment of any professional training in the field to provide a home within the Society for psychologists with an interest in the area of counselling and psychotherapy. At this point in time, the awareness and practice of counselling and psychotherapy, as disciplines, were emerging globally from both inside and outside of psychology. The development of professions around these practices was shaped somewhat differently within different countries due to the operation of different historical and social forces (Strawbridge & Woolfe, 2010). By the time the CTIG was being set up in Ireland, counselling psychology was already firmly established in the USA and it was steadily emerging elsewhere in the world in places such as Australia, Canada and the UK (Orlans & Van Scoyoc, 2009).

Counselling psychology initially emerged as a recognised discipline in the USA at the time of the reorganisation of the APA into the divisional structure it continues to use. Alongside this change, the developments in professional training in psychology in the USA during the 1940s and the discussions between the APA-DCoP and the Veterans Association that led to widespread demand for counselling psychologists in the USA are all regarded as key developments in the American emergence of the specialism (Munley, Duncan, McDonnell, & Sauer, 2004). The development of the discipline was also encouraged by a number of significant contemporaneous influences, such as the vocational guidance movement, the mental hygiene movement, psychometrics and the study of individual differences and particularly the publication of Carl Rogers’s seminal work *Counselling and Psychotherapy* (1942). In the decades after its establishment, the APA-DCoP fostered the development of this new discipline through the hosting of a number of national conferences. This brought into focus many of the core issues it faced in its early development including training and accreditation, public image, professional practice in various settings, research and organisational and political issues in counselling psychology (Weissberg et al., 1988). By the time the CTIG was established in Ireland, a wide network of accredited professional university programmes, delivering training at doctorate level, along with two dedicated professional journals, *The Journal of Counseling Psychology* and *The Counseling Psychologist*, had been established in the US.

In the UK, counselling psychology owes its inception to the recommendations of the BPS Working Party on Counselling (Nelson-Jones, 1999). This group was set up in 1979 with the purpose of researching the relationship between counselling and psychology in the UK. By that time the practice of counselling had already become quite established in the UK. There was growing concern from many within the BPS who had a professional interest in the field that counselling would develop independently from psychology

in the UK. As a result, a significant number of members lobbied for the establishment of a professional interest group in counselling within the BPS. In 1982, following the recommendations of the Working Party, the Section of Counselling Psychology was established. By the end of its first year it had attracted 225 members (Nelson-Jones, 1999).

The development of the discipline in the UK to represent a set of professional competencies with full divisional status is reported to have been a long and challenging road. It has been reported that progress towards this goal was frustrated by significant resistance from within other BPS divisions and from some members within the special interest group itself (Orlans & Van Scoyoc, 2009). This meant that full divisional status was not achieved within the BPS until 1994. However, during this time the field continued to develop and significant milestones were achieved. These included the establishment of the BPS Diploma in Counselling Psychology and the launch of the Counselling Psychology Section Newsletter, which in 1989 became the Counselling Psychology Review. Orlans and Van Scoyoc (2009) note that by 2009 the BPS-DCoP had become the third largest division of the BPS with a membership of 1947.

In 1989, the CTIG in Ireland was starting to lay down important roots for Counselling Psychology by facilitating professional activities, workshops, peer supervision and networking in counselling and psychotherapy for interested psychologists. In that same year, a one-year diploma in counselling psychology was established in Trinity College Dublin (TCD), which evolved into a two-year full time master's degree programme in 1991. The psychology departments of University College Cork (UCC) and University College Dublin (UCD) also commenced master's programmes in counselling psychology or psychotherapy meaning that 25–30 students were graduating each year. In 1995, the CTIG was renamed the Counselling Psychology Interest Group and the group actively pursued divisional status. A register was established of its rapidly growing membership and in 1996 *The Counselling Psychology Newsletter* was launched. May 1997 finally marked the birth of the PSI-DCoP.

The first DCoP committee in 1997 included Maire Dooey (Secretary), Sheila Young (Treasurer), Eimear Burke, Joan Clinton, Sylvia Caffrey, Anna O'Reilly-Trace (Ordinary members) and John Broderick (Chairperson). Dr Eleanor O'Leary (UCC) and Nuala Rothery (TCD) acted as special advisors to the Division. Margaret Quinn, Maureen Gallagher and many others represented DCoP and served on numerous PSI committees and task forces. Since then, several members of the division have devoted their free time to serve on DCoP committees, regional groups and working parties and have represented the Division across the many PSI committees, including PSI Council. In recent years, the division committee has been focused on developing and disseminating a deeper understanding of the unique value that counselling psychologists can bring to psychology and multi-disciplinary teams.

A major challenge for the profession has been the creation of a distinction, not only between other psychology professions but also between counselling/psychotherapy and counselling psychology. The Division has undertaken a number of initiatives to address these issues, including the development and publication of an information leaflet that provides details on the identity and competencies of counselling psychologists, presentations to undergraduate students and negotiations with key stakeholders including important employers. So much energy, it would appear, has gone into such initiatives that counselling psychologists in Ireland have perhaps neglected reflecting on the profession as a whole, at least in publication format. While numerous journal articles (e.g. Lalande, 2004; Moller, 2011; Spinelli, 2001) have been published critically examining the status

and nature of the profession in the UK and Canada, there has been a paucity of articles published here in Ireland. The notable exception has been Elaine Martin's contribution of a thought-provoking and powerful piece taking a family systems slant on counselling psychology and its relationship with clinical psychology in *The Irish Psychologist* in 2008.

The development of counselling psychology as an applied discipline

It is fair to say that counselling psychology in Ireland has developed in many ways over the years since its foundation, first as a special interest group and subsequently as a division. Much credit is due to those who promoted the ethos of counselling psychology in its early days. While the Division has made significant progress in developing and promoting the counselling psychology identity and creating a niche within counselling services, it has been less successful to date in making its presence felt within more traditional psychological services such as the HSE. This lack of progress is not matched by a lack of effort, with records going back at least 15 years documenting efforts of successive Division Committees to market the unique skillset of counselling psychologists as a valuable addition to both established and developing psychology service. Despite these efforts, those within the profession have often found themselves in the position of having to justify their existence by highlighting how counselling psychology is different from other professions and, in particular, from clinical psychology and from counselling and psychotherapy. A lack of representation of counselling psychologists in senior and influential positions has been listed as a significant issue for the profession in Ireland in this respect and is something on which the wider counselling psychology community needs to collaborate address (O'Brien & Timulak, 2012).

Despite the slow progress, it is important to acknowledge what has been achieved. Although to date there have been no changes to HSE recruitment policies that excluded counselling psychologists from most positions in the health service, the Division Committee has made progress on this objective. Over the last few years, the committee has called on the HSE to undertake recruitment on a competency basis, rather than solely a qualification basis, a position that has recently been supported by the Commission for Public Service Appointments. The Division has also regularly sought PSI Council's support for competency-based recruitment. This support has been realised and firmly led by successive presidents, Dr Michael Drumm, Eric Brady and Dr Margaret O'Rourke, who have all committed to actively working to seek fair, transparent and competency-based recruitment policies for all psychologists. Whereas in the past it has been the experience of Irish counselling psychologists that there was similar resistance to their profession to that described above as having occurred within the BPS, it is encouraging that counselling psychologists have more firmly felt the support of PSI council and presidents in recent years.

To support these efforts, the Division, in close cooperation with the professional doctoral training programme in TCD (currently the only professional counselling psychology training programme in Ireland), defined the competencies of counselling psychologists. These competencies are grounded in the professional and accredited training that students must undertake before achieving a professional designation of counselling psychologist. Indeed, the significance of the progress made in terms of the professionalisation of counselling psychology in recent years and particularly in terms of the advances in professional training were identified by a number of senior members within the profession as one of the most important developments in terms of opening up

future opportunities for counselling psychology in Ireland (O'Brien & Timulak, 2012). This indicates that the steps being taken are having a positive impact on the development of the profession. Credit must also go to Dr Ladislav Timulak and his team at TCD for working hard to secure a doctorate level qualification in counselling psychology.

Despite principles outlined in documents such as *A Vision for Change* (Department of Health and Children, 2006), mental-health service-users still continue to have little information on the options for treatment of mental health difficulties with or without pharmacological intervention. The predominance of the medical model leads to service been delivered according to a number of associated assumptions regarding valid understandings and responses to human distress. In a manner that may have some overlap with the values of other psychological disciplines, counselling psychology views the dominance of the psychiatric discourse as inherently problematic. The profession assumes a humanistic standpoint and emphasises the need for thorough, critical examination of the ethical production and consumption of research.

Employment settings can, to some degree, determine the level of confrontation with dominant systems of categorisation and associated implicit and explicit ideologies. Counselling psychologists working in primary and secondary health service settings, for example, often find that treatment guidelines being used are disorder-focused and drawn from research based on the premise that disorder-based classifications systems are assumed to be valid and useful. The integration of DSM the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) approaches to mental health problems has been deemed to be incongruent with the development and contextual identity of counselling psychology (Eriksen & Kress, 2006). However, it has also been argued that simply opposing the DSM is futile due to its political nature (Sequeira & Van Scoyoc, 2002), and by so doing, counselling psychologists are in danger of becoming marginalised professionally within the mental health system. This issue can be seen as crucial by some counselling psychologists who feel that they are confronted with a moral-political choice about where their allegiance should lie.

Although beyond the scope of this article, the reader is referred to Strawbridge and James (2001) who raised similarly compelling issues regarding the questionable nature of diagnostic categories, the power dynamics of labelling, the pathologising of distress, the appropriate use of psychiatric categories within specific contexts, practitioners working within their competence in relation to the categories, lack of informed consent, the potential discouragement of service users and the financial consequences of the use of psychiatric language particularly related to funding and insurance. As a means of justifying expertise, a medicalised framework becomes compelling because the uses of psychiatric categories: 'are seen as offering an interdisciplinary and international language as well as enhancing a 'professional' image in a highly competitive market' (Strawbridge & James, 2001, p. 4). The questions of whether the making of diagnoses and the use of diagnostic categories serve the practitioner in securing employment and maintaining status and professional image are worth reflecting on. Perhaps as a result the question for practitioners is not about whether diagnostic categories are used, but rather how and in what context.

In recent years, there has been a growing movement in global research (e.g. the National Institute of Mental Health [NIMH] and the Global Alliance for Chronic Diseases) towards formulating a path of action to attend to those living with or vulnerable to mental health difficulties. Recommendations include a shift towards investing in research that uses a life course approach beginning in childhood when risk factors for illnesses later in life, such as family violence in the home, are established (NIMH Strategic Plan, 2008). Other notable areas of research include critical analyses of aspects of social exclusion and

discrimination, whereby suffering caused by non-user-friendly health systems could be minimised by integrating care for mental health difficulties into chronic disease care (Ngo et al., 2013). Such ideas warrant consideration in an Irish context, particularly with notable data suggesting that the incidence of mental health difficulties is higher than the number of individuals who successfully seek treatment (Kocsis, Gelenberg, & Rothbaron, 2008). Satisfactory awareness and appropriate application of psychological and pharmacological therapies in tandem or separately, where advised or chosen by the service user, are important in the refinement of effective mental health care.

Conclusion

Into the future, counselling psychologists would do well to continue to examine the nature and application of psychological knowledge derived from research primarily established from a base of psychopathological constructs. Promoting a move towards direct engagement with well-being-based research and preventative models could equally contribute to fostering the relational skills often sought by clients who attend therapy. Placing value on diversity and equality, projects that aim to tackle the stigma of mental health could also benefit from the knowledge and insight provided by counselling psychologists. Following trends in the UK, Canada and the USA, it will be important for counselling psychologists to work effectively with a range of other disciplines and practitioners whose knowledge, practice and client base overlap. It is also apparent that there is a growing trend towards increasing the provision of counselling and psychological intervention approaches within other helping professions. Greater integration within the professional, academic and multidisciplinary community, as relevant to the psychological care of diverse populations, will offer ongoing opportunities for growth as well as a challenge to maintaining the identity of counselling psychology and its ability to make a distinctive contribution to therapeutic and social issues.

Today PSI hosts a rich diversity of specialisms, although most of its 2300 members are not members of any division. The DCoP remains very active and is a few members short of being the largest division in PSI. It maintains a strong commitment to supervision, ethical practice and continuing professional development, and 2010 marked the fortieth anniversary of the Society. It also marked the second year of TCD's practitioner Doctorate in Counselling Psychology and the graduation of the last cohort of master's level students. Currently, counselling psychologists are employed in university and college counselling centres, in schools and community services, in the HSE, in the Irish Prison Service, and in private practice. While such achievements are significant, there is still much work to be done to expand the presence of counselling psychologists in the Irish workplace.

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